

# Lubbock Boys & Girls Club

## Membership Application

Unit Name: \_\_\_\_\_

*All information is required.*

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Gender: \_\_\_\_\_ M \_\_\_\_\_ F Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

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 Free/Reduced Lunch? \_\_\_\_\_

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

**Medical Information:** Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Serious Health Problems: \_\_\_ Yes \_\_\_ No If Yes, explain: \_\_\_\_\_ Date of Last Medical Exam: \_\_\_\_\_

Does your family have health and/or accident insurance: \_\_\_ Yes \_\_\_ No Preferred Hospital \_\_\_\_\_

Permission for Treatment by Doctor/Hospital: \_\_\_ Yes \_\_\_ No Medicaid: \_\_\_ Yes \_\_\_ No Medications: \_\_\_ Yes \_\_\_ No If Yes, explain: \_\_\_\_\_

### **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 \_\_\_\_\_

Current Head of Household: \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_ Both Current Single Parent: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Physical:** Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color /Features \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Member of other groups?** \_\_\_ Boy Scouts/Girl Scouts \_\_\_ School Club \_\_\_ YMCA or YWCA \_\_\_ Church Group \_\_\_ Other \_\_\_\_\_

Reason for joining Clubs: \_\_\_\_\_ Fun \_\_\_\_\_ Learning \_\_\_\_\_ Sports \_\_\_\_\_ Other: \_\_\_\_\_

### **Disclaimer:**

*I have read the completed application. My child and I understand the rules of the Boys & Girls Clubs and request that my child be admitted into membership. I understand 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 TDFPS. 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: \_\_\_\_\_

### **FOR OFFICE USE ONLY**

Membership #: \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Entry Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Date Paid: \_\_\_\_\_

New/Renewal Member: \_\_\_\_\_ Birth Certificate on File \_\_\_\_\_ Processed by: \_\_\_\_\_