



Membership Form

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Annual Membership Fee: \$24

Membership Year: Sept 1 - Aug 31

Select Unit: Baraboo Portage Reedsburg Tomah

Member Information		FOR OFFICE USE ONLY
First Name: _____ Middle Initial: _____ Last Name: _____		Date: ____/____/____
Birth Date: ____/____/____ Age: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		New / Renewal
Address: _____ City: _____ State: _____ Zip: _____		Membership Fee: \$ _____
Primary Phone: (____) _____ Current School: _____ Current Grade: _____		CC__ Cash__ CK__ CK# _____
		Membership #: _____
		Staff Initials: _____

Parent/Guardian Contact Information	
Parent/Guardian 1	Parent/Guardian 2
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Relationship to Member: _____	Relationship to Member: _____
Employer: _____	Employer: _____
Primary Phone: (____) _____	Primary Phone: (____) _____
Work Phone: (____) _____	Work Phone: (____) _____
Email: _____	Email: _____

Emergency Contacts: (other than parent / guardian) These contacts have permissions to pick up child
1) Name: _____ Phone: (____) _____ Relationship to Child: _____
2) Name: _____ Phone: (____) _____ Relationship to Child: _____
3) Name: _____ Phone: (____) _____ Relationship to Child: _____

Member Medical Information or special conditions we should be aware of (Check All That apply):
<input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Behavioral Issues <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Physical Limitations <input type="checkbox"/> Seizures
If YES, Please Specify: _____

List Any Medications Your Child is Taking: _____

Member Demographics: Check All That Apply

This information is necessary for our records and for funding our organization receives. Provided answers are completely confidential.

Ethnicity:	Member Lives With:	Qualified Services:	Other Information
<input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Some Other Race <input type="checkbox"/> Two or More Races	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Joint Custody <input type="checkbox"/> Step Mom <input type="checkbox"/> Step Dad <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Home <input type="checkbox"/> Other: _____	<input type="checkbox"/> Free / Reduced Lunch <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> Medicaid <input type="checkbox"/> SSI <input type="checkbox"/> Other: _____ Special Housing: <input type="checkbox"/> Homeless <input type="checkbox"/> Other: _____	Total Number in Household: _____ Number Under 18: _____ Over 65: _____ Household Annual Income: \$ _____ Parent/Guardian Military Information Is Parent/Guardian in Military? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, What Branch: _____ Do you live on a Military Base? <input type="checkbox"/> Yes <input type="checkbox"/> No

My child had a paid part-time or seasonal job within the last 12 months? (for children 14-18) Yes No

Parent / Guardian Authorization

Please Read Carefully & Answer Completely

Accidents - I understand I will be liable for any costs for any injury my child may incur during participation in Club activities and I understand and assume the risks associated with my child's participation in the Club which may include team sports and fitness activities. **Yes** **No**

Medical Emergency - In the event of an emergency, I understand every attempt will be made to contact me. If I cannot be reached, I hereby give my permission to the physician selected by the Boys & Girls Club to secure proper treatment for my child. **Yes** **No**

Open Door Policy - I understand the Boys & Girls Clubs of West-Central Wisconsin (BGCWCW) has an open door policy. This policy means my child is welcome at any time during open hours and it is my responsibility to ensure my child knows my expectations about how, when and with whom they are allowed to leave the site. **Yes** **No**

Media/Photo/Artwork Permission - I give my permission to have my child appear and/or for their artwork to be used in any media coverage, communications materials, and for educational or promotional purposes for BGCWCW. **Yes** **No**

Travel Policy - I authorize BGCWCW to transport my child on walking field trips within 12 blocks of the Club during normal Club hours. No additional permission slip is required. **Yes** **No**

Pick-up Policy - I understand that if my child is not picked up on time when the Club is closed, I will be charged a fee. I also understand if my child is not picked up within 30 minutes of closing time, the Club may contact the police. **Yes** **No**

Measurement Survey - I agree my child may complete periodic outcome surveys which help measure the changes which occur in children as a result of being involved with BGCWCW. **Yes** **No**

School Communication - I give BGCWCW permission to exchange information with my child's schools regarding my child. **Yes** **No**

Member Handbook - I have read the Membership Handbook and understand the policies and procedures outlined. By signing this, I agree to all policies and procedures outlined. **Yes** **No**

Parent / Guardian Signature _____
Date

Thank you for choosing the Boys & Girls Clubs of West-Central Wisconsin for you child!
Would you like to be more involved? Find out how you can become a Volunteer! www.BGCWCW.org

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