



BOYS & GIRLS CLUBS
of Oakland & Macomb Counties

Membership Application

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



'field Zone
26000 Evergreen
Southfield, MI 48076

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

Member Information

First Name: <input type="text"/>	Last Name: <input type="text"/>	M. I.: <input type="text"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Primary Address: <input type="text"/>	City: <input type="text"/>	Zip Code: <input type="text"/>	Interests: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Birthdate: <input type="text"/>	Member Phone Number: () <input type="text"/>	Ethnicity: <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	
School: <input type="text"/>	Grade: <input type="text"/>		
Special Services Received at School: <input type="text"/>			

Household Information

Member Lives With: (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: # _____	Family Setting: <input type="checkbox"/> Married <input type="checkbox"/> Remarried <input type="checkbox"/> Single Other _____ <input type="checkbox"/> Divorced	Check all that Apply: <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
Sibling Name: Age: Club Member?	Family Income:	
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	
2) _____ _____ Y/N _____		
3) _____ _____ Y/N _____		
4) _____ _____ Y/N _____		

Member Medical Information

Allergies: <input type="text"/>	Medical Problems/Medications: <input type="text"/>	Special Needs: <input type="text"/>
Physician and Phone Number: <input type="text"/> () <input type="text"/>	Insurance Company and Policy Number: <input type="text"/> <input type="text"/>	

Parent/Guardian Information

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

Parent 2:			Gender:	
First Name:	Last Name:	Relationship:	<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"/>		
Address:	City:	Zip Code:		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Employer:	Email Address:	Phone Number: (circle one)		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	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 style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Phone Number 1:	Phone Number 2:	Phone Number 1:	Phone Number 2:		
() <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 South Oakland County and request that my son/daughter be admitted into membership. For consideration for Boys and Girls Clubs of South Oakland County 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 South Oakland County, 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 South Oakland County 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 South Oakland County, 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 invalid, 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 South Oakland County 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