

MEMBERSHIP APPLICATION

Boys & Girls Clubs of Lee County

Is this youth a new or renewed member (check one)

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

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

YOUTH INFORMATION: (Parent(s)/Guardian(s) fill-out)

What is the current age of this youth: _____ NOTE: This youth MUST be six years of age at time of enrollment into the B&GC'S, no exceptions allowed.

First Name: _____ Middle: _____ Last: _____

Gender: M F Ethnicity: _____ Race: _____ DOB: ___ / ___ / ___

Address: _____ Apt: _____

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

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 (check one)

Is it a reduce cost: or free: (check one)

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's name: _____ Doctor's phone: _____

Date of last medical exam this youth had (if any): ___ / ___ / ___

Do we have your permission for this youth to receive treatment by a doctor/hospital/clinic (if necessary): Yes No (check one)

Does your family have accident insurance: Yes No (check one)

Is this youth insured and currently covered by state medicaid or city/county/state sponsored or private health insurance?

Yes: No: (check one)

Insurance carrier name: _____ Insurance phone number: _____

Policy ID#: _____ Group ID#: _____

Does this youth have any serious health problems: Yes No (check one) *If yes, explain:* _____

Is this youth on any medications: Yes No (check one) *If yes, explain:* _____

General:

Is this youth a legal citizen and/or resident of the U.S.A: Yes No (check one) Birth City: _____

Birth State & Country: ___ / _____ Do you give this youth permission to be a walker (to home, etc.): Yes No (check one)

Do you give your youth permission to be used in public relations materials: Yes No (check one)

May your youth participate in all club activities in or adjacent to the club building or with partnerships: Yes No (check one)

Person(s) authorized to pick up this youth: 1. _____ 2. _____ 3. _____

Emergency Contacts:

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1.

Name: _____

Address: _____

Phone Number: _____

Cell Number: _____

2.

Name: _____

Address: _____

Phone Number: _____

Cell Number: _____

Household: *NOTE: This information is collected for Grant writing purposes ONLY (check one)*

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 (check one)

Current Single Parent: ___ Yes ___ No (check one)

Physical features of this youth:

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

Guardian/Parent: 1

Guardian/Parent: 2

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

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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(s) or guardian(s) will not hold Boys & Girls Clubs of Lee County responsible for the welfare or whereabouts of the member. If the parent(s) or guardian(s) does file a complaint against the club the parent or guardian agrees to pay for the Boys & Girls Clubs of Lee County's legal fees entirely. We as the legal parent(s)/guardian(s) of this youth state that the written information in/on this application is true and accurate by our signature and as dated on this application. We also understand that any falsification of any/all information in/on this application can lead to immediate suspension of services provided to your youth by the B&GC'S of Lee County and/or it affiliates. Services can be restated if information is corrected and re-verified by the B&GC'S of Lee County and/or affiliates.

*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*

As Parent(s)/Guardian(s) of this youth we have read, understood and agree to insurance disclaimer and permission statement: ___ Yes ___ No (check one)

Parent/Guardian Signature: _____

Enrollment/Membership Start Date: _____ / _____ / _____ (This date must match date on money order)

NOTE: All membership, program and activity fees are subject to be non-refundable - (this is determined by review & circumstances)

STAFF:

Has this application be reviewed and pre-approved by this site's unit director and/or program coordinator: ___ Yes ___ No (Staff Initials)

FOR OFFICE USE ONLY: Membership #: _____ MO#: _____

Amount: \$: _____ Entry Date: _____ Expiration Date: ___/___/___

Status: _____ SchS#: _____ Type: _____

New/Renewal Member: _____ Processed by: _____