

## MEMBERSHIP APPLICATION

Membership Fee \$10

Please complete and attach a copy of your child's last report card

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Parent/Guardians Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

### School Information:

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Special Education: Yes \_\_\_\_\_ No \_\_\_\_\_

### Medical Information:

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_  
 Permission for Doctor/Hospital: \_\_\_\_ Yes \_\_\_\_ No Does your family have health insurance: \_\_\_\_ Yes \_\_\_\_ No  
 Policy #: \_\_\_\_\_ Group#: \_\_\_\_\_

Serious Health Problems: \_\_\_\_ Yes \_\_\_\_ No If yes, explain \_\_\_\_\_

Medications: \_\_\_\_ Yes \_\_\_\_ No Food Allergies: \_\_\_\_ Yes \_\_\_\_ No if yes, explain \_\_\_\_\_

### Household:

**NOTE: This information is collected for Grant writing purposes ONLY**

Annual	\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
Gross	\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
Household	\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
Income:	\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	
	\$20,001 - \$25,000 _____	\$50,001 - \$55,000 _____	
	\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	

### Disclaimer:

I \_\_\_\_\_ do hereby give my child permission to attend and participate in the activities sponsored by the John Avery Boys & Girls Club of Durham (JABGC). I hereby release the JABGC, its employees, associates, and contributors from liability form any injury, loss or theft incurred by my child while participating. We here at the Boys & Girls Club are no longer responsible for any lost or stolen items. Furthermore, I hereby authorize medical examination and emergency treatment for my child by a qualified licensed physician in the event of an accident. I further understand that the John Avery Boys & Girls Club has an "Open Door" policy, which means that my child may come and go at will. Further I give permission for my child's picture to be used in any JABGC publication. My signature indicates that I completely understand the above statements.

Parents Signature: \_\_\_\_\_ Member Signature: \_\_\_\_\_

FOR OFFICE USE ONLY: New Member \_\_\_\_ Renewal \_\_\_\_ Processed by: \_\_\_\_\_ Amt. Paid:\$ \_\_\_\_\_

OVER

**Housing:**

Do you live with your: \_\_\_ Mom \_\_\_ Step Mom \_\_\_ Dad \_\_\_ Step Dad \_\_\_ Grandparent \_\_\_ Other: \_\_\_\_\_

Is there a Member of the Household 65 years old or Older: \_\_\_ Yes \_\_\_ No

Is there a Member of the Household Handicapped: \_\_\_ Yes \_\_\_ No

Current Head of Household: \_\_\_ Female \_\_\_ Male

Current Housing Area: \_\_\_\_\_

Current Single Parent: \_\_\_ Yes \_\_\_ No      Current Number in Household: \_\_\_\_\_

Number of Brothers: \_\_\_ Ages: \_\_\_\_\_ Number of Sisters: \_\_\_ Ages: \_\_\_\_\_

**General:**

Birth Certificate on File: \_\_\_ Yes \_\_\_ No      Birth City: \_\_\_\_\_ Birth State/Country: \_\_\_\_\_

Parent Understood Signed Insurance Disclaimer and Permission Statement: \_\_\_ Yes \_\_\_ No

My child has permission to be used in public relations materials: \_\_\_ Yes \_\_\_ No

My child may participate in all John Avery Boys & Girls Club activities \_\_\_ Yes \_\_\_ No

**Do You Belong to:**

\_\_\_ Boy Scouts or Girl Scouts \_\_\_ School Club \_\_\_ YMCA or YWCA \_\_\_ Church Group \_\_\_ Other: \_\_\_\_\_

**New Members Background Information:**

How did you hear about the club? ( ) TV ( ) Friends ( ) Relatives ( ) Website ( ) Other Agency \_\_\_\_\_

What Type of Activities/Programs Interest You? ( ) Sports Leagues ( ) Music ( ) Arts & Crafts ( ) Educational Programs

( ) Group Clubs ( ) Technology ( ) Other (Please List) \_\_\_\_\_

What are your strongest subjects in school? \_\_\_\_\_

What are your weakest subjects in school? \_\_\_\_\_

Have you ever repeated a grade? \_\_\_\_\_ If so , which grade? \_\_\_\_\_

Are you in any of the following programs? ( ) Regents ( ) Non-Regents ( ) Others \_\_\_\_\_

**Emergency Contact Information**

Relationship to Member \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Emergency: \_\_\_\_\_

Relationship to Member \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Emergency: \_\_\_\_\_

**Person (s) Authorized to Pickup Member:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

DOB: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address H: \_\_\_\_\_

Employer: \_\_\_\_\_

Address W: \_\_\_\_\_

Phone H: \_\_\_\_\_ Cell: \_\_\_\_\_

Phone W: \_\_\_\_\_

Email: \_\_\_\_\_

**Person (s) Authorized to Pickup Member:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

DOB: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address H: \_\_\_\_\_

Employer: \_\_\_\_\_

Address W: \_\_\_\_\_

Phone H: \_\_\_\_\_ Cell: \_\_\_\_\_

Phone W: \_\_\_\_\_

Email: \_\_\_\_\_