

MEMBERSHIP APPLICATION
Boys & Girls Clubs of South Central Texas

First Name: _____ Middle: _____ Last: _____
 Nickname: _____ Gender: ___ M ___ F DOB: _____ Age: _____ SSN: _____
 Race (Check all that apply): ___ AM Indian/AK Native ___ Asian ___ Black ___ Native Hawaiian/Pacific Islander ___ White
 Ethnicity (Check one only): ___ Hispanic ___ Not Hispanic
 T-Shirt Size: ___ YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ A-XL
 Address: _____ City: _____ State: _____ Zip: _____ County: _____
 Primary Phone: _____ Fax: _____ Member Email: _____

Name of School Participant Attends*	Type of School Attended	<input type="checkbox"/> Junior High School
_____	<input type="checkbox"/> Elementary	<input type="checkbox"/> Senior High School
_____	<input type="checkbox"/> Middle School	<input type="checkbox"/> Other
Current Teacher Name: _____	Grade: _____	

Medical Information:
 Doctor Name: _____ Doctor Phone: _____
 Serious Health Problems: ___ Yes ___ No If Yes, explain: _____
 Medications: ___ Yes ___ No If Yes, explain: _____

General:
 Member has permission to be used in public relations materials: ___ Yes ___ No

Household: ***NOTE: This information is collected for Grant writing purposes ONLY and MUST be completed***
 Member lives with: ___ Mom ___ Step Mom ___ Dad ___ Step Dad ___ Grandparent
 ___ Foster parent(s) ___ Other: _____
 Housing Development: ___ Own ___ Rent ___ Shared housing ___ Temporary ___ Homeless

Annual	\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
Income	\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
Level:	\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
	\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	\$75,001 - \$80,000 _____
	\$20,001 - \$25,000 _____	\$50,001 - \$55,000 _____	\$80,001 - \$85,000 _____
	\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	\$85,001 - \$90,000+ _____

 Is there a Member of the Household 65 years old or Older: ___ Yes ___ No
 Current Head of Household: ___ Female ___ Male ___ Both
 Number in Household: _____ Number in Household under 18: _____
 Case Managed?: ___ Yes ___ No
 Current Single Parent: ___ Yes ___ No
 Does the Child have a disability: ___ Yes ___ No
Physical:
 Eye Color: _____ Hair Color: _____ Skin Color/Features: _____
 Height: _____ Weight: _____
How did you hear about us? ___ Flyer(Mail) ___ Flyer(Person) ___ Advertisement ___ Family/Friend ___ Walk-in

FAMILY INFORMATION:

FATHER / GUARDIAN'S NAME: _____ FATHER / GUARDIAN LIVING IN HOME? Y N

MOTHER / GUARDIAN'S NAME: _____ MOTHER / GUARDIAN LIVING IN HOME? Y N

FATHER / GUARDIAN'S EMPLOYER: _____ WORK #: _____

FATHER EMAIL: _____

MOTHER / GUARDIAN'S EMPLOYER: _____ WORK #: _____

MOTHER EMAIL: _____

PLEASE ADD RELATIVES AND/OR FRIENDS TO CONTACT IN CASE OF AN EMERGENCY AND PARENTS CAN'T IMMEDIATELY BE REACHED.

NAME: _____ RELATION: _____ PHONE: _____

NAME: _____ RELATION: _____ PHONE: _____

NAME: _____ RELATION: _____ PHONE: _____

Disclaimer:

The Boys & Girls Clubs of South Central Texas is not responsible or liable in any way in the event of harm or injury occurring to the member during any programming activity on or off site to include field trips and swimming. It is agreed that the parent or guardian will not hold Boys & Girls Clubs of South Central Texas 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 Clubs of South Central Texas legal fees. I understand that my child will have access to club computer equipment and internet use and they will be held accountable for violation of any rules of the club; I also understand that my child and I will be responsible for any damages caused to any/all equipment. I understand the club is an open-campus and not responsible for the time or manner in which he/she may arrive at or leave the club, and that BGCST is not responsible for injury, medical expense, or loss of personal property while this member is participating in club activities as stated above. I understand that BGCST is a drug/alcohol free zone and that persons who violate this policy will be dealt with sternly. **I understand the Club may charge additional activity fees including additional fees for summer participation. BGCST IS NOT A LICENSSED DAYCARE.** I have received a copy of the club rules sheet and will cover them with my child. Lastly, I understand that **ALL** fees are non-refundable once paid.

Parent/Guardian Signature: _____ **Member's Signature:** _____

Authorization for Service

I understand that BGCST is a partner with DFPS Prevention and Early Intervention Program. I understand that data on my youth/family will be collected, maintained and entered into a secure database. The information will be utilized to track services, for evaluation purposes and to ensure quality services are being provided. If I do not want my information entered into the database I may request to sign a separate form stating my objection. I understand that my child may be assessed academically by Sylvan Learning Center while at the Boys & Girls Club. He/she may be selected to receive FREE tutoring and remediation services. I consent to these services and will support my child throughout the program. I authorize my youth/family to participate in the program.

Parent/ Guardian Signature

Date

FOR OFFICE USE ONLY

Membership #: _____

Unit: _____

Entry Date: _____

Expiration Date: _____

Status: _____

Fee Level: Fall _____ Spring _____

Type: _____

New/Renewal Member: _____

Processed by: _____