



Membership Application



Date _____

Member Type	<input type="checkbox"/> New Member
	<input type="checkbox"/> Renewing Member
Member Number	

PRIMARY CONTACT

Role in Household	<input type="checkbox"/> Mother	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Foster Parent
	<input type="checkbox"/> Father	<input type="checkbox"/> Brother/Sister	<input type="checkbox"/> Guardian
	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Other: _____

Full Name _____

Employer / Organization _____

Email Address _____

Primary Phone _____

Secondary Phone _____

Address _____

City/State/Zip _____

Military Status of Parents/Guardians

Current / Former Military	<input type="checkbox"/> Yes <input type="checkbox"/> No	Status	<input type="checkbox"/> Active Duty	Branch	<input type="checkbox"/> Air Force	<input type="checkbox"/> Marine Corps
			<input type="checkbox"/> Reserve/Guard		<input type="checkbox"/> Army	<input type="checkbox"/> National Guard
			<input type="checkbox"/> Veteran		<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Navy

MEMBER DETAILS

Member Information

Full Name _____

Address _____

City/State/Zip _____

Birthdate _____

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Other
	<input type="checkbox"/> Female	<input type="checkbox"/> Choose Not to Answer

Racial / Ethnic Identity	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White
	<input type="checkbox"/> Asian	<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Bi-racial
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Multi-Racial
			<input type="checkbox"/> Other
			<input type="checkbox"/> Choose Not to Answer

Primary Club	<input type="checkbox"/> El Dorado-Youth Center	<input type="checkbox"/> Teen Center	<input type="checkbox"/> Smackover-Norphlet
	<input type="checkbox"/> Prime Time- HG	<input type="checkbox"/> Prime Time- NW	<input type="checkbox"/> Prime Time- Yocum

Foster Care	<input type="checkbox"/> Yes <input type="checkbox"/> No
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School Information

School Name _____

Teacher _____

School Lunch

Free/Reduced

Entire School is Free

Not Eligible

Does member receive additional support in the school/community

Individualized Education Plan (IEP)

504 (accommodation)

Speech Coach

Meets with school or private counselor

Other _____

Allergies

Food Allergies

None

Dairy/Lactose

Seafood/Shellfish

Peanuts

Soy

Eggs

Tree Nuts

Gluten

Other _____

Environmental Allergies

None

Pollen/Dust/Mold

Animals _____

Bee Stings

Grass

Other _____

Insect Bites

Medicine Allergies

None

Amoxicillin

Other _____

Penicillin

Aspirin

Other Allergies

None

Lotions

Other _____

Latex

Perfume/Cologne

Medical Information

Diagnosed Medical Conditions

Asthma

ADD/ADHD

Oppositional Defiance Disorder

Diabetes

Autism

Other _____

Hearing Impairment

Seizures

Visual impairment

Anxiety/Depression

Does the member use an inhaler?

Yes No

Does the member use insulin? Yes No

Does the member use an EpiPen?

Yes No

Does the member self-administer medication?

Yes No

AUTHORIZED CONTACTS

Authorized Contact 1	Authorized Contact 2
Full Name _____	Full Name _____
Primary Phone _____	Primary Phone _____
Secondary Phone _____	Secondary Phone _____
Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship <input type="checkbox"/> Caseworker <input type="checkbox"/> Other <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Stepdad <input type="checkbox"/> Neighbor <input type="checkbox"/> Stepmom	Relationship <input type="checkbox"/> Caseworker <input type="checkbox"/> Other <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Stepdad <input type="checkbox"/> Neighbor <input type="checkbox"/> Stepmom

NON-AUTHORIZED CONTACTS

Please list any individuals that are restricted from picking up the member.

