



# MEMBERSHIP APPLICATION

## Boys & Girls Clubs of Western Pennsylvania

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

### School Information:

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

### Medical Information:

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: \_\_\_\_\_

### Disclaimer:

As a parent or guardian of the above child, I approve of his/her joining the Boys & Girls Clubs of W.PA, and agree not to hold its Board of Directors, staff or volunteers liable for injuries and accidents in connection with his/her membership or participation in The Boys & Girls Club activities.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In the event I cannot be reached in an EMERGENCY, I hereby give permission to the Physician selected by the Boys & Girls Club to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child as named above.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OPTIONAL:** Gross Annual Household Income: \_\_\_\_\_ (To keep dues and fees low, we often seek support from funding sources who make inquiries about the family income of Club members. Individual names are never used).

Number in house hold: \_\_\_\_\_

### PRIMARY CONTACT

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

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

Person Authorized to Pickup Member \_\_\_\_\_

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

Occupation: \_\_\_\_\_

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

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

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

Person Authorized to Pickup Member \_\_\_\_\_

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

Occupation: \_\_\_\_\_

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

**FOR OFFICE USE ONLY** Membership #: \_\_\_\_\_ Entry Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Status: A

Receipt # \_\_\_\_\_ Type: Regular New/Renewal Member: \_\_\_\_\_ Processed by: \_\_\_\_\_