



BOYS & GIRLS CLUB
OF THE FOOTHILLS

Intake Date: _____
Payment Amount: _____
Payment Type: _____
Staff _____
Site _____ Input Kidtrax _____

Membership Application

Please print clearly and complete the entire application.

Member #1 New Renewal

Last Name _____ First Name _____ Middle _____
 Address _____ City _____ State _____ ZIP _____
 Age _____ Birth Date _____ Ethnicity _____ Gender Male Female
 Childs Email: _____ School _____ Grade _____
 Allergies _____ Medications: _____
 Swimming: Non Swimmer Beginner Intermediate Advanced

Member #2 New Renewal

Last Name _____ First Name _____ Middle _____
 Address _____ City _____ State _____ ZIP _____
 Age _____ Birth Date _____ Ethnicity _____ Gender Male Female
 Childs Email: _____ School _____ Grade _____
 Allergies _____ Medications: _____
 Swimming: Non Swimmer Beginner Intermediate Advanced

Member #3 New Renewal

Last Name _____ First Name _____ Middle _____
 Address _____ City _____ State _____ ZIP _____
 Age _____ Birth Date _____ Ethnicity _____ Gender Male Female
 Childs Email: _____ School _____ Grade _____
 Allergies _____ Medications: _____
 Swimming: Non Swimmer Beginner Intermediate Advanced

Parent/Guardian #1

Name _____ Relationship _____
 Address (if different from above) _____
 Phone _____ Cell Home Work Other: _____ Cell Home Work
 Email _____ Occupation _____

Parent/Guardian #2

Name _____ Relationship _____
 Address (if different from above) _____
 Phone _____ Cell Home Work Other: _____ Cell Home Work
 Email _____ Occupation _____

Emergency Contacts/ Authorized Pick Up (Other than Parent/Guardian)

Name _____ Relationship _____ Cell _____
 Name _____ Relationship _____ Cell _____
 Name _____ Relationship _____ Cell _____
 Name _____ Relationship _____ Cell _____

Family Profile* (Required)

Family Setting: Both Parents Single Parent Grandparent(s) Foster Care Other _____

Household Income: \$0-14,999 \$15,000-24,999 \$25,000-29,999 \$30,000-36,999 \$37,000-42,999
 \$43,000-49,000 \$50,000+

Additional Assistance: SSDI SSI TANF Day Care General Assistance Food Stamps Veterans Comp

Free/Reduced Lunch Yes No Military Family Yes No Number of People in Household: _____

BGCF Membership Policies

_____ I wish to become a member of the Boys & Girls Clubs of the Foothills ("BGCF" or "Club"). I promise to follow all the rules. I promise to respect my BGCF staff fellow members and facility. I promise to respect my BGCF membership as a privilege, which can be lost if I abuse it. I promise to be loyal to my Club and never lend my Club card to anyone.

_____ BGCF is not responsible for lost or stolen items. Members are encouraged to leave electronics, phone and toys at home.

_____ BGCF will not stay open later than posted operation hours and all members are expected to be picked up, walk home or drive home by closing time unless a special event is being held.

_____ The Club has an "open door policy" and child/teen is free to come and go as they choose. With written permission from a parent a child can walk home and/or with family members from the same household. Once a member leaves the club it will be assumed they have left the club for the day and BGCF is released of any and all liability in the event of accident or injury.

_____ It is ok for my child/teen (s) to walk home from BGCF. Once the child/teen (s) check out of the club BGCF is released of any and all liability in the event of accident or injury.

_____ The information that is provided about each member is correct to my knowledge, and the person(s) herein described has permission to engage in all prescribed Club activities.

_____ I hereby give my permission to the Boys & Girls Club of the Foothills to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any and all costs of medical attention and treatment.

_____ I give BGCF and my child/teen (s) school permission to exchange information regarding the minor listed on the application. This includes, but is not limited to, grades, progress reports and behavior issues.

_____ I, the parent/guardian of the minor (s) listed on this application, give permission for BGCF to survey my child (ren) about his/her Club experience and behaviors, skills and attitudes. I also give permission for BGCF to administer surveys to my child (ren) about any programs they are involved in at BGCF.

_____ I hereby consent for my child's/teen's picture, moving picture or any other graphic depiction or likeness to be used by BGCF for club purposes, which included but is not limited to Facebook, Instagram, club videos etc.

_____ BGCF, its Board of Directors, Officials, Agents, Staff and Volunteers as well as Boys & Girls Clubs of America are hereby relieved of all liability in the event of accident or injury to said minor.

Signature of Parent/Guardian _____ Date _____