

# Metro Detroit Youth Clubs

Learn. Grow. Lead. Succeed.

FOR OFFICE USE ONLY

New \_\_\_\_\_

Renewal \_\_\_\_\_

X \_\_\_\_\_

## Stanley Ian Babinski Club

26 Mile Rd.

Washington, MI 48094

(586)-277-1208

## Membership Application

Please print and fill out application completely.

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

## Administration Office

1545 E. Lincoln Ave.

Royal Oak, MI 48067

(248) 544-4166

www.miclubs.org

## Member Information

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

## Household Information

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

## Member Medical Information

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

# Parent/Guardian Information

Parent 1:

First Name:

Last Name:

Relationship:

Gender:

☐ Male

☐ Female

Address:

City:

Zip Code:

Employer:

Email Address:

Phone Number: (circle one)

Home Cell Work ( )

Home Cell Work ( )

Parent 2:

First Name:

Last Name:

Relationship:

Gender:

☐ Male

☐ Female

Address:

City:

Zip Code:

Employer:

Email Address:

Phone Number: (circle one)

Home Cell Work ( )

Home Cell Work ( )

## Additional Emergency Contacts:

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

| First Name      | Last Name | Relationship to Member | First Name      | Last Name | Relationship to Member |
|-----------------|-----------|------------------------|-----------------|-----------|------------------------|
| <div></div>     |           |                        | <div></div>     |           |                        |
| Phone Number 1: |           | Phone Number 2:        | Phone Number 1: |           | Phone Number 2:        |
| ( )             |           | ( )                    | ( )             |           | ( )                    |

### Membership Agreement

I have read the completed application, understand the rules of the Metro Detroit Youth Clubs and request that my son/daughter be admitted into membership. I understand that the Metro Detroit Youth Clubs’ facilities operate with an open door policy that allows Club members to come and go at will. If a Club member does leave the facility they may only return to the Club on the same day in the presence of their parent /guardian. It is my responsibility to be sure that my child understands the departure procedure from the Club. The Metro Detroit Youth Clubs accepts no responsibility for children who choose to leave the Club. It is my responsibility to keep my contact information up to date at the Club. I understand in the event my child is suspended from the Club no fees or dues will be refunded. I understand that all members must have the physical, mental, and emotional maturity to act and interact independently and responsively in the Club setting. For consideration for Metro Detroit Youth Clubs 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 Metro Detroit Youth Clubs, 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 Metro Detroit Youth Clubs or participation or transportation of my child with regard to any activity. I further waive all claims I may have against Metro Detroit Youth Clubs, to the fullest extent permitted by law.

I give my consent for photographs, in which the member may appear to be used in any way the Metro Detroit Youth Clubs may use them to support the mission of the Metro Detroit Youth Clubs. I give permission for my child to participate in surveys, discussion groups or other activities that help determine the success of Club programs. I authorize Metro Detroit Youth Clubs to obtain or share data related to my child for the purpose of program assessment. In the event that I cannot be reached in an emergency, I authorize Club staff to arrange for emergency medical attention for my child.

I 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.

Parent or Guardian Signature

Date