



# MEMBERSHIP APPLICATION FORM

New Member \_\_\_\_\_

Renewing Member \_\_\_\_\_

Member's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female

Ethnicity: \_\_\_\_\_ Caucasian \_\_\_\_\_ African-American \_\_\_\_\_ Hispanic-American \_\_\_\_\_ Native American  
\_\_\_\_\_ Asian-American \_\_\_\_\_ Multi-Racial \_\_\_\_\_ Other

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Grade Level in School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Did your child PASS or FAIL last year? (Circle one)

Have you enrolled your child in the 21<sup>st</sup> Century Scholars program? YES or NO (Circle one)

Parent/Guardian Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Home Phone (if other than above): \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Home Phone (if other than above): \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Work Phone : \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Member Lives With: \_\_\_\_\_ (Step)Mother and (Step)Father \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only  
\_\_\_\_\_ Aunt/Uncle \_\_\_\_\_ Grandparents \_\_\_\_\_ Foster Parent \_\_\_\_\_ Other: \_\_\_\_\_

Is either parent/guardian a member of the military? YES or NO (Circle one)

Does your child have siblings who attend this Club? YES or NO (Circle one)

If yes, what are their first and last names? \_\_\_\_\_  
\_\_\_\_\_

**CONFIDENTIAL:**

The following information is REQUIRED for the Club to obtain funding as a Non-profit Agency. Names are never used and the information is completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Total number of individuals living in your household: \_\_\_\_\_

*Annual Household Income:*

\_\_\_\_\_ \$0 - \$5,000 \_\_\_\_\_ \$5,001 - \$10,000 \_\_\_\_\_ \$10,001 - \$15,000 \_\_\_\_\_ \$15,001 - \$20,000 \_\_\_\_\_ \$20,001 - \$25,000  
\_\_\_\_\_ \$25,001 - \$30,000 \_\_\_\_\_ \$30,001 - \$35,000 \_\_\_\_\_ \$35,001-\$40,000 \_\_\_\_\_ \$40,001 - \$45,000 \_\_\_\_\_ \$45,001 - \$50,000  
\_\_\_\_\_ \$50,001 - \$55,000 \_\_\_\_\_ \$55,001-\$60,000 \_\_\_\_\_ \$60,001 - \$65,000 \_\_\_\_\_ \$65,001-\$70,000 \_\_\_\_\_ more than \$70,000

Check all programs that apply: \_\_\_\_\_ TANF \_\_\_\_\_ Food Stamps  
\_\_\_\_\_ Medicaid \_\_\_\_\_ SSI \_\_\_\_\_ SSDI \_\_\_\_\_ Veteran's Compensation

Does your child qualify for the Free or Reduced lunch program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is your child allowed to walk home? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there anyone your child is NOT allowed to leave with? \_\_\_\_\_

**For Office Use Only:**

Club ID Number: \_\_\_\_\_

KidTrax ID Number: \_\_\_\_\_

Date Enrolled: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Date: \_\_\_\_\_

**HEALTH HISTORY AND PERMISSION FORM**

Does your child have any medical problems or allergies? \_\_\_\_Yes \_\_\_\_No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Please list all medications that your child is currently taking: \_\_\_\_\_  
\_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

Do you have health insurance? \_\_\_\_Yes \_\_\_\_No

Name of Health Insurance \_\_\_\_\_ Policy Number: \_\_\_\_\_

Do you have a preferred Hospital or Clinic? \_\_\_\_Yes \_\_\_\_No If yes, what hospital/clinic? \_\_\_\_\_

**PARENTAL PERMISSION AND RELEASE AND INDEMNITY AGREEMENT**

I hereby give permission for my child, named below, to join the Boys & Girls Clubs of Indianapolis ("The Club") and permission for my child to participate in the Clubs' programs, activities, field trips and to visit and use the Clubs' facilities and to be photographed and/or videographed. It is understood that Club programs and activities may include Internet access, surveys, interviews, and focus group discussions.

I give permission to the Club and the school named below (and the associated school district) to exchange information regarding my child for the purpose of helping both organizations to do a better job of helping my child be successful in school, in the Club and in life. I specifically give permission to my child's school to release to the Club the following data covered by FERPA: ISTEP scores, benchmark and summative assessment scores, course grades, school attendance records, behavioral records (including suspensions/expulsions), and my child's state student ID number. I also give permission for my child's teachers at said school to complete a survey about my child's academic and behavioral performance.

Any and all information received will be kept strictly confidential. The data will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members. I give further permission for the Club to share information about my child with BGCA and United Way of Central Indiana (UWCI), including the information on this application form, information provided by the child's school and/or school district, and other information collected by the Club, including data collected via surveys or questions. The information shared with BGCA or UWCI will be used for research purposes and/or to evaluate program effectiveness. All information provided to BGCA and/or UWCI will be kept confidential.

I decline to have identifying information about my child shared with the United Way of Central Indiana.

I am the natural parent or legal guardian having custody of said child. In consideration of my child being accepted for membership and participation in the Club and activities, I hereby voluntarily release and agree to hold harmless and indemnify the Boys & Girls Clubs of Indianapolis and each of its directors, officers, employees, volunteers, and agents from and against any and all liability, claims, demands, actions, damages, expenses and costs, including attorney's fees, losses and judgments of whatsoever kind and nature which may result from or arise out of my child's membership in the Clubs, participation in the Clubs' programs, activities and field trips and the Clubs' facilities, whether or not resulting in whole or in part from negligence, acts or omissions of the Boys & Girls Clubs of Indianapolis or its directors, officers, employees, volunteers, or agents, or of said child.

The Health History and Permission Form is correct so far as I know, and the person herein described has permission to engage in all Club activities except as noted. Authorization for Treatment: I hereby give permission to the Club Director to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician or nurse selected by the Club director to secure and administer treatment, including hospitalization, for the youth listed above. I do hereby agree to hold free from any and all liability all respective officers, employees, and members. I hereby on behalf of my child(ren) waive, release, and forever discharge any and all rights and claims for damages which my child(ren) may have or may not have accrue arising out of or connected with my child(ren) in any of the activities of the Club.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Child (printed)

\_\_\_\_\_  
School