

Membership Information Form

BGC of Huntington County
608 East State Street
Huntington, IN 46750

P: (260) 359-1750

F: (260) 359-1757

Confidentiality: Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted with an asterisks(*)

Head of Household (Please Print)

First Name:*

Last Name:*

Family Income:*

<input type="checkbox"/>	12,001 - \$15,000
<input type="checkbox"/>	15,001 - \$19,000
<input type="checkbox"/>	19,001 - \$23,000
<input type="checkbox"/>	23,001 - \$28,000
<input type="checkbox"/>	28,001 - \$32,700
<input type="checkbox"/>	32,701 - \$37,500
<input type="checkbox"/>	37,501 - \$42,000
<input type="checkbox"/>	42,001 - \$45,000
<input type="checkbox"/>	45,001 or Above
<input type="checkbox"/>	45001
<input type="checkbox"/>	9,000 or below
<input type="checkbox"/>	9,001 - \$12,000
<input type="checkbox"/>	Unknown

Address:*

(Line 1)

(Line 2)

(City)

(State)

Address Type:*

Home _____

Work _____

(Zip Code)

Phone Number:*

() -

() -

Phone Type:*

Home Work _____

Home Work _____

Family Size:

E-Mail Address:

E-Mail Type:

Home Work _____

Employer:

Job Title:

Occupation:

Military Branch:

Status:

Start Date:

End Date:

Parents / Guardian (Please Print)

First Name:

Last Name:

Gender:

Male Female

Phone Number:

() -

Phone Type:

Home Work _____

Employer:

Job Title:

Occupation:

Military Branch:

Status:

Start Date:

End Date:

Member Information (Please Print)

First Name:*

Middle Name:

Last Name:*

Birth Date:

/ /

Social Security Number::

- -

Gender:*

Male
 Female

Ethnicity:

African American Asian American Caucasian Hispanic
 Multi-Racial Native American

Membership Type:*

After School Care
 Full Scholarship
 Full Time
 Partial Scholarship
 Summer Camp

School:

Grade:

Family Setting:

1 Parent 1-Parent/1-Step
 2 Parent 2-Parent family
 Father only Grandparents
 Guardian Mother only

Check all that Apply:

TANF
 Food Stamps
 General Assistance
 SSDI
 SSI
 Veterans Compensation
 Day Care Voucher
 School Lunch
 Medicaid
 Can Swim

Address:

(Line 1)
(Line 2)
(City) (State)

Address Type:

Home
 Work _____
(Zip Code)

E-Mail Address:

E-Mail Type:

Home Work _____

Member Medical Information (Please Print)

Insurance Company:

Medications:

Medical Problems/Allergies:

Insurance Policy Number:

Physician:

Physician Phone:

Disabilities:

Hospital:

Hospital Phone:

Pick Up Information (Please Print)

Two people authorized to pick up member -

1.) First Name:		Last Name:	
<input type="text"/>		<input type="text"/>	
()	-	<input type="checkbox"/> Home	<input type="checkbox"/> Work
<input type="checkbox"/> Parent		<input type="checkbox"/> Emergency Contact	
<input type="checkbox"/> Guardian		<input type="checkbox"/> Primary Emergency Contact	
<input type="checkbox"/> _____		<input type="checkbox"/> Lives With Member	

2.) First Name:		Last Name:	
<input type="text"/>		<input type="text"/>	
()	-	<input type="checkbox"/> Home	<input type="checkbox"/> Work
<input type="checkbox"/> Parent		<input type="checkbox"/> Emergency Contact	
<input type="checkbox"/> Guardian		<input type="checkbox"/> Primary Emergency Contact	
<input type="checkbox"/> _____		<input type="checkbox"/> Lives With Member	

The BGC of Huntington County also uses the following fields to learn more about your child. Please check one item from each group below.

- Medical Info:**
- ADHD
 - Allergic- bees
 - Allergies
 - Allergies/
 - Allergy-bee & pen
 - Allergy/Pe
 - Allergy/Wa
 - Asthma
 - Asthma/ADHD

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Huntington County, their representatives, successors, insurers, assigns or any other person or entity associated with the above organization such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

I give my permission to the Boys & Girls Club to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any and all costs of medical attention and treatment.

I give my permission to the Boys & Girls Club of Huntington County to exchange information with Huntington County Community School Corporation regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting Huntington County Community Schools or the Boys & Girls Club in writing.

I give consent for photographs in which my child may appear to be used in any way the Boys & Girls Club may care to use them.

I understand that the Boys & Girls Club is not responsible for lost or stolen items.

I have read the completed application, understanding the rules for the Boys & Girls Club and request my child be admitted into membership.

Parent or Guardian Signature

Member's Signature

Date