



BOYS & GIRLS CLUBS
OF INDIANAPOLIS

MEMBERSHIP APPLICATION FORM

New Member _____

Renewing Member _____

Member's First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Gender: Male Female

Ethnicity: _____ Caucasian _____ African-American _____ Hispanic-American _____ Native-American
_____ Asian-American _____ Mixed Racial _____ Other

Home Address: _____ City: _____ Zip Code: _____

Home Phone Number: (____) _____ Email Address: _____

Grade in School: _____ Name of School: _____

Did your child PASS or FAIL last year? (Circle one)

Have you enrolled your child in the 21st Century Scholars program? YES or NO (Circle one)

Parent/Guardian Name: _____ Relationship to Member: _____

Employer: _____ Work Phone Number: _____

Home Phone (if other than above): _____ Cell Phone Number: _____

Parent/Guardian Name: _____ Relationship to Member: _____

Employer: _____ Work Phone Number: _____

Home Phone (if other than above): _____ Cell Phone Number: _____

Emergency Contact Name: _____ Relationship to Member: _____

Work Phone : _____ Home Phone: _____ Cell Phone: _____

Member Lives With: _____ Mother and Father _____ Two Parents _____ Mother Only _____ Father Only
_____ Aunt/Uncle _____ Grandparents _____ Guardian _____ Other: _____

CONFIDENTIAL: The following information is REQUIRED for the Club to obtain funding as a Non-profit Agency. Names are never used and the information is completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Total Number of individuals living in your household: _____

Annual Household Income:

_____ \$0 - \$5,000 _____ \$5,001 - \$10,000 _____ \$10,001 - \$15,000 _____ \$15,001 - \$20,000
_____ \$20,001 - \$25,000 _____ \$25,001 - \$30,000 _____ \$30,001 - \$35,000 _____ \$35,001-\$40,000
_____ \$40,001 - \$45,000 _____ \$45,001 - \$50,000 _____ more than \$50,000

Check All Programs that Apply: _____ TANF _____ Food Stamps
_____ Medicaid _____ SSI _____ SSDI _____ Veteran's Compensation

Does your child qualify for the Free or Reduced lunch program? _____ Yes _____ No

For Office Use Only:
Club ID Number: _____
KidTrax ID Number: _____
Date Enrolled: _____
Receipt #: _____
Staff Name: _____
Date: _____

Health History and Permission Form

Does your child have any medical problems or allergies? Yes No

If yes, please explain _____

Please list all medications that your child is currently taking: _____

Physician's Name: _____ Physician's Phone Number: _____

Do you have health insurance? Yes No

Name of Health Insurance _____ Policy Number: _____

Do you have a preferred Hospital or Clinic? Yes No If yes, what hospital/clinic? _____

PARENTAL PERMISSION AND RELEASE AND INDEMNITY AGREEMENT

I hereby give permission for my child, named below, to join the Boys & Girls Clubs of Indianapolis ("The Club") and permission for my child to participate in the Clubs' programs, activities, field trips and to visit and use the Clubs' facilities and to be photographed and/or videographed. It is understood that Club programs and activities may include Internet access, surveys, interviews, and focus group discussions. Data collected from various vehicles is private and confidential. Data may include, but is not limited to: ISTEP scores, CTBS, and standardized testing covered by FERPA, as well as grades, school attendance records, behavioral records and log sheets. It is also understood that data collected will protect my child's identity, although the Club, its assigns or successors may use the data to determine current trends. The data collected is the sole property of the Club. I am the natural parent or legal guardian having custody of said child. In consideration of my child being accepted for membership and participation in the Clubs and activities, I hereby voluntarily release and agree to hold harmless and indemnify the Boys & Girls Clubs of Indianapolis and each of its directors, officers, employees, volunteers, and agents from and against any and all liability, claims, demands, actions, damages, expenses and costs, including attorneys fees, losses and judgments of whatsoever kind and nature which may result from or arise out of my child's membership in the Clubs, participation in the Clubs' programs, activities and field trips and the Clubs' facilities, whether or not resulting in whole or in part from negligence, acts or omissions of the Boys & Girls Clubs of Indianapolis or its directors, officers, employees, volunteers, or agents, or of said child.

The Health History and Permission Form is correct so far as I know, and the person herein described has permission to engage in all Club activities except as noted. Authorization for Treatment: I hereby give permission to the Club Director to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician or nurse selected by the Club director to secure and administer treatment, including hospitalization, for the youth listed above. I do hereby agree to hold free from any and all liability all respective officers, employees, and members. I hereby on behalf of my child(ren) waive, release, and forever discharge any and all rights and claims for damages which my child(ren) may have or may not have accrue arising out of or connected with my child(ren) in any of the activities of the Club.

Name of Child (printed)

Parent/Guardian Printed Name

Member Signature

Parent/Guardian Signature

Date