

**Boys & Girls Club of Hood County
MEMBERSHIP APPLICATION**

Card # _____ School: _____ Race: _____ Sex: _____

Date of Birth: ___/___/___ Birthplace: _____

Child's Name: _____ Age: _____ Grade: _____
Last First Middle

Address: _____
Street Apt #

City State Zip

Phone Number: _____ Has child ever been a member of the Boys & Girls Club Before: _____

If so, when & where: _____

Mother/Guardian

Father/Guardian

Name: _____
Address: _____
City: _____
Workplace: _____
Work Address: _____
Work Phone: _____
Cell Phone: _____
Home Phone: _____
E-Mail: _____
Driver's License # _____
Date of Birth: ___/___/___

Name: _____
Address: _____
City: _____
Workplace: _____
Work Address: _____
Work Phone: _____
Cell Phone: _____
Home Phone: _____
E-Mail: _____
Driver's License # _____
Date of Birth: ___/___/___

Child lives with: (Circle one) Both Parents, Mother, Father, Other

of brothers: _____ # of sisters: _____ Total family members living in household including parents: _____

Does child receive free or reduced lunches at school?: Yes No

Names of persons my child may be released to or contacted in case of emergency: (changes must be received in writing)

Name _____	Name _____	Name _____
Relationship _____	Relationship _____	Relationship _____
Phone _____	Phone _____	Phone _____

Please list any special problems/limitations your child may have. Include allergies, existing/previous illness, diet restrictions, long term medications, recent hospitalization and behavioral/emotional conditions:

Treatment to be given: _____
(Medications will be administered only from original container and accompanied by written instructions from prescribing physician!)

Family Doctor: _____ Address: _____

Phone Number: _____

CONTRACT

I wish to be a member of the Boys & Girls Club of Hood County. I will check into the Club each day by showing my membership card. If I am to stay at the Club until I am picked up, I will not leave the Club without permission.

Signed: _____ (member)

I hereby give permission for my child to become a member of the Boys & Girls Club of Hood County, Inc. I understand that the Boys & Girls Club of Hood County will make every effort to keep my child from leaving the Club without permission; however, I also understand that the Club is **NOT** a daycare center and is **NOT** responsible for the time or manner in which my child may arrive at or leave the Club.

If a child is not picked up by closing time, a late fee will be charged.

Signed: _____ (parent)

(I, We) _____ (parent/guardian) do hereby state that (I, We) are the parent(s) or legal guardian(s) of _____ (member) a minor, age _____, born ____/____/____, who resides with me (us) at :

(address) City State

EMERGENCY MEDIAL RELEASE AND TRANSPORTATION PERMISSION: I (we) permit an authorized Boys & Girls Club of Hood County, Inc. staff member at any and all locations in Hood County to allow any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above named minor under the general or special supervision of and on the advice of any Physician or surgeon licensed to practice medicine. I understand that the care for injuries that may occur during my child's participation in Boys & Girls Club of Hood County, Inc. activities are the responsibility of myself, my family and/or my insurance. **I UNDERSTAND THAT THE BOYS & GIRLS CLUB OF HOOD COUNTY, INC. DOES NOT SUPPLY INSURANCE FOR MY CHILD.** I also give my permission for my child to be transported on agency insured vehicles for field trips or special circumstances.

This authorization is effective through December 31, 20____ (current year).

Today's Date: _____ Signature of Parent/Guardian: _____

As a parent or guardian of a member of the Boys & Girls Club of Hood County, Inc., I understand that, from time to time, the Club may wish to publish examples of member projects, photographs of members, and other work on an Internet-accessible World Wide Web server.

Please check only one:

_____ My child's work and photographs **can be** published on the Internet.

_____ I prefer that my child's work and photographs **not be** published on the Internet.

Member Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____