



BOYS & GIRLS CLUBS

Washington Township
11711 26 Mile Rd.
Washington, MI 48094

Membership Application

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

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

FOR OFFICE USE ONLY

New _____
Renewal _____
X _____

Member Information

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

Household Information

Member Lives With: (check all that apply) ___ Both Parents ___ Mother ___ Father ___ Aunt/Uncle ___ Grandparent(s) ___ Foster ___ Guardian Other _____ Total Family Size: # _____	Family Setting: ___ Married ___ Remarried ___ Single Other _____ ___ Divorced	Check all that Apply: ___ TANF ___ Bridge Card ___ General Assistance ___ SSDI ___ SSI ___ Veterans Comp ___ Day Care Voucher ___ School Lunch
Sibling Name: Age: Club Member?	Family Income:	
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	
	___ \$33,251-\$36,000	

Member Medical Information

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

Parent/Guardian Information

Parent 1:

Gender:
 Male
 Female

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

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

Employer: **Email Address:**

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

Home Cell Work ()

Parent 2:

Gender:
 Male
 Female

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

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

Employer: **Email Address:**

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"/>
Phone Number 1:	Phone Number 2:	Phone Number 1:	Phone Number 2:		
() <input type="text"/>	() <input type="text"/>	() <input type="text"/>	() <input type="text"/>		

Membership Agreement

I have read the completed application, understand the rules of the Boys & Girls Clubs of South Oakland County-Boys & Girls Clubs of Washington Township 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 South Oakland County-BGCWT, 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-BGCWT 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-BGCWT, 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 South Oakland County-BGCWT 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