

**Boys & Girls Club of Trenton & Mercer County
Membership Application**



First Name _____ Last Name _____ DOB _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Work/Cell Phone _____

New or renewing member? New Renewing If renewing, Member since _____

Personal: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Current School _____
Ethnicity: _____ Birth certificate on file? Yes No
Height _____ Weight _____ Eye Color _____ Hair color _____
Reason for Joining: <input type="checkbox"/> Fun <input type="checkbox"/> Learning <input type="checkbox"/> Sports <input type="checkbox"/> Other Program _____
<input type="checkbox"/> Parents idea <input type="checkbox"/> Friends already member <input type="checkbox"/> Other: _____
What other clubs/activities do you belong/do to?
<input type="checkbox"/> Boy/Girl Scouts <input type="checkbox"/> YMCA/YWCA <input type="checkbox"/> Church _____
Please list other groups or activities:

Family: How long have you lived our service area? _____

Who do you live with? Both Parents Mom Dad Grandparent Other _____

Current head of household is: Male Female

Number of people living in your house _____

Number of Brothers _____ Number of Sisters _____

Family Income Level (This information is used for our national report and for grants)

- | | | |
|--|--|--|
| <input type="checkbox"/> 0 - \$5,000 | <input type="checkbox"/> \$5,001 - \$10,000 | <input type="checkbox"/> \$10,001 - \$15,000 |
| <input type="checkbox"/> \$15,001 - \$20,000 | <input type="checkbox"/> \$20,001 - \$25,000 | <input type="checkbox"/> \$25,001 - \$30,000 |
| <input type="checkbox"/> \$30,000 - \$35,000 | <input type="checkbox"/> \$35,001 - \$40,000 | <input type="checkbox"/> \$40,001 - \$45,000 |
| <input type="checkbox"/> \$45,001 - \$50,000 | <input type="checkbox"/> \$50,001 - \$55,000 | <input type="checkbox"/> \$55,001 - \$60,000 |
| <input type="checkbox"/> \$60,001 - \$65,000 | <input type="checkbox"/> \$65,001 - \$70,000 | <input type="checkbox"/> \$70,001 - \$75,000 |
| <input type="checkbox"/> \$75,001 - \$80,000 | <input type="checkbox"/> \$80,001 - \$85,000 | <input type="checkbox"/> \$85,001 and above |

Medical: Doctor's Name: _____ Phone: _____

Does your family have health care insurance? Yes No

If yes, provider _____ Policy Number _____

Does your child have any health issues we should be aware of (allergies, medications, etc.)

If your child is currently taking medications please list them:

In the case of an emergency I hereby give permission for the hospital/doctor to provide care/treatment for my child until I can reach the hospital.

Signature _____ Date _____

Shots:	Hepatitis	MMR	HIB	Polio	DTP	Chicken Pox
1 st Shot	_____	_____	_____	_____	_____	_____
2 nd Shot	_____	_____	_____	_____	_____	_____
3 rd Shot	_____	_____	_____	_____	_____	_____
4 th Shot	_____	_____	_____	_____	_____	_____
5 th Shot	_____	_____	_____	_____	_____	_____

General Permissions:

I give permission for my child's image and name to be used in the Club's public relations materials.

I give permission for my child to attend in Boys & Girls Club activities in or adjacent to the Club, and all field trips as identified in program brochures, newsletter, and parent communications. If I do not want my child to go on a trip, I must communicate this to the program director.

I understand that the Boys & Girls Club of Trenton & Mercer County has an open door policy (with the exception of summer camp and after school program) where we will not be responsible for a child that leaves the building. Therefore it is important to talk to your child about your rules on leaving the Club.

I understand the Club's discipline policy and understand I am responsible for my child's actions while involved in club activities. I also understand that if my child breaks Club policy, then my child may be expelled or suspended from a program or the Club without reimbursement of fees paid.

I understand that there are inherent risks associated with participating in Boys & Girls Club activities and I do not hold the Club, directors, or staff responsible for injuries resulting from Club participation.

My signature below indicates my acceptance of the policies above.

Signature _____ Print Name _____ Date _____