



BOYS & GIRLS CLUBS
OF WASHINGTON COUNTY
wcbgc.org
(262)334-3732, (262)334-0043 (fax)

F O R O F F I C E U S E

Member Status: ☐New, ☐Renewing, ☐Paid, ☐Scholarship, ☐Promotional

Date: Rec'd _____ Entered _____ ID Issued _____

Comment: _____

Revised 6/15

Initials: _____

Member ID

Membership Application (membership requirement is 6-17 years old)

Please Print - All fields required.

Member First Name		Middle Name		Last Name	
Member Home Address		City	State	Zip	
Gender: <input type="radio"/> Female, <input type="radio"/> Male Birth date: _____		<u>Who does the member live with?</u> (circle one) 1. Both Parents who are married. 2. Both Parents who are divorced. 3. Single Parent: Father or Mother 4. Both parents who are not married 5. Other: _____			
Grade: _____		<u>Nationality (check one)</u> <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pac. Isle. <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Caucasian (wht.) <input type="checkbox"/> Native American Other: _____			
School: _____					
<u>Household</u> _____ Number of children under 18 years old.					

Please Note: Individuals listed on this form are authorized to pick-up the member listed on this membership form.

**** Please specify the main contact for the member by checking one of the boxes below: ****

Parent 1 Information ☐

Name (first then last)
Employer
<input type="checkbox"/> Cell Phone
<input type="checkbox"/> Work Phone & Ext.
<input type="checkbox"/> Home Phone
Email Address
Please check the best number to reach

Parent 2 Information ☐

Name (first then last)
Employer
<input type="checkbox"/> Cell Phone
<input type="checkbox"/> Work Phone & Ext.
<input type="checkbox"/> Home Phone
Email Address
Please check the best number to reach

Guardian's Information ☐

Name (first then last)
Employer
<input type="checkbox"/> Cell Phone
<input type="checkbox"/> Work Phone & Ext.
<input type="checkbox"/> Home Phone
Email Address
Please check the best number to reach

Emergency Contact Information (Cannot be a parent. Application is not complete without filling in emergency contacts.)

Name	<input type="checkbox"/> Phone Number	Relationship to Member
Name	<input type="checkbox"/> Phone Number	Relationship to Member
Name	<input type="checkbox"/> Phone Number	Relationship to Member
Please check the best number to reach		

Over For

At which location will the member spend the most time? Hartford _____ Jackson _____ Kewaskum _____ West Bend _____

Side 2

Please Print – All Fields Required

Medical Conditions/Allergies:

☐ Yes, my child has a medical condition and/or allergies.

Explain: _____

☐ No, my child does not have any medical or allergy concerns.

Medications:

☐ Yes, my child takes medication.

☐ Yes, my child needs to takes medication while at the club.

Explain: _____

☐ No, my child is not on any medication.

Confidential & Required: The following information is **required** for our records and the funding our Organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary for grant funding.

Estimated Household Income: \$ _____

Military

Ask about how to qualify for free membership!

Father or Mother (circle one) Branch: _____

☐ Active Duty ☐ National Guard ☐ Reserves ☐
Veteran ☐ No Affiliation

Check all that apply:

☐ SSDI ☐ Day Care Voucher
☐ SSI ☐ General Assistance
☐ TANF ☐ Vet. Compensation
☐ Food Stamps ☐ School Lunch

How did you hear about us?

☐ Social Media ☐ School ☐ Friends/Family ☐ Other: _____

Member Expectations: Take care of all equipment, returning it to its proper place. Clean up after yourself. The adult in charge of the activity will settle any dispute that might occur. Respect yourself, fellow members, staff, equipment and the building. Breaking the law or acting otherwise in a way that brings discredit to you and/or the Boys & Girls Clubs of Washington County may be grounds for suspension or revocation of member privileges.

Your Membership is a privilege! Always respect yourself, others, staff and the Club.

Minimum annual contribution per member is \$100 per year or \$225 for a family of three or more, but we exist because of the generosity of those who can give more. Financial assistance is available to those in need. All memberships are valid from September 1st to August 31st.

Parent/Guardian:

1. Medical Treatment: I give permission to the Boys & Girls Club of Washington County to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.
2. Data Collection: I give my permission to the Boys & Girls Clubs of Washington County to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential.
3. School Information: I give my permission to the Boys & Girls Clubs of Washington County and the member's school district to exchange information regarding the minor child listed on this application.
4. Data Sharing: I understand that the Boys & Girls Clubs of Washington County may share information about the minor child listed on this application with the Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate program effectiveness. All information provided to BGCA will be kept confidential.
5. Technology: As a member of the Boys & Girls Clubs of Washington County, your child will have access to the Internet. While precautions are being taken, it is possible s/he may access inappropriate sites. The Club will have rules and consequences for such behavior, however, we will not be responsible for the consequences of such access.

6. Image Sharing: I give permission for my child's picture, moving pictures, or any other graphic depiction of likeness, to be used by the Boys & Girls Club for promotional materials.
7. Miscellaneous: I understand that the Boys & Girls Clubs of Washington County is not responsible for lost or stolen items. Parents and Club members are responsible for their own transportation to and from the Club. As a drop-in facility, we are not responsible for Club members' whereabouts. I understand that the Club is not, nor does it claim to be, a licensed day care center. My child is permitted to participate in the Club Mentor program.
8. I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Washington County and the Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages, resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organization either at or away from the Club.
9. I have read and completed the membership application, have read and agree to all policies and conditions stated in the Parent/Guardian & New Member Handbook, understand the expectations set forth by the Boys & Girls Clubs of Washington County for members and families, and request that my child be admitted into membership.

☐ I have completed all sections of the membership form.

Parent or Guardian's Signature

Date

Like What We Provide?

Please consider giving the BGC more than just the \$100 required fee!

Our cost for each member is \$625 per year.

Interested in helping us?

☐ YES ☐ No

Donation Amount: \$ _____