



**BOYS & GIRLS CLUB
OF LUBBOCK**

Membership Application

Unit Name: _____

First Name: _____ Middle: _____ Last: _____

Gender: M F Ethnicity: _____ DOB: _____ SSN: _____

Address: _____ City _____ State _____ Zip _____

Parent's/Guardian's Names: _____

Parent's/Guardian's Phone: _____ Cell: _____ Email: _____

Emergency Contacts:

Name/Relationship _____ Phone/Cell#: _____ Phone/Cell#: _____

Name/Relationship _____ Phone/Cell#: _____ Phone/Cell#: _____

Name/Relationship _____ Phone/Cell#: _____ Phone/Cell#: _____

School Information:

Current Teacher: _____ Do you Qualify for a Free/Reduced Lunch? _____

School: _____ Grade: _____ Age _____

Medical Information:

Doctor Name: _____ Doctor Phone: _____

Date of Last Medical Exam: _____

Permission for Treatment by Doctor/Hospital: Yes No Medicaid: Yes No

Does your family have health and/or accident insurance: Yes No

Insurance Carrier: _____ Insurance Phone: _____

Policy #: _____ Group#: _____

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

Medications: Yes No If Yes, explain: _____

Preferred Hospital: _____

General:

Birth Certificate on File: Yes No Birth City: _____ Birth State/Country: _____

Member/Contacts Understood Signed Insurance Disclaimer and Permission Statement: Yes No

Member has permission to be used in public relations materials: Yes No

Member may participate in all Club activities in or adjacent to the club building: Yes No

Club Member Since: _____ Religion: _____

Household:

NOTE: This information is collected for Grant writing purposes ONLY

Member lives with: Mom Step Mom Dad Step Dad Grandparent
 Foster parent(s) Other: _____

Housing Development: _____

Annual	\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
Income	\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
Level:	\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
	\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	\$75,001 - \$80,000 _____
	\$20,001 - \$25,000 _____	\$50,001 - \$55,000 _____	\$80,001 - \$85,000 _____
	\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	\$85,001 - \$90,000+ _____

Number in Household: _____

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 Both

Current Single Parent: Yes No

Physical:

Eye Color: _____ Hair Color: _____ Skin Color/Features: _____

Height: _____ Weight: _____

Do you Belong to other Groups:

Boys Scouts or Girl Scouts School Club YMCA or YWCA Church Group

Other: _____ CYD Programs _____

Reason(s) for joining: Fun Learning Sports Other: _____

Disclaimer:

I have read the completed application, my child and I understand the rule of the Boys & Girls Clubs and request that my child be admitted into membership. I understand that the Open Door Policy allows my child to come and go at will and that the program is not a licensed day care center through the TDPRS. I give my consent for photographs of my child to be used in promotional materials by the Boys & Girls Clubs and their affiliates.

Parent's/Guardian's Signature: _____ **Date:** _____

Member's Signature: _____

FOR OFFICE USE ONLY

Membership #: _____

Amount Paid \$ _____

Entry Date: _____

Expiration Date: _____

Date Paid: _____

Type: _____

New/Renewal Member: _____

Processed by: _____