

MEMBERSHIP APPLICATION
2009/2010 Boys & Girls Club of Eden



**BOYS & GIRLS CLUB
OF EDEN**

Membership Fees:

October 1 – June 30	Grades 2-8	\$100	Grades 9-12	\$50
July 1 – August 31	Grades 2-12	\$25	Excludes Summer Camp Fees	
September 1 – September 30	Grades 2 – 12	Free	Open Club Participation	
March 1 – June 30 (1/2 year)	Grades 2-8	\$50	Grades 9-12	\$25

First Name: _____ M: _____ Last: _____

Address: _____ City: _____ State: _____

Zip: _____ Telephone: _____ Gender: Male _____ Female _____

Race: Caucasian African-American Asian Hispanic Other Birth Date: ____ / ____ / ____

School Information:

Current School: _____ Current Grade: _____ Current Teacher: _____

Some Club funding sources request proof of school performance for our membership. We will request to make copies of your child's report cards. Please contact us if we do not have your permission to make these copies. All records will be held strictly confidential.

Contact Information:

Fathers name: _____ Employment _____ Ph# _____

Mothers name: _____ Employment _____ Ph# _____

Emergency Contact _____ Ph# _____ Relationship _____

Medical information:

Doctor Name: _____ Doctor Phone: _____

Permission for Doctor/Hospital: Yes No Does you have health and/or accident insurance? Yes No

Insurance carrier: _____

Policy # : _____ Group # : _____

Health Problems: Yes No if yes, explain _____

Do you live with your: _____ Mom _____ Dad _____ Both _____ other

Number of brothers: _____ Ages: _____ Number of sisters: _____ Ages: _____

Financial Information (OPTIONAL): Some of our funding sources request this information on our constituency. All information supplied to the Club will be held in the strictest confidence.

Annual Gross Household Income:	\$0 - \$25,000 _____
	\$25,001 - \$50,000 _____
	\$50,001 - \$75,000 _____
	\$75,001 - \$100,000 _____
	\$100,001 + _____

Number of individuals in your household _____

Do you participate in the free/reduced lunch program at school? YES NO

If so, you may be eligible for a Scholarship

**** Please complete the back of this application ****

Physical:

Eye Color: _____

Hair Color: _____

Skin Color/Features: _____

Height: _____

Weight: _____

Parent e-mail address: Let us keep you informed about what is happening at the Club.**Disclaimer:**

I, _____ do hereby give my son/daughter _____ permission to attend and participate in activities sponsored by the Boys and Girls Club of Eden. I hereby release the Boys and Girls Club of Eden, it's employees, associates, and contributors from liability from any injury, loss or theft incurred by my child while participating. Furthermore, I hereby authorize medical examination and emergency treatment for my child by a qualified, licensed physician in the event of an accident. I further understand that the Boys and Girls Club of Eden has an "open door" policy for all youth, **which means that my child may come and go at will.** Further, I give permission for my child's picture to be used in any Boys and Girls Club publication and for grant purposes to obtain school grades from my child.

Parent Signature: _____

BOYS & GIRLS CLUB CODE

- I **WILL** be respectful to staff, equipment, and other members.
- I **WILL** use polite language.
- I **WILL** talk to a staff person if I have a question or problem.
- I **WILL** remember the "Golden Rule" and treat others as I would like to be treated.

I have read and understand the Code of the Boys & Girls Club of Eden. I understand that if I fail to abide by the Code while in the Club, I must face the consequences of my actions!

Member Signature: _____

Parent Volunteers are critical to the Club's success. Where can you help???

Adult Game Night (February) _____

Golf Tournament (June) _____

Parking Cars during Cornfest (August) _____

Bash for Cash (September) _____

Chicken BBQ (Fall & Winter) _____

Coaching (basketball, hockey) _____

Membership Fee (from below)

\$ _____

October 1 – June 30

Grades 2-8

\$100

Grades 9-12 \$50

July 1 – August 31

Grades 2-12

\$25

Excludes Summer Camp fees

March 1 – June 30 (1/2 year)

Grades 2-8

\$50

Grades 9-12 \$25

September 1 – September 30

Grades 2 – 12

Free

Donation to the Annual Campaign

\$ _____

Total Payment Included

\$ _____

Your child's membership fee only represents 5% of the Clubs expenses associated with their participation.**Please consider including a donation to our Annual Giving Campaign!****FOR OFFICE USE ONLY:**

Entry Date: _____

Payment: Cash _____

Check# _____

New Member _____

Processed by: _____

Scholarship (Full/Partial): _____

Scholarship Approved by: _____