

Child's Name: Last \_\_\_\_\_, First \_\_\_\_\_  
**BOYS AND GIRLS CLUBS OF THE EAST VALLEY: MEMBER INFORMATION FORM**

**OFFICE USE ONLY:** KidTrax Member ID # \_\_\_\_\_ Receipt # \_\_\_\_\_ Amount \_\_\_\_\_ Associate \_\_\_\_\_

**Member Status:**  Renewing  New

**Service Date:** \_\_\_\_\_ **Termination Date:** \_\_\_\_\_ **Initial Service Date:** \_\_\_\_\_ **Renewal date:** \_\_\_\_\_  
 (Date of input) \_\_\_\_\_ (Expiration Date) 6/1/2017 (Orig membership date) \_\_\_\_\_ 5/31/2016

PLEASE PRINT

**Head of Household, Parent or Guardian information**

**\*Name of person Member lives with:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **\*Home Phone:** \_\_\_\_\_

**\*Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**\*Community Member:** Yes or No (please provide copy of CDIB) **Gila River Branches ONLY: District #:** \_\_\_\_\_

**Family Info**

**\*Family Setting** (check one):  One Parent Family  Two Parent Family  Other

**Household Description** (check one):  Family  Extended Family  Non-Family  Other

**Member lives with** (check one):  Both Parents  Mother  Father  Aunt/Uncle  Sister/Brother  Grandparent  
 Guardian  Other

# of sisters/step sisters \_\_\_\_\_ # of brothers/step brothers \_\_\_\_\_ **\*Total Number of people residing in the household** \_\_\_\_\_

**\*Father** First Name \_\_\_\_\_ Last Name: \_\_\_\_\_ Mobile Number \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Work Phone & Extension \_\_\_\_\_

**\*Mother** First Name \_\_\_\_\_ Last Name: \_\_\_\_\_ Mobile Number \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Work Phone & Extension \_\_\_\_\_

**\*Guardian** First Name \_\_\_\_\_ Last Name: \_\_\_\_\_ Mobile Number \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Work Phone & Extension \_\_\_\_\_

**Emergency Contact if Parent/Guardian Cannot be Reached:**

**Contact Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Alt #** \_\_\_\_\_

**Relationship to member:** \_\_\_\_\_

If your child will ride the bus here, who is the primary **emergency contact for bussing?** \_\_\_\_\_  
 (Will be called if your child is not at the bus stop)

**The following information is STRICTLY CONFIDENTIAL. It is necessary for our records and for the funding the Boys & Girls Clubs of the East Valley receives. Your cooperation in providing this information is appreciated. Thank you.**

**Is a parent/guardian a U.S. Armed Forces Member?**  No  Yes  Active Duty/Reserve **Branch:** \_\_\_\_\_

**Annual Household Income:**

\$0-\$4,999  \$25,000-\$34,999  
 \$5,000-\$9,999  \$35,000-\$49,999  
 \$10,000-15,999  \$50,000+  
 \$16,000-\$24,999

**Family Participation in Assistance Programs** (Check all that apply):

SSDI  Day Care Vouchers  School Lunch Program  
 SSI  Food Stamp  Veterans Compensation  
 TANF/AFDC  General Assistance  I receive no assistance

**CONTINUED ON OTHER SIDE**

**MEMBER INFORMATION**

\*First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ \* Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

\*Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Can child swim? \_\_\_Yes \_\_\_No \* Disabled? \_\_\_No \_\_\_Physically disabled \_\_\_Developmentally Disabled \_\_\_Learning disabled

Gender: \_\_\_Male \_\_\_Female Ethnicity: \_\_\_African-American \_\_\_Asian \_\_\_Hispanic \_\_\_Hawaiian/Pacific Islander  
\_\_\_Multi Racial \_\_\_Native American \_\_\_White/Caucasian \_\_\_Other

Is the child covered under a health insurance program? \_\_\_No \_\_\_Yes Name of Insurance: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Preferred Hospital/Clinic \_\_\_\_\_

Medical Problems/Special Needs (Physical, behavioral, learning, etc) \_\_\_\_\_ \*List all over-the-counter and prescription medications your  
child is taking. Indicate "at home" or "at Club" or "Both":  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN BELOW**

AS THE PARENT/GUARDIAN,

\* \_\_\_ I understand that Membership payments are final and that refunds cannot be issued.

I authorize and give my consent to the Boys & Girls Clubs of the East Valley (BGCEV) to use any photographs and video footage in which my son/daughter may appear for membership cards, advertising and publicity purposes.

Initial one:

\* \_\_\_ I do give my consent to the use of my child's photographs or video footage  
\_\_\_ I do not give my consent to the use of my child's photographs or video footage

I give my permission to the BGCEV to survey and interview my child to find out what his/her behaviors, skills and attitudes are in regards to issues such as health risks and habits, positive self-esteem, respect for diversity, education and educational resources, positive relationships, career choices, connection to the community, as well as his/her other experiences at the club.  
I understand that the purpose of these surveys is to help find out how well the Club is meeting my child's needs and to identify areas which may call for further attention. The information collected is confidential and that my child's name will not be used in conjunction with any report and/or presentation. My child's participation in any survey or interview is strictly voluntary and my child may choose to stop participation at any time. Participation does not in any way affect a child's membership.  
I give my permission to the BGCEV to share information about the minor child listed on this application with Boys and Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, data collected via surveys or questionnaires and other information collected by BGCEV. All information provided to BGCA will be kept confidential.

Initial one:

\* \_\_\_ I do give my consent to my child's participation in the survey and evaluation process.  
\_\_\_ I do not give my consent to my child's participation in the survey and evaluation process.

I understand the rules of the BGCEV and request that my child be admitted into membership. I have explained the rules to my child. I agree that the BGCEV will not be responsible for personal injury or loss of property while on the Club premises or while engaged in any of its activities away from the Club. While I understand that every effort will be made to reach me, I give my consent to have my child be given a medical examination and/or emergency treatment by a paramedic, physician or hospital in case of emergency. I understand that the BGCEV is a Youth Development Agency and the Branches operate on a "drop in" basis under an open door policy. I understand that BGCEV are not a licensed childcare facility, which means that my son/daughter can come and go at will. It is my responsibility as a parent/guardian to advise my child if he/she may or may not leave the Club unsupervised.

\* \_\_\_\_\_ Date

Parent or Guardian Signature

How did you hear about us? (Circle all that apply): Internet Magazine Newspaper Friend Family TV Radio Keystone Other: \_\_\_\_\_

Would you like to be a member of the Branch Board? \_\_\_Yes \_\_\_No

**\*\*If there is a person who is LEGALLY banned from picking up your child, as the front office for the appropriate form to complete. This form and the appropriate legal documentation must be on file at the Club.\*\***