



MEMBERSHIP APPLICATION

FOR OFFICE USE ONLY: Form and Payment Received by (staff initials): _____ Date: _____ Unit Location: _____
 Member #: _____ New: _____ Renewal: _____ Start Date: _____ Expiration Date: _____
 Fee: _____ Check/CC/MO#: _____ Cash: _____ Entered by (staff initials): _____ Date: _____

MEMBER INFORMATION

First: _____ Middle: _____ Last: _____

Gender: M F Date of Birth: ____/____/____ T-Shirt size: YOUTH: S M L XL ADULT: S M L XL

Ethnicity: American Indian/Alaska Native Asian Black Hispanic White
 Two or more Races – please specify: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

School Details:

School: _____ Grade: _____

Does your child receive free/reduced price lunch? Yes No

Medical Details:

Serious Health Problems: Yes No If Yes, explain: _____

Medications: Yes No If Yes, explain: _____

PARENT/GUARDIAN INFORMATION

First: _____ Last: _____

Relationship to Member: Mom Dad Step Mom Step Dad Grandparent Foster Parent
 Other – please specify: _____

Place of Employment: _____

Phone: _____ Cell Work Home

Phone: _____ Cell Work Home Pick up Authorization

Email: _____ Home Work Password: _____

HOUSEHOLD INFORMATION

Member lives with: Mom Dad Step Mom Step Dad Grandparent(s) Foster Parent(s)
 Other – please specify: _____

Total Number in Household: _____

Current Head of Household: Female Male Both

Current Single Parent: Yes No

Military Connection in Household – Active Duty, National Guard, Reserve, Veteran: Yes No
If Yes, Branch: _____

Annual Household Income Level – please select one
NOTE: We collect this information for grant writing purposes only

- | | | |
|--|--|---|
| \$0 - \$5,000 <input type="checkbox"/> | \$30,001 - \$35,000 <input type="checkbox"/> | \$60,001 - \$65,000 <input type="checkbox"/> |
| \$5,001 - \$10,000 <input type="checkbox"/> | \$35,001 - \$40,000 <input type="checkbox"/> | \$65,001 - \$70,000 <input type="checkbox"/> |
| \$10,001 - \$15,000 <input type="checkbox"/> | \$40,001 - \$45,000 <input type="checkbox"/> | \$70,001 - \$75,000 <input type="checkbox"/> |
| \$15,001 - \$20,000 <input type="checkbox"/> | \$45,001 - \$50,000 <input type="checkbox"/> | \$75,001 - \$80,000 <input type="checkbox"/> |
| \$20,001 - \$25,000 <input type="checkbox"/> | \$50,001 - \$55,000 <input type="checkbox"/> | \$80,001 - \$85,000 <input type="checkbox"/> |
| \$25,001 - \$30,000 <input type="checkbox"/> | \$55,001 - \$60,000 <input type="checkbox"/> | \$85,001 - \$90,000+ <input type="checkbox"/> |

EMERGENCY CONTACTS and/or AUTHORIZED TO PICK UP MEMBER INFORMATION

First: _____ Last: _____ Relationship to Member: _____

Phone: _____ Cell Work Home

Phone: _____ Cell Work Home

First: _____ Last: _____ Relationship to Member: _____

Phone: _____ Cell Work Home

Phone: _____ Cell Work Home

First: _____ Last: _____ Relationship to Member: _____

Phone: _____ Cell Work Home

Phone: _____ Cell Work Home

POLICIES, RELEASES, DISCLAIMERS – Initial Next To Each Item

____ EMERGENCY MEDICAL RELEASE
 In the event that I cannot be readily reached in an emergency, I hereby authorize the staff of Boys & Girls Club of Washington County to consent to medical, surgical or dental examination or treatment. I authorize treatment and/or care at any hospital or by licensed medical personnel. I will be responsible for any/all costs of medical attention and treatment.

____ PRESCRIBED OR OVER-THE-COUNTER MEDICINE
 I am aware that Boys & Girls Club of Washington County does not allow prescribed or over-the-counter medicine on its premises. If I need Boys & Girls Club of Washington County to provide my child with such medicine, I will request and sign the required release forms.

____ MARKETING POLICY
 I give my permission for occasional photos and videos to be taken of my child for Boys & Girls Club of Washington County's promotional efforts.

____ ACADEMIC SUPPORT POLICY
 I give my permission for Boys & Girls Club of Washington County and Brenham ISD and/or Burton ISD to exchange information regarding my child. Boys & Girls Club of Washington County has my permission to copy and/or view my child's report cards. I understand that any data collected will remain confidential, and all of the information collected will be for the purpose of helping both organizations support my child's academic and social progress in school and the Club.

____ GENERAL DISCLAIMER
 Boys & Girls Club of Washington County is not responsible for the loss or damage of personal property. Boys & Girls Club of Washington County is not responsible or liable in any way in the event of harm or injury occurring to the member. It is agreed that the parent or guardian will not hold Boys & Girls Club of Washington County responsible for the welfare or whereabouts of the member. If the parent or guardian does file a complaint against the Club the parent or guardian agrees to pay for Boys & Girls Club of Washington County's legal fees.

____ FEES
All registration fees and/or activity fees are NON-REFUNDABLE.

____ PARENT/MEMBER HANDBOOK
 I have read and understand the policies and procedures stated in the Boys & Girls Club of Washington County Parent/Member Handbook.

____ TRANSPORTATION
 I understand that any time I sign my child up to attend an activity or field trip occurring away from the Club, I give my permission for Boys & Girls Club of Washington County to transport my child to and from those activities.

OPEN CAMPUS POLICY
 ____ Boys & Girls Club of Washington County is an **OPEN CAMPUS**. This policy allows members to come and go at any time during the Club's operating hours.

____ Staff members, under normal circumstances, are not allowed to prohibit a member from leaving the facility per the regulations of the Texas Department of Protective & Regulatory Services that govern facilities and/or programs exempt from licensure as a child care facility. Thus, it is the responsibility of the child AND parent or guardian to determine, understand and enforce whatever arrival and departure methods they see fit.

____ Please note that youth are not allowed on the Club's grounds during operational hours unless they are signed in and participating in Club activities. Members should NOT be dropped off prior to the opening of our facility, as the Club cannot be held responsible for the supervision of such youth.

PARENT/GUARDIAN AUTHORIZATION

Signature of Parent/Guardian: _____ Date: _____