

DEMOGRAPHIC & CONFIDENTIAL INFORMATION

This information is required, without it we cannot secure the funding and support to run Club programs enjoyed by members. This information is never reported with your name. This information is strictly confidential and does not in any way affect eligibility for Club programming.

Gender: <input type="radio"/> Female <input type="radio"/> Male	Birth Date: []	Age: []	Ethnicity: []	Member Social Security: []
	School: []	Grade: []	Number of People in Primary Household: []	
Annual Family Income: (This information is confidential) Please Check One.	Please Check All That Apply		Member Lives With:	Can Member Walk Home?
<input type="radio"/> \$0-\$4,999 <input type="radio"/> \$5,000-\$9,999 <input type="radio"/> \$10,000-\$14,999 <input type="radio"/> \$15,000-\$19,999 <input type="radio"/> \$20,000-\$24,999 <input type="radio"/> \$25,000-&29,999 <input type="radio"/> \$30,000-\$34,999 <input type="radio"/> \$35,000-\$39,999 <input type="radio"/> \$40,000-\$44,999 <input type="radio"/> \$45,000-Up	<input type="radio"/> SSDI <input type="radio"/> SSI <input type="radio"/> Reach Up <input type="radio"/> Day Care Voucher <input type="radio"/> Food Stamps <input type="radio"/> General Assistance <input type="radio"/> Free or Reduced School Lunch <input type="radio"/> Vet. Compensation <input type="radio"/> Unemployment		<input type="radio"/> Single Parent <input type="radio"/> Both Parents <input type="radio"/> Guardian <input type="radio"/> Grandparents <input type="radio"/> Aunt/Uncle <input type="radio"/> Sibling <input type="radio"/> Mother/Step Parent <input type="radio"/> Father/Step Parent <input type="radio"/> Mother <input type="radio"/> Father	<input type="radio"/> Yes <input type="radio"/> No
Can Member Have Photo Taken?	<input type="radio"/> Yes		<input type="radio"/> No	
Is a Parent or Guardian an Active Member of the Military? <input type="radio"/> Yes <input type="radio"/> No				
Is a Parent or Guardian Incarcerated? <input type="radio"/> Yes <input type="radio"/> No				

PARENTS/GUARDIANS PLEASE READ AND SIGN:

I have read the completed application, understand the rules of the Boys & Girls Club of Burlington and request that my child be admitted into membership. I have explained the rules to my son/daughter and agree that the Boys & Girls Club of Burlington will not be responsible for any accident to my child while on the Boys & Girls Club premises or while engaged in any of its activities away from the Club. I give my consent for photographs and/or video, in which my child may appear, to be used in any way the Boys & Girls Club of Burlington may care to use them. I give permission for my child to go on trips away from the Club, whether by foot, Boys & Girls Club, or other contracted transportation. I give the Boys & Girls Club of Burlington permission to survey my child for use in reports and general knowledge. I give permission for my child to use the internet for age appropriate activities while engaged in programs. I also give the Boys & Girls Club of Burlington permission to speak with school staff regarding my child's behavior and education. In case of an emergency, the Boys & Girls Club of Burlington staff have my permission to give first aid to take the participant to a physician for treatment. I hereby give my permission for staff to call a doctor for medical or surgical care for my child. Should an emergency arise, I understand that a conscientious effort will be made to locate me or an emergency contact before action is taken, but I agree to accept any expense associated with such emergency if it is not possible to locate me in advance of treatment. I hereby, for myself, my child, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I or my child may have against the Boys & Girls Club of Burlington for any and all injuries suffered by my child at any activity sponsored by these organizations.

Parent/Guardian Signature: _____

Date: _____

Members Promise

I promise to follow the rules of the Boys & Girls Club and will give respect to all Club staff, volunteers, members, and property. I will help to maintain a safe, positive, and healthy place for all Club members to enjoy. I willingly accept any reasonable consequences for my behavior.

Oak Street & O'Brien Community Center Membership Form

As a member of the Boys & Girls Club of Burlington, I vow to follow the rules of the Club and do my best part to make it a safe and positive place for kids to be.



**BOYS & GIRLS CLUB
OF BURLINGTON**



Please fill out (1) one form per member.

CONTACT INFORMATION

Member First Name:	Middle Name:	Last Name:		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Name of Primary Caregiver:	Home Number:	Relationship to Member:		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Home Address:	Street:	City:	State:	Zip:
<input type="text"/>				
Email Address:	Cell Number:	Work Number:		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Name of Secondary Caregiver (If Applicable):	Home Number:	Relationship to Member:		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Home Address: (If Different from Primary Caregiver)	Street:	City:	State:	Zip:
<input type="text"/>				
Email Address:	Cell Number:	Work Number:		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

EMERGENCY CONTACT & PICK-UP AUTHORIZATION

Please list (2) two people other than Parents or Guardians who are authorized to pick up member and may be contacted in case of an emergency.

Emergency Contact Name:	Home Phone:	Cell Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency Contact Name:	Home Phone:	Cell Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>

MEDICAL/EMERGENCY INFORMATION

Medical Problems/Allergies (Including Food Allergies):	Medications:
<input type="text"/>	<input type="text"/>
Physician:	Physician Phone:
<input type="text"/>	<input type="text"/>
Preferred Hospital or Clinic:	Hospital Phone:
<input type="text"/>	<input type="text"/>
Insurance Company:	Insurance Policy Number:
<input type="text"/>	<input type="text"/>