Non-Authorized Contact 1	Non-Authorized Contact 2
Full Name _____	Full Name _____
Phone _____	Phone _____
Relationship <input type="checkbox"/> Parent / Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Caseworker <input type="checkbox"/> Other	Relationship <input type="checkbox"/> Parent / Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Caseworker <input type="checkbox"/> Other

Household Support

Number of adults in household _____	Number of children in household _____
Household Composition	
<input type="checkbox"/> Single Adult Household <input type="checkbox"/> Two + Adult Household <input type="checkbox"/> Self (emancipated / 18)	Who are the adults living in the household? (Check all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Legal Guardian(s) <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Aunt/ Uncle <input type="checkbox"/> Other Relative(s) <input type="checkbox"/> Other Adult(s)

Assistance Programs <input type="checkbox"/> Childcare Assistance <input type="checkbox"/> Food Stamps/SNAP <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Social Security	<input type="checkbox"/> SSI (Supplemental Security Income) <input type="checkbox"/> SSDI (Social Security Disability Insurance) <input type="checkbox"/> WIC (Women, Infants, and Children) <input type="checkbox"/> TANF (Temporary Assistance for Needy Families) <input type="checkbox"/> Veteran's Compensation	<input type="checkbox"/> Housing Assistance <input type="checkbox"/> Choose Not to Answer <input type="checkbox"/> None <input type="checkbox"/> Other (please explain below) _____
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Housing Type <input type="checkbox"/> Permanent (Own or Rent) <input type="checkbox"/> Public Housing <input type="checkbox"/> Group Home	<input type="checkbox"/> Foster Family <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Homeless
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Household Income Range <input type="checkbox"/> \$0 - 10,000 <input type="checkbox"/> \$10,001 - 20,000 <input type="checkbox"/> \$20,001 - 30,000 <input type="checkbox"/> \$30,001 - 40,000 <input type="checkbox"/> \$40,001 - 50,000	<input type="checkbox"/> \$50,001 - 60,000 <input type="checkbox"/> \$60,001 - 70,000 <input type="checkbox"/> \$70,001 - 80,000 <input type="checkbox"/> \$80,001 - 90,000 <input type="checkbox"/> \$90,001 - 100,000	<input type="checkbox"/> \$100,001 - 110,000 <input type="checkbox"/> \$110,001 - 120,000 <input type="checkbox"/> \$120,001 - 130,000 <input type="checkbox"/> \$130,001 - 140,000 <input type="checkbox"/> \$140,001 - 150,000	<input type="checkbox"/> \$150,001 - 160,000 <input type="checkbox"/> \$160,001 - 170,000 <input type="checkbox"/> \$170,001 - 180,000 <input type="checkbox"/> \$180,001 - 190,000 <input type="checkbox"/> \$190,001 - 200,000 <input type="checkbox"/> \$200,000+
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WAIVERS & RELEASES

Data Collection

- Yes I give my permission to the Boys & Girls Club of El Dorado to collect information via online or written surveys, questionnaires, interviews and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, BGCA, funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members.
- No

Medical

- Yes I give permission to the Boys & Girls Club of El Dorado 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.
- No

Technology

- Yes As a member of the Boys & Girls Club, our child may have access to the internet. While the Boys & Girls Club has rules prohibiting such conduct and precautions are taken by the Club to prevent such access, it is possible your child may access inappropriate sites. The Boys & Girls Club will not be responsible for such unauthorized access.
- No

Data Sharing

- Yes I give my permission to the Boys & Girls Club of El Dorado to share information about the minor child listed on this application with BGCA for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by Boys & Girls Club of El Dorado, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.
- No

Press / Media

- Yes I give my permission for my child's picture, video image, or any other graphic depiction or likeness, to be used by Boys & Girls Club of El Dorado, Boys & Girls Clubs of America and its affiliates or donors and acknowledge neither my child nor I will receive payment for same.
- No

Miscellaneous

- Yes I understand that the Boys & Girls Club is not responsible for lost or stolen items. Each Club has the right to make membership decisions based on the resources and capacity of their facility and staff. Boys & Girls Club of El Dorado reserves the right to decline the application, rescind the enrollment of, or suspend any youth that cannot successfully associate with other club members.
- No

APPLICATION APPROVAL

I understand the Boys & Girls Club of El Dorado has an open door policy where members are allowed to come and go as they please. Should a member leave the Club, they will not be granted return access unless approved by the Club Director. We assume no responsibility for members who choose not to attend on a particular day or who choose to leave early.

I, the parent/guardian of the minor child listed on this application, on behalf of the minor child listed herein and for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of El Dorado and Boys & Girls Clubs of America (BGCA), 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.

Your signature below confirms that all information above is true and accurate.

Parent/Guardian Signature

Date