



- _____ After-School Program Only
- _____ Evening Care Program Only
- _____ After-School & Evening Care
- _____ Summer Program

Membership Application

Administrative Use Only:

Membership Start Date:	Membership Expiration Date:	Classification:	Paid: Yes <input type="checkbox"/> No <input type="checkbox"/>	Accepted by:	Processed by (KidTrax):	Membership #:
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MEMBER INFORMATION

Gender: Male Female **Ethnicity:** Hispanic Non-Hispanic
Race: African-American Caucasian Asian Native American Middle-Eastern Multi-Racial Other _____

Name: Last _____ First _____ Middle _____ Age _____

Address: _____ City _____ State _____ Zip _____

Date of Birth _____ School / Grade _____ Member's Phone/Cell Number _____ Email Address _____

Have you been a member of this Club Before? Yes No Is there adult supervision at home after school? Yes No

Other organizations _____ Do you have Health Insurance? Yes No
 Belonging to: _____

Doctor's Name _____ Phone Number _____ Address _____

FAMILY INFORMATION

Mother/Guardian's Name _____ Father/Guardian's Name _____

Mother/Guardian's Email _____ Home Phone _____ Father/Guardian's Email _____ Home Phone _____

Number in Household: Under 18 / Over 18 _____ Parent/Guardian in Military _____ Branch _____

Parents/Guardians (circle one): Married Single Separated Divorced Widowed Deceased Cohabiting
Child lives with/Head of household (circle ALL that apply): Mother Father Both Grandmother Grandfather Aunt Uncle
 Step-mother Step-father Other: _____

Annual Household Income (please check one):
 \$0-\$5K \$5,001-\$11,770 \$11,771-\$15,930 \$15,931-\$20,090 \$20,091-\$24,250 \$24,251-\$28,410 \$28,411-\$32,570
 \$32,571-\$36,730 \$36,731-\$40,890 \$40,891-\$55K \$55,001-\$65K \$65,001-\$70K \$70,001-\$75K \$75,001-\$80K Above \$80K
 Families First Free Lunch Reduced Lunch Medicaid N/A

IN CASE OF EMERGENCY

Mother/Guardian's Place of Employment _____ Work Phone Number _____ Cell Phone Number _____

Father/Guardian's Place of Employment _____ Work Phone Number _____ Cell Phone Number _____

Authorized Emergency Contact/Pick-Up _____ Relationship to Member _____ Home & Cell Phone Numbers _____

Authorized Emergency Contact/Pick-Up _____ Relationship to Member _____ Home & Cell Phone Numbers _____

Authorized Emergency Contact/Pick-Up _____ Relationship to Member _____ Home & Cell Phone Numbers _____



Membership Application

Confidential Password: _____

This will be used as telephone identification should you need to call and speak with your child or make a one-time adjustment to your authorized pick-up list. PLEASE DO NOT SHARE THIS PASSWORD WITH ANYONE.

*****Medical Conditions*****

(Must include ALL conditions/concerns, allergies and medications)

Child Abuse Regulations:

The Boys & Girls Clubs of Rutherford County is required by law to report to the Department of Children's Services any suspected child abuse of our members. All suspected child abuse will be reported immediately. I have received, read and had an opportunity to discuss with a staff member a summary of licensing requirements, parent letter regarding child abuse and the Parent's Information Booklet and I have had a pre-placement visit.

Disclaimer:

By signing below, I certify the above information is true to the best of my knowledge. Some programs offered are federally funded and may require documentation of income. I agree to provide documentation of income upon request. I authorize Boys & Girls Clubs of Rutherford County to contact me if my child is injured and/or harmed in any way. I also authorize Boys & Girls Clubs of Rutherford County to seek medical attention for my child if he/she is injured and/or harmed and needs immediate medical assistance at a local hospital or emergency care center. I certify that I and/or our family's insurance provider will be responsible for any financial medical costs that may be associated with all medical attention and treatment given to my child. In consideration of the Boys & Girls Clubs granting my child the opportunity to participate in the After School/Summer program, I hereby release, indemnify and hold harmless the Boys & Girls Clubs of Rutherford County from any liability, claim or demand resulting from any legal medical attention and assistance that may be needed and provided as a result of an injury or harmful incident to my child.

I give my consent for my child to participate in Boys & Girls Club activities in or adjacent to the Club building.

Yes No

I also give my consent for my child to be photographed; video taped and/or interviewed for public relations purposes. Yes No

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date