

## Boys & Girls Club of Cache Valley Application for Membership

Child's Name: _____	Age: _____	Gender: _____	Birthdate: _____
Address: _____		City: _____	State: _____ Zip: _____
School: _____		Grade: _____	Number of siblings: _____
Guardian's Name: _____		Home Phone: _____	Work Phone: _____
Relationship to child: _____ Address (if different than above): _____			

Does your child take any medication regularly? ( ) Yes ( ) No if yes, explain: _____
Family Doctor's Name: _____ Phone: _____
Hospital Reference: _____ Phone: _____
Emergency Contact: _____ Phone: _____
Address: _____ Relationship to child: _____
Use the following space to briefly describe your child's physical, mental and emotional health. In addition, please let us know if your child has any special needs or concerns while participating in our program:
_____
_____

The following information is requested but not required for membership, it is for statistical purposes only.  
Thank You For Your Cooperation!

Ethnicity: ( ) African American ( ) Asian ( ) Caucasian ( ) Hispanic ( ) Native American ( ) Pacific Islander ( ) Other _____
Guardian Marital Status: ( ) married ( ) divorce-single parent ( ) widow single-parent ( ) single parent
Head of household gender: ( ) male ( ) female # of people living in household: _____
Are you a member of the Armed Forces? _____ ( ) Active ( ) National Guard/Reserves
Total Income of Household
( ) \$20,100-under ( ) \$29,151-\$31,200 ( ) \$40,251-\$43,450
( ) \$20,101-\$22,650 ( ) \$31,201-\$32,200 ( ) \$43,451-\$46,700
( ) \$22,651-\$25,150 ( ) \$32,210-\$33,200 ( ) \$46,701-\$49,900
( ) \$25,151-\$27,150 ( ) \$33,201-\$36,200 ( ) \$49,901-\$53,100
( ) \$27,151-\$29,150 ( ) \$36,201-\$40,250 ( ) \$53,101-above

I recognize that there is an element of risk in anything out of the home setting, including Boys & Girls Clubs. My child may be exposed to physical hazards, emotional demands, communicable diseases, weather conditions and/or other unanticipated events.

I authorize my child to participate in the educational, athletic, and recreational programs of the Boys & Girls Clubs and in any and all field trips away from the club. On behalf of my child, I assume all risks of my child's participation in these programs. I hereby release and agree to hold harmless the Boys & Girls Clubs of Cache Valley, its employees, agents, officers, directors and all volunteers from any and all liability, loss or damage actions, claims and demands which I now have or which may hereafter arise from my child's participation in the routine activities of the Boys & Girls Clubs. This release is intended to be binding upon my heirs, executors, and/or personal representatives.

I hereby certify that my child is in normal health and, to my knowledge, is capable of participating safely in the educational, athletic, and recreational programs of the Boys & Girls Clubs.

Should any injury occur to my child during participation in said program, I authorize Boys & Girls Club of Cache Valley to arrange for or provide emergency medical treatment and to arrange for or provide transportation to the nearest qualified medical facility. I also understand that the Boys & girls Club of Cache Valley does not carry medical insurance for members.

I authorize Boys & Girls Club of Cache Valley to use photo, video footage, and/or sound recordings of my child for the purpose of, n\but not limited to television, radio, newspaper, billboards, bus covers, development videos, printed materials and/or news coverage. Moreover, I hereby waive claim to any rights, residuals or fees in connection with the use of said photo, videotape footage, and/or sound recordings.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only: _____	Date: _____	Amount Paid: _____	Membership#: _____
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