

**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
<b>Email:</b>		
School	Age:	
Grade Level	Fee Level: Free Lunch _____ Reduced Lunch _____	

**Contacts**

<b>Primary Contact</b>	<b>Other Contact</b>
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? <b>Yes No</b> (Any Medication)
Does your child have any behavioral disabilities? <b>Yes No</b> (Any Medication)
Does your child have any other serious health problems, allergies or need medications? <b>Yes No</b>
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. <b>Please Initial</b> _____
Member has permission to be used in public relations materials. <b>Yes No Please Initial</b> _____
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. <b>Please Initial</b> _____
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 <b>Yes No</b> If yes, what Branch: _____	

**Charges/Payments**

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

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