



BOYS & GIRLS CLUBS
OF PORTLAND METROPOLITAN AREA

Membership Information Form

FOR OFFICE USE ONLY

Member # _____
Paid \$ _____
Date Enrolled _____
Program Year _____
Staff Initials _____
Club / Site _____

MEMBER'S NAME (please print)

_____/_____/_____
Member's Date of Birth Member's Age _____ MALE _____ FEMALE
Member's Gender

Member's School Member's Grade _____ Yes _____ No
Can Swim

Confidentiality: Any confidential information requested is for statistical reference only. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted with an asterisk (*)

Parent / Guardian (Please Print) Name: _____		Gender: Male Female	
Household Income: \$0-\$12,000 _____ \$12,000-\$17,000 _____ \$17,000-\$25,000 _____ \$25,000-\$30,000 _____ \$30,000-\$35,000 _____ \$35,000-\$40,000 _____ \$45,000-\$50,000 _____ \$50,000 + _____	Address:* (Line 1) _____ (City) _____ (State) _____ (Zip Code) _____		
	Phone Number:* (____) _____ - _____ (Home) (____) _____ - _____ (Work /Cell)		Household Type: _____ Apartment _____ Group Home _____ Extended Family Home _____ Single Family Home
Household Size: _____	E-Mail Address: _____		
Member's Ethnicity: _____ African American _____ Asian American _____ Multi-Racial _____ Caucasian _____ Native American _____ Hispanic _____ Other		Member's Primary Language: _____ Chinese _____ English _____ Korean _____ Russian _____ Spanish _____ Laotian _____ Vietnamese _____ Other	
Grade Release: _____ Yes _____ No Photo Release: _____ Yes _____ No I give my child permission to participate in the BGC Youth Development Outcome Measurement Survey. _____ Yes _____ No		Family Setting: _____ Both Parents _____ Mother Only _____ Father Only _____ Foster Home _____ Grandparents _____ Group Home _____ Other	
Member Medical Information (Please Print) Insurance Company: _____ Insurance Policy Number: _____ Medications: _____ Medical Problems/Allergies: _____ Physician: _____ Physician Phone: (____) _____ - _____ Disabilities: _____			
Emergency Contact Information (Please Print): Name: _____ Name: _____ Phone: (____) _____ - _____ Phone: (____) _____ - _____			
_____ Parent _____ Emergency Contact _____ Acquaintance _____ Primary Emergency Contact _____ Aunt/Uncle _____ Lives With Member _____ Brother/Sister _____ Cousin _____ Foster Parent(s) _____ Grandparent(s)		_____ Parent _____ Emergency Contact _____ Acquaintance _____ Primary Emergency Contact _____ Aunt/Uncle _____ Lives With Member _____ Brother/Sister _____ Cousin _____ Foster Parent(s) _____ Grandparent(s)	

Please Read and Initial:

_____ I hereby approve my son's/daughter's application for membership in the Boys & Girls Club of Portland Metropolitan Area. I will notify the Club of any changes in address and all telephone numbers listed on the membership application.

_____ I understand that the Boys & Girls Club of Portland Metropolitan Area has an "OPEN DOOR POLICY." This means that members are free to enter and leave the Club. It is the responsibility of the parents/guardian to instruct their child as to whether they can leave or not.

_____ I understand that my child must be picked up at or before closing time. The Boys & Girls Club provides no supervision after closing. Members who are not picked up at Club at closing time are the parent's responsibility. The Boys & Girls Club assumes NO responsibility. A Late Fee Policy will be enforced if a child is not picked up by closing time.

_____ I understand that my child's membership standing is based on upon his/her ability to obey the rules of the Club, its officials and staff members. Membership may be suspended or cancelled at any time for misbehavior without a refund.

_____ I will not hold the Boys & Girls Club of Portland Metropolitan Area responsible in case of injury resulting from my child's activities in the Club program and I give consent for him/her to be given emergency treatment by a physician or hospital in case of an accident.

Parent or Guardian Signature

Member's Signature

Date