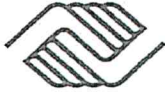


Membership # _____ Location (circle): Pinconning Bay City Essexville Saginaw Carrollton Orientation

Staff Initials _____ New Membership Renewal Paid or Scholarship

Boys and Girls Clubs of the Great Lakes Bay Region
Membership Application

2017 ★



Childs Personal Information

Last Name _____ First Name _____ Male Female

Address _____ City _____ State _____ Zip code _____

Home Phone _____ Cell Phone _____

Birthdate _____ Age _____ School Attending _____ Grade _____

Child's Ethnicity (Choose One)

African American Hispanic Native American Does your child receive free No
 Caucasian/White Asian Multi-Racial Other or reduced lunch Yes

Member lives with:

Both Parents Mother Only Father Only Parent and Step-Parent
 Grand Parent(s) Foster Home Group Home Part-time with each parent
 Is your current Guardian(s) a member of the US Military? If yes, please provide military ID.

Contact Information

Mother/Guardian's Name _____ Employer _____ Phone _____

Father/Guardian's Name _____ Employer _____ Phone _____

Youth's Physician _____ Phone _____ Hospital of Choice _____

Emergency Contact (if parent cannot be reached) _____ Phone _____

Does youth have any physical, mental or emotional impairments that the Club should be aware of?

In consideration of my child's membership at The Boys and Girls Clubs (a.k.a. The Club). I parent/guardian of named minor do hereby release the Club from all liability to me, my child, and my child's personal representative assigns and heirs for all claims and damages which my child or I may have against the Club and or its sponsors resulting from participation in or connection with a Club-related activity. I hereby authorize the Club, as my agent to secure medical treatment as is deemed necessary and will on my behalf of my minor, assume and pay all expenses associated with such treatments in the event of an accident, illness or other capacity. I will insure that my child is fit and sufficiently trained to participate in the programs of the Club. I permit the Club to utilize photographs of my child taken of his/her involvement in Club programs, for use on website, Facebook and othr social media outlets and hereby waive all accidents or incidents which involve my minor should they choose to leave the Club. Finally, I as the parent/guardian of said member, attest that I have taken all reasonable steps to educate my child to the rules and expectations of being a Boys and Girls Club member. I give permission to the Boys and Girls clubs of the Great Lakes Bay Region to share information about the minor child listed on this application with the Boys and Girls Clubs of America (BGCA), for research purposes and/or to evaluate the programs effectiveness. Information that will be disclosed to the BGCA may include the information on this membership form, information provided by the minor child's school district and other information collected by the Boys and Girls Clubs of the Great Lakes Bay Region, including data collected via surveys or questionnaires. All information provided will be kept confidential.

Parent/Guardian Signature: _____ Date: _____

Child's Signature: _____ Date: _____