

MEMBERSHIP APPLICATION
Boys & Girls Clubs of Western Pennsylvania

Member Info.

First Name	Middle Name	Last Name
Gender M _____ F _____	Ethnicity	DOB
Address	City	State & Zip
Email:		
School	Age:	
Grade Level	Fee Level: Free Lunch _____ Reduced Lunch _____	

Contacts

Primary Contact	Other Contact
Relationship to Member _____	Relationship to Member _____
Name _____ Cell Phone: _____	Name _____ Cell Phone _____
Phone: _____ Emergency: _____	Phone: _____ Emergency: _____
Relationship to Member _____	Relationship to Member _____
Name _____ Cell Phone: _____	Name _____ Cell Phone _____
Phone: _____ Emergency: _____	Phone: _____ Emergency: _____
Is person Authorized to Pickup Member _____	Is person Authorized to Pickup Member _____

Medical

Has your child been diagnosed with any mental health issues? Yes No (Any Medication)
Does your child have any behavioral disabilities? Yes No (Any Medication)
Does your child have any other serious health problems, allergies or need medications? Yes No
If Yes to any above explain:

General

As a parent or guardian of the above child, I approve of his/her joining the Boys & Girls Clubs of W. PA, and agree not to hold its Board of Directors, staff or volunteers liable for injuries and accidents in connections with his/her membership or participation in the Boys & Girls Club activities. Please Initial _____
Member has permission to be used in public relations materials. Yes No Please Initial _____
In the event I cannot be reached in an EMERGENCY, I hereby give permission to the Physician selected by the Boys & Girls Club to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above. Please Initial _____
Parent/Guardian Signature: _____ Date: _____

Household

Member Lives With: (check all that apply)	Brothers and Sisters Names:
Mother ___ Step Mother ___ Name	Name Brother ___ Sister ___
Father ___ Step Father ___ Name	Name Brother ___ Sister ___
Grand Parent ___ Foster Parent ___ Name	Name Brother ___ Sister ___

Custom

Did member advance to the next school grade?	Did member move out of school district?
Military Family Yes No If yes, what Branch:	

Charges/Payments

Date	Account	Comments	Charge	Payment	MOP	Check #	Int.	Receipt #

FOR OFFICE USE ONLY: Membership #: _____ Entry Date: _____ Expiration Date: _____
Membership Type: _____ New/Renewal Member: _____ Processed by: _____