



Boys & Girls Club of the Tri-County Area
2017-2018 Membership Application

344 Broadway St PO Box 254 (920)361-2717
Berlin, WI 54923 www.bgctric.org

Office Use Only

KidTrax ID # _____

Reg Fee Paid _____

Card Created _____

Staff _____

Date _____

* must be completed

*** Child Information**

First Name _____ Nickname _____ Middle Initial _____ Last Name _____

Home Address _____ City, State, Zip _____

Birth Date _____ Age _____ Gender _____ Race _____ Home Number _____

School _____ Grade _____

Who does child live with (please circle) Mom & Dad / Mom Only / Dad Only / Joint Custody / Mom & Stepdad /

Dad & Stepmom / Other _____

*** Parent/ Guardian Information** — All parents/ guardians listed are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order.

Parent Name: Ms. / Mrs. / Mr. _____ Contact info same as above ☐

Home Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____ E-Mail _____

Employer _____ Work Phone _____

Parent Name: Ms. / Mrs. / Mr. _____ Contact info same as above

Home Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____ E-Mail _____

Employer _____ Work Phone _____ ☐

* Total House income is: _____

Is a parent / guardian registered with the military or live on a military base? Yes/ No

Are you eligible for assistance: Yes / No **(please Circle one)**

Assistance Programs: **(Check all that apply)**

Free / Reduced Lunch _____ General Assistance _____ Food Stamps _____

TANF _____ SSDI _____ SSI _____

Medicaid _____ Veteran's Compensation _____

*** Medical Information**

Child's Known Allergies _____

List any medications that your child is taking _____

*** Emergency Contact Information**

Emergency Contact #1 Name _____ Relationship to child _____

Phone Number _____ Cell Phone _____ Work Phone _____

Emergency Contact # 2 Name _____ Relationship to child _____

Phone Number _____ Cell Phone _____ Work Phone _____

*** Persons other than parents/ guardians who are authorized to pick up child**

Authorized Pick up Person #1 Name _____ Relationship to child _____

Phone Number _____ Cell Phone _____ Work Phone _____

Authorized Pick up Person # 2 Name _____ Relationship to child _____

*** Authorization**

I hereby give permission for the participant listed on this application to take part in the Boys & Girls Club of the Tri-County Area's activities, which may include off-site events, academic assistance, continuing education and recreational programs. If a medical emergency arises, we will take all steps necessary to ensure the safety of the participant. IF necessary, we will call a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred. Additionally, I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

I give my consent to the Boys & Girls Club to take the participant's photograph during program activities, to be used for education, public relations and marketing purposes. I further give my consent to the School and the Boys & Girls Club to share the participant's student records with each other for purpose of providing educational support and assistance. In addition, I understand that the school district and or the Boys & Girls Club will use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement and to obtain continued funding for the program.

☐ My child is not allowed to be photographed.

* I understand the rules of the Boys & Girls Club and I request that my child be admitted into membership. I have explained the rules to my child. I understand the hours of operation of the club and that additional charges may be assessed if I pick up my child after these hours.

Parent/ Guardian Name (Print)_____
Signature_____
Date**GREAT FUTURES START HERE.**