BOYS & GIRLS CLUB
OF ERIE COUNTY

Membership Application

First Name: _____MI: ___ Last Name:_____ Child's SSN_____

Address: _____At this address since: _____ Birth Date:_____

City: _____ State: _____ Zip_____ Phone:_____

School Information
Current School:_____ Current Grade_____ ***Food Program***: __Free __Reduced __Non-eligible

Emergency Contact
Name:_____ Relationship: _____Phone:_____ Cell:_____

Medical Information
Physician Name:_____ Physician Phone:_____ Permission for Doctor/Hospital __Yes __No
Does your family have health and/or accident insurance: __Yes __No Child's Insurance Carrier:_____
Policy #:_____Group #:_____Serious Health Problems: __Yes __No
If yes, explain:_____

Will you attend club (check one) __Year-round __Only during School Year __Only during Holidays or Summer Vacation

Guardian/Parent 1
Relationship:_____
Name:_____
Employer:_____
Occupation:_____
Work Address:_____
Phone:_____ Ext_____

Guardian/Parent 2
Relationship:_____
Name:_____
Employer:_____
Occupation:_____
Work Address:_____
Phone:_____ Ext:_____

Household:
Annual Gross Income __$10,000 or less __$11-25,000 __ $26- 40,000 __ $41-60,000 __over $60,000
Does Child live with: __Mom __Step Mom __Dad __Step Dad __Grandparent __Other

Names of Brothers and Sisters who are Club members: _____

Physical:
Eye Color:_____ Hair Color:_____ Height:_____ Weight:_____ Race:_____ Gender: __Male __Female

The Boys & Girls Club of Erie County, including its Staff, Board of Directors, and Subsidiaries, is not responsible or liable in any way in the event of harm or injury occurring to the child. It is agreed that the parent or guardian will not hold the Boys & Girls Club of Erie County responsible for the welfare or whereabouts of the child. Submission of this form constitutes permission to use the applicant child's photographic likeness in Club informational media, including (but not limited to) brochures, flyers, press releases and the official Club website.

Parent's Signature:_____ Date_____

Staff Use Only

Date:_____Membership Status: New or Renewal **Membership #**_____ Amount Paid:_____

Staff Initials_____ Date entered into computer_____ Card Made _____ Cup Given_____

The Positive Place for Kids