



BOYS & GIRLS CLUB
OF ERIE COUNTY

Membership Application

First Name: _____ MI: _____ Last Name: _____ Child's cell _____

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

City: _____ State: _____ Zip _____ Home Phone: _____

Physical:

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____ Race: _____ Gender: Male Female

School Information

Current School: _____ Current Grade _____ **Food Program:** Free Reduced Non-eligible

Emergency Contact

Name: _____ Relationship: _____ phone: : _____ Alt phone: _____

Medical Information

Serious Health Problems: Yes No **If yes, explain:** _____

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 #: _____

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 and ages of Siblings: _____ Club members? _____

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 # _____ Primary Unit: _____

Staff Initials _____ Date entered into compute: _____ Card Made _____ Cup Given _____

Lunch form updated: _____ Attended Parent Orientation (date) _____ Amount Paid: _____