



**BOYS & GIRLS CLUBS
OF THE ROGUE VALLEY**

Membership Application '10/'11

Membership Year: September 1, 2010 through August 31, 2011

Club Location: Grants Pass Illinois Valley Phoenix Talent White City Shady Cove

MEMBER DATA Renewing Member New Member

Member/Child's Name: _____ Male Female

Member's Ethnicity: Caucasian Asian/India African American Hispanic
 Middle East Hawaiian/Pacific Native American Multi-Racial

Date of Birth: _____ Age: _____

Street Address: _____ City: _____ Zip: _____

Mailing Address (if different than street address): _____

Home Phone #: _____ email: _____

School: _____ Grade (during 2010/2011 school year): _____

CONTACT DATA

Father's Name: _____ Employer: _____
 Cell Phone #: _____ Work Phone #: _____

Mother's Name: _____ Employer: _____
 Cell Phone #: _____ Work Phone #: _____

Name of Additional Emergency Contact (other than parent): _____
 Phone #: _____ Relationship to member: _____

HEALTH DATA

Physician: _____ Insurance: _____ Medications: _____

Does the member have any Serious Health Problems, Allergies, Physical Limitations, etc? No Yes

If Yes, please explain: _____

FAMILY DATA

(This information will remain confidential and will be used for grantors and funding sources as they ask for data related to the families we serve.)

Member lives with (check all that apply): Mother Father Grandparents
 Step Mother Step Father Other: _____

Family's Income: \$0 - \$9,999 \$20,000 - \$29,999 \$40,000 - \$49,999 \$60,000 - over
 \$10,000 - \$19,999 \$30,000 - \$39,999 \$50,000 - \$59,999

Total number of children in household? _____ Single Parent Household? No Yes

Is another language other than English spoken in your home? No Yes: _____

CONSENT/RELEASE and REFUND POLICY: Membership fees are non-refundable as these help cover basic registration and insurance costs. If it becomes necessary for us to cancel a program before it begins, if your child becomes sick or injured before a program begins, or if your family must leave Southern Oregon before a program begins, we will refund the membership fee. As a parent/guardian of this child, I hereby give my consent and permission for him/her to participate in any and all Club programs and activities including and not limited to field trips, rock climbing walls, educational programs, and transportation to and from activities and field trips. This Membership Application serves as a blanket permission slip for all programs, activities and field trips. I am aware of the inherent risks of Club activities and will ensure my child is fully prepared to participate. I release the Club from all liability and I will take full responsibility for any and all accidents and injuries which may be sustained by my child. If my child becomes ill or injured and I cannot be reached immediately, I give my release and permission for my child to be treated by a medical facility. I also permit my child to participate in photos and videos which are intended for Club publicity and promotions.

I understand that the Boys & Girls Club is a youth development, recreation-based facility and not a day care. I understand that it is up to me and my child to make arrangements for who may and may not pick up my child and when my child comes to and leaves the Club because my child can come and go at any time. I also understand that the Club does not take "Care and Custody" of my child like a daycare would. I agree to read all club rules and regulations and review such with my child.

Annual Membership Fee (Sept 1-Aug 31) **\$ 40** + Donation \$ _____ = Total \$ _____

Parent/Guardian Signature: _____ Date: _____ YES, I am interested in volunteering!

Office Use Only	Processed by: _____
Total Received	\$ _____
Assistance App\$	Received (circle one): CASH CHECK CREDIT CARD

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