

**Please Check One:**

Summer Camp: \_\_\_\_\_

Afterschool: \_\_\_\_\_

Grant: \_\_\_\_\_



**MEMBERSHIP APPLICATION**

Please Print /Use Blue or Black Ink/All Fields Required **NEED COPY OF BIRTH CERTIFICATE & SHOT RECORD ON FILE**

Unit Name: \_\_\_\_\_

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

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_M\_\_\_F Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**School Information:**

Current Teacher: \_\_\_\_\_ T-shirt size \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Fee Level: \_\_\_\_\_

**Medical Information:**

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Permission for Treatment by Doctor/Hospital: \_\_\_Yes\_\_\_No Medicaid: \_\_\_Yes\_\_\_No

Does your family have health and/or accident insurance: \_\_\_Yes\_\_\_No

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group#: \_\_\_\_\_

Date Health Info Received: \_\_\_\_\_

Serious Health Problems: \_\_\_Yes\_\_\_No If Yes, explain: \_\_\_\_\_

Medications: \_\_\_Yes\_\_\_No If Yes, explain: \_\_\_\_\_

Date Medical Info Received: \_\_\_\_\_

<b>Shots</b>	<b>Hepatitis</b>	<b>MMR</b>	<b>HIB</b>	<b>Polio</b>	<b>DTP Shot</b>	<b>Chicken Pox</b>
1 <sup>st</sup> Shot	_____	_____	_____	_____	_____	_____
2 <sup>nd</sup> Shot	_____	_____	_____	_____	_____	_____
3 <sup>rd</sup> Shot	_____	_____	_____	_____	_____	_____
4 <sup>th</sup> Shot	_____	_____	_____	_____	_____	_____
5 <sup>th</sup> Shot	_____	_____	_____	_____	_____	_____

**General:**

Birth Certificate on File: \_\_\_\_Yes \_\_\_\_No Birth City: \_\_\_\_\_ Birth State/Country: \_\_\_\_\_

Member/Contacts Understood Signed Insurance Disclaimer and Permission Statement: \_\_\_\_Yes \_\_\_\_No

Member has permission to be used in public relations materials: \_\_\_\_Yes \_\_\_\_No

Member may participate in all Club activities in or adjacent to the club building: \_\_\_\_Yes \_\_\_\_No

Club Member Since: \_\_\_\_\_ Religion: \_\_\_\_\_

**Household:** NOTE: This information is collected for Grant writing purposes ONLY

**Household Type:**  Single Parent Household  Two-Parent Household  Other: \_\_\_\_\_

Member lives with:  Mom  Dad  Both Parents  Step Mom/Dad  Other: \_\_\_\_\_

Housing Development: \_\_\_\_\_

Annual	\$0 - \$5000 <input type="checkbox"/>	\$30,001 - \$35,000 <input type="checkbox"/>	\$60,001 - \$65,000 <input type="checkbox"/>
Income	\$5001 - \$10,000 <input type="checkbox"/>	\$35,001 - \$40,000 <input type="checkbox"/>	\$65,001 - \$70,000 <input type="checkbox"/>
Level:	\$10,001 - \$15,000 <input type="checkbox"/>	\$40,001 - \$45,000 <input type="checkbox"/>	\$70,001 - \$75,000 <input type="checkbox"/>
	\$15,001 - \$20,000 <input type="checkbox"/>	\$45,001 - \$50,000 <input type="checkbox"/>	\$75,001 - \$80,000 <input type="checkbox"/>
	\$20,001 - \$25,000 <input type="checkbox"/>	\$50,001 - \$55,000 <input type="checkbox"/>	\$80,001 - \$85,000 <input type="checkbox"/>
	\$25,001 - \$30,000 <input type="checkbox"/>	\$55,001 - \$60,000 <input type="checkbox"/>	\$85,001 - \$90,000+ <input type="checkbox"/>

