



BOYS & GIRLS CLUBS
OF SOUTHEASTERN MICHIGAN

Membership Application

Please print and fill out application completely.

CLUB NAME

FOR OFFICE USE ONLY

Kid Trax Number _____

Comments:

Date: _____

MEMBER INFORMATION

First Name:
Last Name:
M. I.:
Gender: Male
 Female

Birthdate:
School:
Grade:
New Member
 Yes No

Race:
 African American
 Asian
 Caucasian
 Hispanic/Latino
 Native American
 Multi-Racial
 Pac Islander
 Other

How did you hear of us?
 School
 Word of mouth
 Social Media

Parent/Guardian 1:

First Name:
Last Name:
Relationship:
Active Military

Address:
City:
Zip Code:

Employer:
Email Address:
Phone Number: (circle one)
 Home Cell Work ()
 Home Cell Work ()

Parent/Guardian 2:

First Name:
Last Name:
Relationship:
Active Military

Address:
City:
Zip Code:

Employer:
Email Address:
Phone Number: (circle one)
 Home Cell Work ()
 Home Cell Work ()

Household Information

<p>Member Lives With: (check all that apply)</p> <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Foster <input type="checkbox"/> Guardian Other: _____ Total Family Size: # _____	<p>Family Setting:</p> <input type="checkbox"/> Married <input type="checkbox"/> Remarried <input type="checkbox"/> Single Parent Household <input type="checkbox"/> Divorced Other: _____	<p>Family Income:</p> <input type="checkbox"/> Below \$10,000 <input type="checkbox"/> \$10,001-\$25,000 <input type="checkbox"/> \$25,000-\$35,000 <input type="checkbox"/> \$35,000 and up
<p>Check all that Apply:</p> <input type="checkbox"/> TANF <input type="checkbox"/> Bridge Card <input type="checkbox"/> General Assistance <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> Veterans Comp <input type="checkbox"/> School Lunch <input type="checkbox"/> Medicaid		

Member Medical Information

Medical Issues—Check all that apply

Frequent Illness Heart Trouble/Murmur High Blood Pressure Asthma Diabetes
 Vision Problems Hearing Problems Speech Problems Behavioral Issues Hyperactivity
 Food Allergies Frequent Skin Rashes OTHER:

Allergies—List any known

List any medicines member takes

Is member restricted from physical activity such as gym and sports? **No** **Yes (List below)**

Does member receive any special services at school? **No** **Yes (List below)**

Two emergency contacts other than the parents/guardians listed

First Name	Last Name	Relationship to Member	First Name	Last Name	Relationship to Member
Phone Number 1:	Phone Number 2:		Phone Number 1:	Phone Number 2:	
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I represent that my child/ward has been examined by a physician and is physically and mentally capable of engaging in the activities of the Boys & Girls Clubs of Southeastern Michigan. I also disclaim and release the Boys & Girls Clubs of Southeastern Michigan, its employees and agents from any and all liability to me for any injury sustained by my child/ward while engaged in any activity sponsored by the Boys & Girls Clubs of Southeastern Michigan.

I have read the completed application, understand the rules of the Boys & Girls Clubs of Southeastern Michigan and request that my child be admitted into membership. For consideration for Boys and Girls Clubs of Southeastern Michigan admitting my child into membership, and other good and valuable consideration, the sufficiency of which I acknowledge, on behalf of myself, any other parent or guardian of my child, I/we agree to indemnify and hold harmless Boys and Girls Clubs of Southeastern Michigan, their agents, members, officers, employees, staff, and volunteers, from any and all liability, claims, suits, demands, damages, judgments, costs, interests and expenses (including attorney's fees and all legal costs, any injury and costs of medical services, etc.) arising directly or indirectly from membership in the Boys and Girls Clubs of Southeastern Michigan or participation or transportation of my child with regard to any activity. I further waive all claims I may have against Boys and Girls Clubs of Southeastern Michigan, to the fullest extent permitted by law. I also acknowledge I have the authority and ability to sign this Permission Form inclusive with all of its components. In the event any provision of this Form is deemed invalid, the balance remains in full force and effect.

I give my consent for photographs, in which the member may appear to be used in any way the Boys and Girls Clubs of Southeastern Michigan may use them to support the mission of the Boys and Girls Club, "such as our annual Impact Report, social media posts, grant applications, special event programs and letters communicating with donors." If you choose not to allow your child's photo to be used opt out by initialing here: _____

Authorization to treat a minor: In the event that I cannot be reached in an emergency, I hereby give permission to the Club to allow any physician, medical facility, or other healthcare provider, including paramedic, to provide any emergency medical treatment deemed necessary in the event of injury or illness of my child.

Parent or Guardian Signature

Date