



**BOYS & GIRLS CLUBS**  
OF INDIANAPOLIS

# MEMBERSHIP APPLICATION FORM

New Member \_\_\_\_\_

Renewing Member \_\_\_\_\_

Member's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ 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: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Father's Employer: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Father's Work Phone Number: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Father's Work Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Employer: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Mother's Work Phone Number: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Mother's Work Email: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Guardian's Employer: \_\_\_\_\_

Guardian's Occupation: \_\_\_\_\_ Guardian's Work Phone Number: \_\_\_\_\_

Guardian's Cell Phone: \_\_\_\_\_ Guardian's Work Email: \_\_\_\_\_

Member Lives With: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Aunt/Uncle  
\_\_\_\_\_ Grandparents \_\_\_\_\_ Guardian \_\_\_\_\_ Other: \_\_\_\_\_

Number of Sisters/Step-Sisters/Half -Sisters: \_\_\_\_\_ Number of Brothers/Step-Brothers/Half -Brothers: \_\_\_\_\_

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  
\_\_\_\_\_ SSI \_\_\_\_\_ Day Care Vouchers  
\_\_\_\_\_ 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: \_\_\_\_\_

Has Your Child Been a Member of the Boys & Girls Clubs Previously?  Yes  No

Number of Years your Child has been a Member? \_\_\_\_\_ Which Club? \_\_\_\_\_

Can Your Child Swim?  Yes  No

Is Your Child a member in other youth programs?  Yes  No

If yes, please list what other programs \_\_\_\_\_

List Your Child's Hobbies: \_\_\_\_\_

In case of an emergency, please list two individuals (names and telephone numbers) that we can contact: \_\_\_\_\_

### 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. 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. 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.

\_\_\_\_\_  
Name of Child (printed)

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Member Signature

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

\_\_\_\_\_  
Work Telephone Number

\_\_\_\_\_  
Date

### Health History and Permission Form

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

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 private health insurance?  Yes  No

Name of Health Insurance \_\_\_\_\_ Policy Number: \_\_\_\_\_

Do you have Medicaid for your Child?  Yes  No

Do you have Hoosier Advantage for your Child?  Yes  No

Do you have a preferred Hospital or Clinic?  Yes  No

If yes, what hospital/clinic? \_\_\_\_\_

Hospital/Clinic Phone Number \_\_\_\_\_

If you cannot be reached, please list two individuals that we could contact in case of an emergency? Please include name, address, phone number, and relation to you/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.

Any restrictions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date