

# BOYS & GIRLS CLUB OF HAWTHORNE

## YOUTH MEMBERSHIP APPLICATION

Membership in the Boys & Girls Club of Hawthorne is required for participation in Club programs. All memberships expire in August.

MEMBERSHIP # _____
DATE _____
RECEIPT # _____
STAFF INITIALS _____

Member's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ D/O/B \_\_\_\_\_ Age \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Pager/Cell Phone \_\_\_\_\_ Pager/Cell Phone \_\_\_\_\_

List sisters and brothers that are members \_\_\_\_\_

School child attends \_\_\_\_\_ Grade \_\_\_\_\_

Medical problems we should be aware of (explain)  
(See staff if disbursement of medication is required.) \_\_\_\_\_

Any physical disabilities? (explain) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Has either parent been a member of the Boys & Girls Club? \_\_\_\_\_ Dates: \_\_\_\_\_

Ethnicity of Member:  African American  Asian  Caucasian  Hispanic  Other (please specify)

Family Income: \_\_\_\_\_ Total number in family \_\_\_\_\_

Below \$5,000       \$10,000-\$14,999       \$25,000-\$34,999       \$50,000-\$64,999  
 \$5,001-\$9,999       \$15,000-\$24,999       \$35,000-\$49,999       \$65,000 +

### Permission to Participate in Club Activities

I, \_\_\_\_\_ do hereby give my son/daughter \_\_\_\_\_ permission to attend and/or participate in programs sponsored by the Boys & Girls Club of Hawthorne.

I understand that my child's membership at the Boys & Girls Club of Hawthorne is a privilege and may be revoked at any time.

I understand the Boys & Girls Club of Hawthorne has an open door policy which allows members to come and go at their own choice. It is the responsibility of me, the parent/guardian, to instruct my child as to when and with whom he/she will leave the club.

I understand there is no medical insurance available or provided by the Boys & Girls Club of Hawthorne. The Boys & Girls Club of Hawthorne assumes no responsibility or liability for any kind of participation in any activity conducted at or by the Boys & Girls Club of Hawthorne.

I hereby authorize medical examination and treatment of my son/daughter by a qualified, licensed physician in any event of an accident after all efforts to contact the parent/guardian have been exhausted. In addition, I hereby consent to use, by you or anyone authorized by you, my child(s) photograph(s) or any reproduction of them, for editorial illustration, advertising or non-profit promotional purposes.

I have read and agree with the above and represent to hold harmless the Boys & Girls Club of Hawthorne from any liability, in consideration of participation or attendance at Club facilities or functions for myself and child.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_