



**BOYS & GIRLS CLUBS**  
OF THE NORTHWOODS

# 2021 Summer Membership Form

\$100 per youth

For Office Use Only

Date Received:	Staff Initials:
Date Entered:	Staff Initials:
Payment:	Membership #

## MEMBER INFORMATION #1

Child's Full Name (First, Middle, Last)		
Date of Birth	Age	Gender
Race/Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		
School	Grade for 2020-2021 School Year:	IEP/504 Plan: Yes/No
Shirt Size (Circle One) Y-Youth A-Adult      YXS   YS   YM   YL   YXL   AS   AM   AL   AXL		

## MEMBER INFORMATION #2

Child's Full Name (First, Middle, Last)		
Date of Birth	Age	Gender
Race/Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		
School	Grade for 2020-2021 School Year:	IEP/504 Plan: Yes/No
Shirt Size (Circle One) Y-Youth A-Adult      YXS   YS   YM   YL   YXL   AS   AM   AL   AXL		

## MEMBER INFORMATION #3

Child's Full Name (First, Middle, Last)		
Date of Birth	Age	Gender
Race/Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		
School	Grade for 2020-2021 School Year:	IEP/504 Plan: Yes/No
Shirt Size (Circle One) Y-Youth A-Adult      YXS   YS   YM   YL   YXL   AS   AM   AL   AXL		

## HOUSEHOLD INFORMATION

Home Address:	City, State, Zip
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## AUTHORIZED PERSON (persons who may receive information and pick-up member form the Club)

Primary Contact:	Relationship:	Cell Phone
Occupation/Employer:	Work Phone:	Email Address:
Secondary Contact:	Relationship:	Cell Phone
Occupation/Employer:	Work Phone:	Email Address:
Emergency Contact #1:	Cell Phone:	Work Phone:
Emergency Contact #2:	Cell Phone:	Work Phone:

## MEDICAL INFORMATION

Medical Needs/Allergies/Special Needs: Member 1:	Medications & Dosages*: Member 1:
Member 2:	Member 2:
Member 3:	Member 3:

\*If you need medications dispensed to your child you must fill out a Permission to Dispense Medication form. Forms are available at the Front Desk.

**INSURANCE/PHYSICIAN INFORMATION**

Does your child have insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Carrier:	Physician:
	Primary Hospital:	Physician Phone Number:

**IMPORTANT:** The following information is necessary for our records and the **funding our Organization receives.** The answers you provide will remain confidential. **Failure to answer truthfully can disqualify a child from membership.**

Total Income in the Household – please write number	Are you currently receiving government assistance? Please check all that apply <table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>SSDI</td> </tr> <tr> <td></td> <td></td> <td>SSI</td> </tr> <tr> <td></td> <td></td> <td>TANF</td> </tr> <tr> <td></td> <td></td> <td>Day Care Voucher</td> </tr> <tr> <td></td> <td></td> <td>Food Stamps</td> </tr> <tr> <td></td> <td></td> <td>General Assistance</td> </tr> <tr> <td></td> <td></td> <td>Free/Reduced Price Lunch</td> </tr> <tr> <td></td> <td></td> <td>Veteran Compensation</td> </tr> </tbody> </table>	Yes	No				SSDI			SSI			TANF			Day Care Voucher			Food Stamps			General Assistance			Free/Reduced Price Lunch			Veteran Compensation
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Total People Living in the Home																												
Total Children Living in the Home																												

**LIABILITY:** I, the parent/guardian, of the minor(s) listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of the Northwoods, Boys & Girls Clubs of America, their representatives, successors, insurers, assigns, or any other person or entity associated with any of the above listed organizations, such as staff, directors, or volunteers from all liability, claims, demands or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club. By signing this agreement, I acknowledge the contagious nature of communicable diseases and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by communicable diseases by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

**MEDICAL TREATMENT:** I give permission to the Boys & Girls Club to seek emergency medical treatment for my minor(s) child if I cannot be reached. I will be responsible for any and all costs of medical attention and treatment.

**ACADEMIC RELEASE:** I give my permission to the Boys & Girls Clubs of the Northwoods and to the Unified School District of Antigo to exchange information regarding the minor(s) I have listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful. The release is valid for one year and may be revoked at any time by contacting either organization.

**PHOTO RELEASE:** I give my consent for photographs in which my child may appear, for any use needed by the Boys & Girls Club.

**SURVEYS:** I consent for my child to participate in surveys conducted by the Club Staff.

**LOST OR STOLEN ITEMS:** I understand that the Boys & Girls Club is not responsible for lost or stolen items.

**PARENT HANDBOOK:** I will read and sign a parent handbook to better understand rules, policies, and procedures.

I have read the completed application, understand the rules of the Boys & Girls Club and request my child(ren) be submitted into membership.

**All information is true to the best of my knowledge and any fake information may bar my child(ren) from membership and all membership dues are non-refundable. FURTHERMORE, I UNDERSTAND MEMBERSHIP IS A PRIVILEGE AND MAY BE REVOKED AT ANYTIME, PLEASE REFER TO PARENT-MEMBER HANDBOOK.**

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

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