

Membership Application Form



**BOYS & GIRLS CLUBS
OF ELKHART COUNTY**

102 W. Lincoln Ave., Ste.240 | PO Box 614 | Goshen, IN 46527
Phone: 574.534.5933 | Fax: 574.537.1925
www.bgcelkhartcounty.org

For Office Use Only

Date Recvd: _____
Staff Int.: _____
YES Entry: _____
Staff Int.: _____
School Year: _____

Payment Information

Receipt # _____
Check # _____
Cash \$ _____
Pd BY CC _____
Scholarship _____
(staff Initials)
Member ID _____

Contact (Please Print)

Members First Name: _____		Members Middle Name: _____		Members Last Name: _____	
Name of Person Member lives with: _____		Cell Phone / Home Phone: _____		Can text to cell phone: <input type="checkbox"/> YES OR <input type="checkbox"/> NO	
Home Address: _____		City: _____	State: _____	Zip Code: _____	
Emergency Contact Other than Parents: _____		Emergency Phone: _____		Relationship to Member: _____	
Parent Email Address (for emergency purposes only) _____		Can Member Swim: <input type="checkbox"/> YES OR <input type="checkbox"/> NO		Gender: F / M	

Member Demographic Information:

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: ____/____/____ Current Age: _____	Ethnicity: (Please check one): <input type="checkbox"/> African American <input type="checkbox"/> Arab <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> Other
Current Grade: _____ School currently attending: _____ Boys & Girls Club you are joining. Please check one. <input type="checkbox"/> Elkhart <input type="checkbox"/> Goshen <input type="checkbox"/> Middlebury <input type="checkbox"/> Nappanee Membership: New: _____ / or/ Renewing: _____ # of yrs. _____	<p style="text-align: center;">Household Information</p> Total number in household: _____ Primary Adult(s) Member live with: please check one <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> 1/Parent/1-Step <input type="checkbox"/> Grandparents <input type="checkbox"/> 2-Parent Family <input type="checkbox"/> Foster Care

Parent/Guardian

Father's First Name: _____ Father's Employer: _____	Father's Last Name: _____ Father's Occupation: _____	Father's Work Phone & Ext: _____ Father's Cell Phone: _____
Mother's First Name: _____ Mother's Employer: _____	Mother's Last Name: _____ Mother's Occupation: _____	Mother's Work Phone & Ext: _____ Mother's Cell Phone: _____
Guardian's First Name: _____ Guardian's Employer: _____	Guardian's Last Name: _____ Guardian's Occupation: _____	Guardian's Work Phone & Ext: _____ Guardian's Cell Phone: _____

Medical/Emergency

Special Needs/Health Issues (please explain if yes):

Medication:

Physician / Phone Number:

Confidential: The following information is necessary for our records and the funding our Organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Total Income in the household-please check one

<input type="checkbox"/>	\$ 9,000 or below
<input type="checkbox"/>	\$ 9,001 - \$12,000
<input type="checkbox"/>	\$12,001 - \$15,000
<input type="checkbox"/>	\$15,001 - \$19,000
<input type="checkbox"/>	\$19,001 - \$23,000
<input type="checkbox"/>	\$23,001 - \$28,000
<input type="checkbox"/>	\$28,001 - \$33,000
<input type="checkbox"/>	\$33,001 - \$42,000
<input type="checkbox"/>	\$42,001 - \$45,000
<input type="checkbox"/>	Over \$45,001

Assisted Programs Government and or State Funded -please check all that apply

<input type="checkbox"/>	Food Stamps
<input type="checkbox"/>	Free/Reduced Lunch
<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare
<input type="checkbox"/>	SSI
<input type="checkbox"/>	TANF

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Elkhart County, Boys & Girls Club of Goshen, Boys & Girls Club of Nappanee, Boys & Girls Club of Middlebury, Boys & Girls Club of Elkhart, KidsCare, Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

I give permission to the Boys & Girls Club to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any all costs of medical attention and treatment.

I give my permission to the Boys & Girls Clubs of Elkhart County and to Elkhart Community Schools and/or Concord Community Schools and/or Wa-Nee Community Schools and/or Middlebury Community Schools and/or Goshen Community Schools to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting Elkhart, Concord, Wa-Nee, Middlebury and/or Goshen Community Schools or the Boys & Girls Club in writing.

I give my consent for photographs in which my child may appear to be used in any way the Boys & Girls Club may care to use them.

I understand that the Boys & Girls Club is not responsible for lost or stolen items.

I have read the completed application, understanding the rules of the Boys & Girls Club and request that my child be admitted into membership.

Parent / Guardian Signature

Date: ____/____/____

Members Signature

Date: ____/____/____