Number in Household: \_\_\_\_\_

Is there a Member of the Household 65 years old or older: Yes No

Is there a Member of the Household Handicapped: Yes No

Current Head of Household: Female Male

Current Single Parent: Yes No

**Disclaimer:**

I \_\_\_\_\_ do hereby give my son/daughter \_\_\_\_\_ permission to attend and participate in activities sponsored by the Boys & Girls Club of Kosciusko/Attala County. I hereby release the Boys & Girls Club of Kosciusko/Attala, Boys & Girls Club of America, its employees, associates, and contributors from liability from any injury, loss or theft incurred by my son/daughter while participating. Furthermore, I hereby authorize medical examination or emergency treatment for my son/daughter by a qualified licensed physician. In the event of an accident, I further understand that the Boys & Girls Club will make every effort to reach me. I understand that I am responsible for any medical, dental, ambulance expenses or student transportation home.

Parent's Signature \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**BE GREAT.**

**Permission and Consent**

I grant the Oprah Boys & Girls Club of Kosciusko/Attala County permission to use my child in public relations material (photos, newspapers and Club website, etc). My child may participate in all Boys & Girls Club activities in or adjacent to the Club building. The Boys & Girls Club has my permission to take my child on field trips. I understand that I will receive advance notice and a separate permission slip for each trip. I give my permission to evaluate 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, and connection to community, as well as his/ her experiences at the club. I understand that the purpose of these evaluations 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. I also understand that this information will remain private.

Parents Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**LIABILITY STATEMENT**

I promise to take care of my Club and its' property, and to abide by the rules of the Oprah Winfrey Boys & Girls Club. If at anytime I am asked to return my membership card, I understand no dues will be returned to me.

Parent's Signature: \_\_\_\_\_ Member's Signature: \_\_\_\_\_

**Permission to Receive Child's Report Card/Progress Reports**  
*(Only applicable for after school programming)*

I \_\_\_\_\_ give permission to The Oprah Winfrey  
*Parent/guardian's printed name*

Boys and Girls Club to receive a copy of my child's report cards and progress reports from the Kosciusko City Schools/Attala County Schools during his/her tenure at the Oprah Winfrey Boys and Girls Club. I understand my child's report cards and progress reports will be kept confidential in his/her membership file.

Child's Name: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



Person(s) not authorized to pick-up child:

\_\_\_\_\_

I understand that all members ages 5- 12 years must be picked up by a parent, guardian, or an authorized pickup person. I also understand that my child can not leave outside of the facility without a parent, guardian, or authorized pick up person.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MEMBERSHIP APPLICATION

Oprah Winfrey Boys & Girls Club of Kosciusko/Attala County

Child Name \_\_\_\_\_

Please select contact type and write in all available contacts for your child:

Parent/Guardian: <input type="checkbox"/> Emergency: <input type="checkbox"/> Person Authorized to Pickup child: <input type="checkbox"/> Name: _____ Employer: _____ Occupation: _____ Address (H): _____ Address(W): _____ Relationship: _____ Phone : _____ Type: _____ Phone : _____ Type: _____ Phone : _____ Type: _____ Email: _____	Parent/Guardian: <input type="checkbox"/> Emergency: <input type="checkbox"/> Person Authorized to Pickup child: <input type="checkbox"/> Name: _____ Employer: _____ Occupation: _____ Address (H): _____ Address(W): _____ Relationship: _____ Phone : _____ Type: _____ Phone : _____ Type: _____ Phone : _____ Type: _____ Email: _____
Parent/Guardian: <input type="checkbox"/> Emergency: <input type="checkbox"/> Person Authorized to Pickup child: <input type="checkbox"/> Name: _____ Employer: _____ Occupation: _____ Address (H): _____ Address(W): _____ Relationship: _____ Phone : _____ Type: _____ Phone : _____ Type: _____ Phone : _____ Type: _____ Email: _____	Parent/Guardian: <input type="checkbox"/> Emergency: <input type="checkbox"/> Person Authorized to Pickup child: <input type="checkbox"/> Name: _____ Employer: _____ Occupation: _____ Address (H): _____ Address(W): _____ Relationship: _____ Phone : _____ Type: _____ Phone : _____ Type: _____ Phone : _____ Type: _____ Email: _____
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