

Member Status: New, Renewing, Paid, Scholarship, Promotional

Date: Rec'd _____ Entered _____ ID Issued _____

Comment: _____

Initials: _____

Member ID



BOYS & GIRLS CLUB

OF WASHINGTON COUNTY
wcbgc.org

(262)334-3732, (262)334-0043 (fax)

925 N. Silverbrook Drive, West Bend, WI, 53090

Membership Application (membership requirement 6-17 years old)

Please Print

Member First Name _____ Middle Name _____ Last Name _____

Main Contact _____ Main Contact Phone Number _____ Email Address _____

Main Contact Home Address _____

Emergency Contact 1 (does not live with member) _____ Emergency 1 Phone Number _____

Emergency Contact 2 (does not live with member) _____ Emergency 2 Phone Number _____

Who does the member live with? (circle one)

1. Both Parents who are married.
 2. Both Parents who are divorced.
 3. Single Parent: Father or Mother
- Other: _____

Gender: Female, Male Birth date: _____

School: _____ Grade: _____

Member of the Boys & Girls Club before? No, Yes

How Long? _____ Location: _____

Family Size

_____ brothers
_____ sisters
_____ household

Nationality (circle one)

African American Asian/Pacific Islander
Caucasian (white) Hispanic
Multi-Racial Native American
Other: _____

Father's Information

Name (first then last) _____

Employer _____

Work Phone & Ext. _____

Cell Phone _____

Home Phone _____

Email Address _____

Mother's Information

Name (first then last) _____

Employer _____

Work Phone & Ext. _____

Cell Phone _____

Home Phone _____

Email Address _____

Guardian's Information

Name (first then last) _____

Employer _____

Work Phone & Ext. _____

Cell Phone _____

Home Phone _____

Email Address _____

Which location will the member spend the most time at? Hartford _____ Jackson _____ Kewaskum _____ West Bend _____

Medical Conditions/Allergies:

Medications:

Physician

Physician's Phone Number

**Your
Membership
is a privilege!
Always respect
yourself, others,
staff and the Club.**

Confidential & Required: The following information is necessary for our records and the funding our Organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary for grant funding.

Estimated Annual Income: \$ _____

Check all that apply:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> SSDI | <input type="checkbox"/> Day Care Voucher |
| <input type="checkbox"/> SSI | <input type="checkbox"/> General Assistance |
| <input type="checkbox"/> TANF | <input type="checkbox"/> Vet. Compensation |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> School Lunch |

Military

Father or Mother (check one)

- | |
|---|
| <input type="checkbox"/> Active Duty |
| <input type="checkbox"/> Reserves |
| <input type="checkbox"/> National Guard |
| <input type="checkbox"/> Veteran |

Member expectations: Appropriate language is required at all times. Alcohol/drugs/weapons and tobacco use is not permitted. Cell phones, personal music devices and other personal electronics are not permitted. Loitering in the bathrooms or hallways is not permitted. Food and drink are only allowed in designated areas. Chewing gum is not permitted. Walk, do not run. Take care of all equipment, returning it to its proper place. Clean up after yourself. The adult in charge of the activity will settle any dispute that might occur. Respect yourself, fellow members, staff, equipment and the building. Breaking the law or acting otherwise in a way that brings discredit to you and/or the Boys & Girls Club may be grounds for suspension or revocation of member privileges.

Minimum annual contribution per member is \$50.00 per year or 125.00 for a family of three or more, but we exist because of the generosity of those who can give more. Financial assistance is available to those in need. Membership expires December 31st of each year.

Parent/Guardian:

1. I have read the completed application, understand the rules of the Boys & Girls Club, and request that my son/daughter be admitted into membership.
2. I understand that if my child is injured at the Boys & Girls Club or any of its activities in or away from the Club, it is not the responsibility of the Boys & Girls Club of Washington County.
3. I authorize the Boys & Girls Club of Washington County to seek medical attention for my child should the need arise.
4. I give my consent for images, in which my son/daughter may appear, to be used in any promotional materials for the Boys & Girls Club of Washington County.
5. I authorize the Boys & Girls Club of Washington County to share information with my child's school.
6. I agree to allow my child computer usage under the terms and conditions of the Boys & Girls Club of Washington County. I understand that these privileges can only be revoked by submitting a formal request to Boys & Girls Club of Washington County.

Parent or Guardian's Signature

Club Member's Signature

Date