

THE CLUB

WHAT DO YOU WANNA DO?

Unit: _____
Membership Fee: _____
Money Order / Cash _____
Receipt # _____

Membership Application

MEMBER INFORMATION (PLEASE PRINT)

Member's Name (First Middle Initial Last)		Home Telephone Number () -	
Address (Street, City, State, Zip Code)		Member Cell Phone Number () -	
Race/Ethnicity	<input type="checkbox"/> African American or Black	<input type="checkbox"/> American Indian and Alaska Native	<input type="checkbox"/> Asian
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native Hawaiian and Other Pacific Islander	<input type="checkbox"/> White
School Member Attends:	Age	Grade	Sex <input type="checkbox"/> M <input type="checkbox"/> F
			Birth Date (MMDDYY)
Member email address			

IDENTIFYING INFORMATION (PLEASE PRINT)

① Parent/legal Guardian Name (First Middle Initial Last) Relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> _____	Home Number () -
Address (Street, City, State, Zip Code)	Cell Phone or Pager Number () -
Employed By (Or School Attending)	Hours of Employment From <input type="checkbox"/> am <input type="checkbox"/> pm To <input type="checkbox"/> am <input type="checkbox"/> pm
Address (Street, City, State, Zip Code)	Work/School Number () -
② Parent/legal Guardian Name (First Middle Initial Last) Relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> _____	Home Number () -
Address (Street, City, State, Zip Code)	Cell Phone or Pager Number () -
Employed By (Or School Attending)	Hours of Employment From <input type="checkbox"/> am <input type="checkbox"/> pm To <input type="checkbox"/> am <input type="checkbox"/> pm
Address (Street, City, State, Zip Code)	Work/School Number () -

EMERGENCY CONTACTS / AUTHORIZED PICK-UP (PLEASE PRINT)

① Name - Other Than Parent(s) Or Doctor (First Middle Initial Last)	Telephone Number () -
Address (Street, City, State, Zip Code)	Relationship to Child
② Name - Other Than Parent(s) Or Doctor (First Middle Initial Last)	Telephone Number () -
Address (Street, City, State, Zip Code)	Relationship to Child

ACADEMIC ENHANCEMENT AUTHORIZATION

I give the Boys & Girls Clubs of Greater Kansas City permission to receive copies of my child's () grade reports, test scores, and progress notes to assist with his/her academic enhancement.

School _____ Grade _____ School Counselor _____

Parent Signature: _____

Please check all programs that apply:

TANF SSDI SSI Food Stamps General Assistance School Lunch Program Day Care Voucher Veterans Compensation
 Is Parent member of: Active Military Reserve Military None

Annual Household Income: Please Indicate with an "X"

9,000 or below 16,000 – 25,999 51,000 – 79,999 100,000 or above
 9,001 – 15,999 26,000 – 50,999 80,000 – 100,000

Additional Information

Admission Date:	Sign up for a date for Parent Orientation: _____ Time _____
Club Attended / When? _____	Program Participation: <input type="checkbox"/> RBI <input type="checkbox"/> RIF <input type="checkbox"/> Jr. WNBA <input type="checkbox"/> NBA
Enrolled in Club last year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which site?	Attending: <input type="checkbox"/> Daily Program <input type="checkbox"/> School Out Days <input type="checkbox"/> Summer Program

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize employees of the **Boys & Girls Clubs of Greater Kansas City** to contact:

Doctor/Clinic Name	Doctor/Clinic Phone Number () -
Doctor/Clinic Address (Street, City, State, Zip Code)	

For Emergency Medical Treatment of My Child, My Preferred Hospital is:

Hospital Name	Hospital Phone Number () -
Hospital Address (Street, City, State, Zip Code)	

HEALTH REPORT

Child's Health History and Current Health Problems

Please list any allergies, special medical conditions, including chronic health problems.

Any special medication and/ or restrictions?

MEMBER INTERESTS & ACTIVITIES

What activities are you interested in:

- The Arts (fine arts, crafts, photography, digital arts, dance, music, drama, jewelry making, etc...)
- Sports, Fitness & Recreation (basketball, volleyball, baseball, league play, socials, dances, pool, air hockey, table soccer, etc...)
- Character & Leadership Development (Keystone Club, community service events, Jr. Staff, Club Service, etc...)
- Education, Technology & Career Development (ACT/SAT Prep, computers, web design, Job Ready, homework assistance etc...)
- Health & Life Skills (personal development, financial literacy, healthy habits, abstinence education, etc...)

What other things would you like to learn about or participate in?

AGREEMENTS

- I give consent for my child to take part in field trips or excursions with the Boys & Girls Clubs of Greater Kansas City under proper supervision. It is my understanding that I will be notified when such trips are planned.
- I understand that the Club will contact or notify me about any medical emergency, accident, injury, or at-risk situation.
- I do give consent for my child and family to be included in pictures, recordings, evaluations, and screenings associated with the Boys & Girls Clubs of Kansas City.
- I have explained the rules to my son/daughter and agree that the Boys & Girls Clubs of Greater Kansas City will not be responsible for any accidents to my child while on Club premises or engaged in any of its activities away from the Club.

The information given herein is true and complete. I understand and agree to the policies indicated above. I am hereby enrolling my child _____ in the Boys & Girls Clubs of Greater Kansas City.

Parent or Legal Guardian Signature:

Date: