

MEMBERSHIP APPLICATION

Boys & Girls Clubs of Lee County

Office only-Payment by: (Circle one) Money Order#: _____ Amount\$: _____

SS: # _____

Barrett Park Unit Suncoast Unit Stars Shady Oaks Pueblo Bonito Sabal Palms Palmetto Court

YOUTH INFORMATION:

First Name: _____ Middle: _____ Last: _____

Gender: ___M___F Ethnicity: _____ DOB: ___/___/___ SSN: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Membership Start Date: ___/___/___ New ___ or Renewal Member ___

Youth's Current School Information:

Current school: _____ Student ID Number: _____

Current Grade: _____ *if it is summer time now*, what grade child is going into this upcoming school year: _____

Does this youth participant in the school breakfast and/or lunch program: ___Yes___ No - at Reduce cost: ___ or Free: ___

NOTE - Parents/Guardians by your signature on this application; you authorize the release of any/all of your child's school's academic progress reports and report cards to the B&GC'S Lee County for purposes of copying & submitting the **data only** to B&GC'S funding sources.

Medical Information:

Doctor Name: _____ Doctor Phone: _____

Date of Last Medical Exam (if any): ___/___/___

Permission for Treatment by Doctor/Hospital: ___Yes___ No Medicaid: ___Yes___ No

Does your family have health and/or accident insurance: ___Yes___ No

Insurance Carrier: _____ Insurance Phone: _____

Policy #: _____ Group#: _____

Serious Health Problems: ___Yes___ No - **If Yes, explain:** _____

Youth on any Medications: ___Yes___ No - **If Yes, explain:** _____

Date Medical/Insurance Info Received: ___/___/___

General:

Birth Certificate on File: ___Yes___ No Birth City: _____ Birth State/Country: _____

Member & Contacts Understood & Signed Insurance Disclaimer and Permission Statement: ___Yes___ No

Member has permission to be used in public relations materials: ___Yes___ No

Member may participate in all Club activities in or adjacent to the club building: ___Yes___ No

Person(s) Authorized to Pick Up Child: _____

Emergency Contacts:

Name: _____

Name: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

Household:

NOTE: This information is collected for Grant writing purposes ONLY

Member lives with: ___ Mom ___ Step Mom ___ Dad ___ Step Dad ___ Grandparent
___ Foster parent(s) ___ Other: _____

Housing Development: _____

Annual	\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
Income	\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
Level:	\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
	\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	\$75,001 - \$80,000 _____
	\$20,001 - \$25,000 _____	\$50,001 - \$55,000 _____	\$80,001 - \$85,000 _____
	\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	\$85,001 - \$90,000+ _____

Number in Household: _____

Current Head of Household: ___ Female ___ Male ___ Both

Current Single Parent: ___ Yes ___ No

Physical Features of this youth:

Eye Color: _____ Hair Color: _____ Skin Color/Features: _____
Height: _____ Weight: _____

Guardian/Parent: 1

Name: _____
Relationship: _____
Home Phone: _____
Cell Phone: _____
Employer: _____
Work Phone: _____

Guardian/Parent: 2

Name: _____
Relationship: _____
Home Phone: _____
Cell Phone: _____
Employer: _____
Work Phone: _____

DISCLAIMER: The Boys & Girls Clubs of Lee County is not responsible or liable in any way in the event of harm or injury occurring to the member. It is agreed that the parent or guardian will not hold Boys & Girls Clubs of Lee County responsible for the welfare or whereabouts of the member. If the Parent or Guardian does file a complaint against the Club the Parent or Guardian agrees to pay for Boys & Girls Clubs of Lee County's legal fees.

NOTE: FOR PAYMENT OF EACH/ALL YOUTH(S) B&GC'S MEMBERSHIP, CAMP FEES, OR ALL/ANY OTHER PROGRAMS FEES THERE IS "NO CASH ACCEPTED" - ONLY MONEY ORDERS ARE ACCEPTED - ENDORSE ALL FUNDS TO THE: "Boys & Girls Clubs of Lee County" only - ALL MEMBERSHIPS/APPLCIATIONS EXPIRED AUGUST 31ST

Parent/Guardian Signature: _____ **Date:** ___ / ___ / ___

Member's Signature: _____ **Date:** ___ / ___ / ___

FOR OFFICE USE ONLY-Membership #: _____ Check#: _____ MO#: _____ Amount:\$ _____			
Entry Date: _____	Expiration Date: ___ / ___ / ___	Status: _____	SchS#: _____
Type: _____	New/Renewal Member: _____	Processed by: _____	