



# Membership Application

Please print and fill out application completely.

Submit with \$50.00, proof of address and birthdate.

**BOYS & GIRLS CLUBS**  
of Oakland & Macomb Counties

Jack & Annette Aronson  
Boys & Girls Club—Ferndale Unit  
1201 Livernois Ferndale, MI 48220  
(248) 990-3978

Main Office  
1545 E. Lincoln Royal Oak, MI  
48067  
(248) 544-4166  
www.boysandgirlsclubs.us

FOR OFFICE USE ONLY

New \_\_\_\_\_  
Renewal \_\_\_\_\_  
RO \_\_\_\_\_ Fern \_\_\_\_\_  
X \_\_\_\_\_  
\_\_\_\_\_

## Member Information

<b>First Name:</b> _____	<b>Last Name:</b> _____	<b>M. I.:</b> _____	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Primary Address:</b> _____		<b>City:</b> _____	<b>Zip</b> _____
<b>Birthdate:</b> _____	<b>Member Phone Number:</b> ( ) _____	<b>Ethnicity:</b> ___ African American    ___ Caucasian ___ Arabic                ___ Latino ___ Asian                 ___ Native American ___ Bi-Racial             ___ Other	
<b>School:</b> _____	<b>Grade:</b> _____	<b>Interests:</b> _____ _____ _____ _____ _____ _____	
<b>Special Services Received at School:</b> _____			

## Household Information

<b>Member Lives With:</b> (check all that apply) ___ Both Parents    ___ Mother    ___ Father ___ Aunt/Uncle    ___ Grandparent(s)    ___ Foster ___ Guardian    Other _____ Total Family Size: # _____	<b>Family Setting:</b> ___ Married    ___ Remarried ___ Single    Other _____ ___ Divorced	<b>Check all that Apply:</b> ___ TANF ___ Bridge Card ___ General Assistance ___ SSDI ___ SSI ___ Veterans Comp ___ Day Care Voucher ___ School Lunch
<b>Sibling Name:</b> <b>Age:</b> <b>Club Member?</b>	<b>Family Income:</b>	
1) _____      _____      Y/N _____	___ \$10,000-below    ___ \$36,001-\$38,550	
2) _____      _____      Y/N _____	___ \$10,001-\$26,650    ___ \$38,551-\$41,250	
3) _____      _____      Y/N _____	___ \$26,651-\$30,000    ___ \$41,251-\$44,000	
4) _____      _____      Y/N _____	___ \$30,001-\$33,250    ___ \$44,000-above	

## Member Medical Information

<b>Allergies:</b> _____	<b>Medical Problems/Medications:</b> _____	<b>Special Needs:</b> _____
<b>Physician and Phone Number:</b> _____ ( ) _____	<b>Insurance Company and Policy Number:</b> _____	

# Parent/Guardian Information

**Parent 1:**

**First Name:**  **Last Name:**  **Relationship:**

**Address:**  **City:**  **Zip Code:**

**Employer:**  **Email Address:**

**Gender:**  
 Male  
 Female

**Phone Number: (circle one)**  
 Home Cell Work ( )

Home Cell Work ( )

**Parent 2:**

**First Name:**  **Last Name:**  **Relationship:**

**Address:**  **City:**  **Zip Code:**

**Employer:**  **Email Address:**

**Gender:**  
 Male  
 Female

**Phone Number: (circle one)**  
 Home Cell Work ( )

Home Cell Work ( )

## Pick Up Information:

**Two emergency contacts other than the parents/guardians listed above:**

First Name	Last Name	Relationship to Member	First Name	Last Name	Relationship to Member
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Phone Number 1:</b> ( ) <input type="text"/>	<b>Phone Number 2:</b> ( ) <input type="text"/>	<b>Phone Number 1:</b> ( ) <input type="text"/>	<b>Phone Number 2:</b> ( ) <input type="text"/>		

### Membership Agreement

I have read the completed application, understand the rules of the Boys & Girls Clubs of Oakland and Macomb Counties and request that my son/daughter be admitted into membership. For consideration for Boys and Girls Clubs of Oakland and Macomb Counties admitting my child into membership, and other good and valuable consideration, the sufficiency of which I acknowledge, on behalf of myself, any other parent or guardian of my child, I/we agree to indemnify and hold harmless Boys and Girls Clubs of Oakland and Macomb Counties, their agents, members, officers, employees, counselors, and volunteers, from any and all liability, claims, suits, demands, damages, judgments, costs, interests and expenses (including attorney's fees and all legal costs, any injury and costs of medical services, etc.) arising directly or indirectly from membership in the Boys and Girls Clubs of Oakland and Macomb Counties or participation or transportation of my child with regard to any activity. I further waive all claims I may have against Boys and Girls Clubs of Oakland and Macomb Counties, to the fullest extent permitted by law. I also acknowledge I have the authority and ability to sign this Permission Form inclusive with all of its components. In the event any provision of this Form is deemed in-valid, the balance remains in full force and effect. I give my consent for photographs, in which the member may appear to be used in any way the Boys and Girls Clubs of Oakland and Macomb Counties may use them to support the mission of the Boys and Girls Club.

Authorization to treat a minor: In the event that I cannot be reached in an emergency, I hereby give permission to the Club to allow any physician, medical facility, or other healthcare provider, including paramedic, to provide any emergency medical treatment deemed necessary in the event of injury or illness of my child.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date