

Boys & Girls Clubs of Snohomish County - Membership Registration Form

<p><u>PRIMARY PARENT/GUARDIAN</u></p> <p>Name: _____ MALE / FEMALE Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Work Phone: _____ Cell Phone: _____ E-mail: _____ Employer: _____</p> <p><u>OTHER PARENT/GUARDIAN</u></p> <p>Name: _____ MALE / FEMALE Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Work Phone: _____ Cell Phone: _____ E-mail: _____ Employer: _____</p>	<p>Household Size: _____</p> <p>Family Income: <input type="checkbox"/> \$0 - \$14,999 <input type="checkbox"/> \$15,000-\$29,999 <input type="checkbox"/> \$30,000-\$44,999 <input type="checkbox"/> \$45,000 +</p> <p>Check all that apply: <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assist. <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> Veterans Comp. <input type="checkbox"/> Daycare Voucher <input type="checkbox"/> School Lunch <input type="checkbox"/> Medicaid <input type="checkbox"/> Navy <input type="checkbox"/> EHA</p>	<p>Areas of Interest:</p> <p><input type="checkbox"/> childcare <input type="checkbox"/> daycamps <input type="checkbox"/> super school <input type="checkbox"/> baseball <input type="checkbox"/> basketball <input type="checkbox"/> flag football <input type="checkbox"/> soccer <input type="checkbox"/> volleyball <input type="checkbox"/> transportation <input type="checkbox"/> 3 on 3 tourney <input type="checkbox"/> wrestling <input type="checkbox"/> special events</p> <p>Volunteer Interests:</p> <p><input type="checkbox"/> club programs <input type="checkbox"/> coaching <input type="checkbox"/> annual auction <input type="checkbox"/> officiating <input type="checkbox"/> team sponsor <input type="checkbox"/> parent board <input type="checkbox"/> team parent <input type="checkbox"/> golf tournament <input type="checkbox"/> other</p>	<p><u>MEDICAL INFORMATION</u></p> <p>Insurance Company: _____ Physician: _____ Physician Phone: _____ Medications: _____ Medical Problems / Allergies: _____</p> <p><u>EMERGENCY CONTACTS</u></p> <p>First & Last Name: _____ Relation to Child: _____ Phone #: _____</p> <p>First & Last Name: _____ Relation to Child: _____ Phone #: _____</p>
<p><u>MEMBER INFORMATION</u></p> <p>First Name: _____ Male / Female Birthdate: ____/____/____ Age: _____ African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Eastern European <input type="checkbox"/> Hispanic <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> School: _____ Grade: _____ School District: _____</p> <p>Household Type: Both Parents <input type="checkbox"/> Single Parent Mother <input type="checkbox"/> Single Parent Father <input type="checkbox"/> Grandparents <input type="checkbox"/> Other <input type="checkbox"/> _____</p>		<p style="text-align: center;">Office Use Only</p> <p>Date Paid _____ Amount Paid _____ Receipt # _____ Mem. # _____ Staff Initials _____</p>	
<p><u>Release Form:</u> I declare that I am the parent or legal guardian of the minor listed above. I have full custody and control of the child. To the best of my knowledge, my child is in good health and is adequately immunized to participate in Boys & Girls Clubs activities. In the event that my child is injured or should require medical attention, I hereby request you to contact our family physician. In the event that the Doctor cannot be reached, I hereby authorize his/her athletic supervisor, coach or any other Boys & Girls Club employee or volunteer to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment by calling me at the listed phone. In case I cannot be reached for an emergency, medical treatment as described above may proceed without further authorization. I understand that the Boys & Girls Clubs provide only a secondary Health Insurance coverage. I understand the "open door" policy which allows children to come and go as they desire. I understand also that the Club accepts no responsibility for keeping my child in the building or on the premises except when enrolled in a licensed childcare program. I hereby give permission for a photo or likeness of my child to be used in brochures and other promotional materials produced by the Boys & Girls Clubs of Snohomish County. The photo will not be sold without the express written consent of the parent or legal guardian. I agree that this waiver is valid as long as my child is a member of the Boys & Girls Clubs of Snohomish County.</p>			
<p>Parent or Guardian Signature: _____</p>			<p>Date: _____</p>

Office Use Only:

Child's Name: _____
Last First

Club: _____
Location

Year										
Card #										
Staff Initials										
Receipt #										
Amount Paid \$										
Date Paid										

Release Form: I declare that I am the parent or legal guardian of the minor listed. I agree to update my child's Member Registration Form as information changes in our household. I have read and agree to the disclaimer printed on the front of this form for as long as my child is a member of the Boys & Girls Club of Snohomish County.

Parent Signature

Date

Parent Signature

Date

Parent Signature

Date

Parent Signature

Date

Parent Signature

Date

Parent Signature

Date

Parent Signature

Date

Parent Signature

Date

Parent Signature

Date

Parent Signature

Date