

Lubbock Boys & Girls Club

Membership Application

Circle Club Name: TED PHEA OPTIMIST JOHN WILSON TALKINGTON SHALLOWATER

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: _____