



MEMBERSHIP APPLICATION

Applicant Information- *Please print and fill out completely. Incomplete applications are not accepted.*

1. Please select a location.

- Broadway Club John Adams AJ Rickoff Walton Mound
 King Kennedy Club Luis Munoz Marin St. Luke's Manor Heritage MS East Tech
 FDR Academy Lincoln West St. Martin de Porres Stepstone Academy

2. _____
First Name Middle Name Last Name Suffix (Jr., III)

3. _____
Home Phone Address & Apt. # City Zip Code

4. Birth Date: ____ / ____ / ____
Month Day Year

5. School: _____
School District: _____ Grade: _____

6. Physical Features

Height: _____ Weight: _____
 Eye Color: _____ Hair Color: _____

7. Gender:

Female Male

8. Ethnicity:

(Please check one)

- American Indian or Alaska Native
 Asian
 Black or African American
 Hispanic or Latino
 Native Hawaiian or Other Pacific Islander
 White
 Other: _____

9. School Lunch Program Eligibility:

(Please check one)

- Free Lunch
 Reduced Lunch
 Not Eligible

10. Household Income

(Please check one)

Information is confidential.
 Used for statistical purposes only.

- \$0 - \$9,999
 \$10,000 - \$14,999
 \$15,000 - \$19,999
 \$20,000 - \$29,999
 \$30,000 - \$39,999
 \$40,000 - \$49,999
 \$50,000 - \$59,999
 \$60,000 - \$69,999
 Other: _____

11. Household Size

- 2 people
 3 people
 4 people
 5 people
 6 people
 7 people or more

Primary Guardian

Secondary Guardian

First Name Last Name

(____) _____
Home Phone Cell Phone

Email Address: _____

Employer Business Phone

Relationship to child

Is the guardian an active or retired member of any military branch?

Guardian is a Foster Parent

- NO Army Navy Marines
 Air Force Coast Guard
 Other: _____

First Name Last Name

(____) _____
Home Phone Cell Phone

Email Address: _____

Employer Business Phone

Relationship to child

Is the guardian an active or retired member of any military branch?

- NO Army Navy Marines
 Air Force Coast Guard
 Other: _____



MEMBERSHIP APPLICATION

Health History and Emergency Care Plan

13. Medical Treatment *(Initials or X required)*

_____ I give permission to the Boys & Girls Club of Cleveland to seek emergency medical treatment for my minor child if I cannot be reached. I understand that treatment may include emergency transportation, x-rays or surgery in some circumstances for my child, and I agree to assume responsibility for charges associated with this or any other treatment given to my child.

_____ I **DO NOT** give permission to the Boys & Girls Club of Cleveland to seek emergency medical treatment for my minor child if I cannot be reached.

15. Special Medical Conditions:

(check all that apply)

- Allergies: _____
- Asthma
- Diabetes
- Epilepsy
- Emotional/behavior disorder including ADD or ADHD
- Cerebral palsy
- Other: _____

14. Disclaimer:

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Cleveland, and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above 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.

Parent/Guardian Signature: _____

Date: _____

16. Prescription or Over the Counter Medications

(for medical professionals only to distribute; BGCC does not distribute medication)

17. Emergency Contact List: Please list names and phone numbers of persons who can be contacted in case of an emergency and are authorized to pick up the child. List at least one name other than the primary parent/guardian.

<i>First name</i>	<i>Last Name</i>	<i>Phone</i>	<i>Relationship</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Member Permission Form- Please read carefully.

18. Member Assessments and Data Sharing (Initials or X required)

Member assessments include but are not limited to: surveys for outcome measurements, schools, and customized program surveys. Information will be shared with Boys & Girls Clubs of America for evaluation purposes and is helpful in determining the success of Club programs. Information disclosed to BGCA may include information provided on this membership application and other information collected by Boys & Girls Club of Cleveland. This information may also be shared with ChildHood Integrated Longitudinal Data (CHILD) System at the Center on Urban Poverty and Community Development at the Jack, Joseph and Morton Mandel School of Applied Social Sciences of Case Western Reserve University in order to describe member characteristics, explore cross-system service receipt, and examine longitudinal outcomes associated with participation.

- I give permission for my child to participate in member assessments and data sharing.
 I DO NOT give permission for my child to participate in member assessments and data sharing.

19. School Data Release Permission (Initials or X required)

The Boys & Girls Clubs of Cleveland will maintain all member files in a confidential manner. Pertinent academic information may be shared professionally with Boys & Girls Clubs of Cleveland staff and discussed with the staff of the school that the child attends. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Club, and in life.

- I give permission for BGCC to receive all academic information about my child.
 I DO NOT give permission for BGCC to receive academic information about my child.

20. Media Use Permission (Initials or X required)

Use of child's name, photograph, and identity in connection with advertising and/or promotion of the organization.

- I give my child media permission.
 I DO NOT give my child media permission.

21. General Travel Permission (Initials or X required)

This permits the child to travel with the Boys & Girls Clubs of Cleveland. By signing below, the parent/guardian of the child agrees that the Boys & Girls Clubs of Cleveland or any of their representatives shall not be held liable for any accidents or misfortunes while in route to, or returning from any Boys & Girls Clubs of Cleveland outings.

- I give my child general travel permission.
 I DO NOT give my child general travel permission.

I understand that the Boys & Girls Clubs of Cleveland operates under an open door policy; therefore, it is my responsibility to monitor and provide transportation for my child to and from the Club. It is agreed that the parent/guardian will not hold Boys & Girls Clubs of Cleveland responsible for the welfare or whereabouts of the child. The Boys & Girls Clubs of Cleveland is also not responsible for any lost or stolen items. By signing this application, myself and my child agree to abide by all rules set forth by BGCC. I have read and fully understand the contents that have been set forth in this agreement.

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

For Office Use Only

Membership Number: _____ (check one) Fee paid Scholarship
Start Date: _____ End Date: _____ Processed by: _____