



MEMBERSHIP APPLICATION

MEMBER INFORMATION:

First Name: _____ Middle Initial: _____ Last Name: _____

Birthdate: _____ Gender: Male Female Shirt Size: YS YM YL AS AM AL AXL

Ethnicity: African-American Asian Caucasian Hispanic Indian Other Household Type: Single Parent Two Parent

Membership Type: New Renewal Site: Jim Andrews Unit Eastern Hancock Extension New Palestine Extension BCCCD

School: _____ Grade: _____

On: TANF Food Stamps Gen Assist SSDI SSI Veterans Comp Day Care Vouch School Lunch Medicaid

Medications: _____ Allergies: _____

Physician: _____ Preferred Hospital: _____

HEAD OF HOUSEHOLD INFORMATION:

(Please Print)

First Name: _____ Last Name: _____ Gender: Male Female

Address: _____ City: _____, IN Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Employer: _____ Position: _____

Did you serve in the military? Branch: _____ Status: Active In-active Retired

OTHER PARENT/GUARDIAN INFORMATION:

(Please Print)

First Name: _____ Last Name: _____ Gender: Male Female

Address: _____ City: _____, IN Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Employer: _____ Position: _____

Did you serve in the military? Branch: _____ Status: Active In-active Retired

IN CASE OF EMERGENCY:

Name: _____ Phone: _____ Relationship: _____

FAMILY INCOME: This is confidential information that is required for a variety of funding opportunities our Club receives. Thank you!

\$12,830-under \$12,831-\$19,350 \$19,351-\$25,870 \$25,871-\$32,390 \$32,391-\$40,000 \$40,001-\$60,000 \$60,001-\$80,000 \$80,001-over

WAIVER AND RELEASE:

I understand my child, while under the supervision of BGCHC personnel, may become ill/injured, and that it may be impractical to notify me prior to administering first aid/securing emergency medical attention. I, therefore, authorize BGCHC personnel to render such first aid/emergency medical attention and authorize a hospital or physician selected by BGCHC to render such services. Furthermore, I accept all financial responsibility for any injury which may occur, and agree to hold harmless BGCHC directors, personnel and volunteers against any and all litigation that may arise from my child's participation. Last, I understand that BGCHC will not refund my child's membership fee. I give my permission for my child's name and/or photo to be utilized in any promotion piece by the BGCHC. I, furthermore, give BGCHC personnel permission to access to my child's school information in regards to grades, attendance and any information that will assist BGCHC in furthering my child's academic success.

Parent/Guardian Signature: _____ Date: _____