



# Membership Application

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

With locations in:

- Ferndale
- Southfield
- Royal Oak
- Washington

Please print and fill out application completely.  
Submit with \$50.00, proof of address and birthdate.

### Administrative Office

1545 E. Lincoln  
Royal Oak, MI 48067  
(248) 544-4166

[www.boysandgirlsclubs.us](http://www.boysandgirlsclubs.us)

FOR OFFICE USE ONLY

New \_\_\_\_\_

Renewal \_\_\_\_\_

Site \_\_\_\_\_

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

## 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

<b>Parent 1:</b>			<b>Gender:</b>	
<b>First Name:</b>	<b>Last Name:</b>	<b>Relationship:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
<b>Address:</b>	<b>City:</b>	<b>Zip Code:</b>		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
<b>Employer:</b>	<b>Email Address:</b>	<b>Phone Number: (circle one)</b>		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Home Cell Work ( )		
		Home Cell Work ( )		

<b>Parent 2:</b>			<b>Gender:</b>	
<b>First Name:</b>	<b>Last Name:</b>	<b>Relationship:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
<b>Address:</b>	<b>City:</b>	<b>Zip Code:</b>		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
<b>Employer:</b>	<b>Email Address:</b>	<b>Phone Number: (circle one)</b>		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Home Cell Work ( )		
		Home Cell Work ( )		

## Pick Up Information:

<b>Two emergency contacts other than the parents/guardians listed above:</b>					
<b>First Name</b>	<b>Last Name</b>	<b>Relationship to Member</b>	<b>First Name</b>	<b>Last Name</b>	<b>Relationship to Member</b>
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
<b>Phone Number 1:</b>	<b>Phone Number 2:</b>	<b>Phone Number 1:</b>	<b>Phone Number 2:</b>		
( ) <input style="width: 100%;" type="text"/>	( ) <input style="width: 100%;" type="text"/>	( ) <input style="width: 100%;" type="text"/>	( ) <input style="width: 100%;" type="text"/>		

### Membership Agreement

I have read the completed application, understand the rules of the Boys & Girls Clubs of Oakland & Macomb Counties and request that my son/daughter be admitted into membership. For consideration for Boys and Girls Clubs of Oakland & 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 & 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 & 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 & 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 it's 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 & 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