



Member

First Name M.I. Last Name

Gender: M F Ethnicity: African American Asian Bi-Racial Date of Birth: ____ | ____ | ____
 Caucasian Hispanic Native American mm dd yyyy

Address Teacher's Name

City State ZIP School Grade

Home Phone _____ Free or Reduced Lunch? Yes No

Mobile Phone _____

Email Address _____

SSN # _____ - _____ - _____

Providing your SSN helps maintain funding for our programs.

Contact Information

Primary Contact

First Name Last Name

Address City State ZIP

Home Phone _____ Mobile Phone _____ Employer: _____ Work Phone _____

Email _____ Relationship to Member _____

Additional Contact

First Name Last Name

Address City State ZIP

Home Phone _____ Mobile Phone _____ Employer: _____ Work Phone _____

Email _____ Relationship to Member _____

Additional Contact

First Name Last Name

Address City State ZIP

Home Phone _____ Mobile Phone _____ Employer: _____ Work Phone _____

Email _____ Relationship to Member _____

Medical

Doctor's Name: _____

Doctor's Phone: _____

Does the member have any medical conditions? Yes No

If Yes, please explain: _____

Please list any and all allergies: _____

Is the member currently taking any medications? Yes No

If Yes, please explain: _____

Household

Member lives with (check Mom Step Mom Dad Step Dad Grandparent Foster Other
all applicable) _____
Parents

Household Less than \$14,999 \$15,000-24,999 \$25,000-34,999 \$35,000-49,000 Over \$50,000
Income: _____

Number in household _____ Number in household under 18 _____ Single Parent Household? Yes No

Important Notices:

It is the responsibility of the parent/guardian to ensure that their child remains at the program until you or an authorized representative picks them up or you have given them permission to leave. I understand that my child may be suspended from any and all Club programming for poor behavior. I understand that my child's picture/video may be taken for media and/or public relations and allow for these representations to be used for media and/or public relations purposes unless I submit a statement to the contrary to appropriate Boys & Girls Club staff (this does not include volunteer coaching staff). I understand that if an accident were to occur, I will not hold the staff, volunteers or the Boys & Girls Club liable. I will take full responsibility for any medical needs my child may have due to an accident in the program. I understand that the Boys & Girls Club will not be responsible for lost or stolen articles. In the course of programming, I understand that the Boys & Girls Club may show movies rated PG or PG-13 and I give my child permission to view them. If applicable, I allow the Boys & Girls Club to collect grades and attendance information for my child if necessary under grant funded programs. I understand that if my child is demonstrating signs of having a communicable illness, Boys & Girls Club staff will move my child to an isolated area and that it is my responsibility to pick up my child as soon as contacted. I understand that my child may be asked to complete survey information regarding programming for evaluation purposes and agree to allow my child to participate in such.

By signing below, I acknowledge reading the Parents' Manual and allow the youth above to become a member of the Boys & Girls Club of Kenosha.

Parent/Guardian Signature _____ Date _____

Member Signature (if over 18) _____ Date _____

For Office Use Only

MEM#: _____ ENROLLDATE: _____

EXPDATE: _____ NEW/RENEW? _____ FEE: _____ STAFFINT: _____

The Boys & Girls Club does not discriminate on the basis of race, color, sex, age, handicap, religion, income, sexual orientation or national origin. Any person who believes that he or she has been discriminated against in anyway should contact the Chief Executive Officer at 262.654.6200 or write to 1330 52nd Street, Kenosha, WI 53140