



BOYS & GIRLS CLUBS
OF GREATER SCOTTSDALE

MEMBERSHIP APPLICATION

Last Name	_____
Member #	_____
Branch	_____
Programs	_____

Child Information

Last Name	_____	Street Address	_____	
First Name	_____	Mailing Address	_____	
MI	_____	Suffix (Jr., etc.)	_____	
Nickname	_____	City	_____	
Grade	_____	State	_____	
Gender (Circle One)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Zip	_____
Ethnicity (check one)	Home Phone _____			
<input type="checkbox"/> African-Amer.	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Native Amer.	School	_____
<input type="checkbox"/> Asian/Pacific	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other	Date of Birth	_____
Number In Household: _____				

The following questions apply to SRP-MIC members only and in no way disqualifies acceptance for Boys & Girls Club membership. Are you a member of the SRP-MIC? Yes No If so, which community? Salt River Lehi

Emergency Information

Contact (not guardian)	_____	Allergies	_____
Relationship to child	_____	Medications	_____
Contact's Phone #	_____	Health Ins. Carrier	_____

Parent/Guardian Information

Last Name	_____	Last Name	_____
First Name	_____	First Name	_____
MI	_____	Suffix (Jr., etc.)	_____
Relationship to child	_____	Relationship to child	_____
Marital Status	_____	Marital Status	_____
Street Address	_____	Street Address	_____
City	_____	City	_____
State	_____	State	_____
Zip	_____	Zip	_____
Home Ph#	_____	Home Ph#	_____
Business Ph#	_____	Business Ph#	_____
Cell Ph#	_____	Cell Ph#	_____
Email	_____	Email	_____
Employer	_____	Employer	_____
Job Title	_____	Job Title	_____

Household Information

Annual Household Income (check one)	Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Branch: _____
<input type="checkbox"/> Under \$10,000	<input type="checkbox"/> \$40,000 - \$49,999	Member Lives With <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Other
<input type="checkbox"/> \$10,000 - \$19,999	<input type="checkbox"/> \$50,000 - \$99,999	Single Parent Household <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> \$20,000 - \$29,999	<input type="checkbox"/> \$100,000+	** Family Participation in Assistance Programs-Check all that apply
<input type="checkbox"/> \$30,000 - \$39,999	<input type="checkbox"/> No Assistance	<input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> TANF/AFDC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Daycare Voucher
<input type="checkbox"/> School lunch program <input type="checkbox"/> Veteran Compensation		

I hereby give my permission for my child to become a member of the Boys & Girls Clubs of Greater Scottsdale. I give my permission for emergency medical treatment of my child for illness or accident, if I cannot be contacted. I give full consent to publish all photographs, motion pictures and/or videos for any and all Club related exhibitions, public displays, publications and/or advertising purposes, without limitation or reservation. I also agree no compensation will be paid for any of the aforementioned. I understand that the Club is not responsible for the time or manner in which he/she arrives at or leaves the Club and that he/she may go at his/her own volition. If I do not want my child to leave the Club, I recognize that it is my responsibility to communicate that to him/her. I also understand that reentry is not allowed once my child leaves. The Boys & Girls Clubs and its property are not responsible for personal injury or loss of property.

Parent/Guardian Signature _____ Witness _____ Date _____

Office Use Only

Start Date _____ Expiration Date _____ Revised March 2017

OFFICE USE ONLY
 PLEASE CHECK PROGRAM SIGNED UP FOR
 Before School Program
 After School Program
 Fall, Winter, or Spring Break
 Summer Camp

2016-2017
 School Year



REGISTRATION PACKET
Grades K-6th

Child's Name _____ Grade: _____ School: _____
 Child's Name _____ Grade: _____ School: _____
 Child's Name _____ Grade: _____ School: _____
 Child's Name _____ Grade: _____ School: _____

The following persons (please include yourself) have my permission to pick up my child(ren) from the Club:

1. **Name:** _____

Phone Number: _____

Relationship: _____

2. **Name:** _____

Phone Number: _____

Relationship: _____

3. **Name:** _____

Phone Number: _____

Relationship: _____

4. **Name:** _____

Phone Number: _____

Relationship: _____

5. **Name:** _____

Phone Number: _____

Relationship: _____

EMERGENCY MEDICAL INFORMATION
 You have my permission to seek emergency medical treatment for my child(ren) if I cannot be reached.
Parent's Initial _____

SPECIAL PROBLEMS/CONDITIONS
 Examples: hearing, speech, asthma, emotional, behavioral _____

How did you hear about us (please circle one)?
 Friend Internet Other: _____
 Returning/existing member

Parent/Guardian Signature _____ **Date** _____