



<b>Has your child ever been a member of a Club?</b>	<b>Membership ID</b>	<b>MEMBERSHIP DATES (Staff Only)</b>	
<input type="checkbox"/> No <input type="checkbox"/> Yes – Where?	<input type="text"/>	<b>Service:</b>	<input type="text"/>
<input type="checkbox"/> Renewing <input type="checkbox"/> Former <input type="checkbox"/> New <input type="checkbox"/> Transfer	<b>Receipt #:</b>	<b>Termination:</b>	<input type="text"/>
	<input type="text"/>	<b>Initial:</b>	<input type="text"/>
		<b>Renewal:</b>	<input type="text"/>

**HEAD OF HOUSEHOLD** (Please Print)

<b>LAST Name:</b>	<b>FIRST Name:</b>	<b>Gender:</b>	<b>Household Income:</b>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> under \$20,000 <input type="checkbox"/> under \$30,000 <input type="checkbox"/> under \$40,000 <input type="checkbox"/> under \$50,000 <input type="checkbox"/> under \$60,000 <input type="checkbox"/> under \$70,000 <input type="checkbox"/> under \$80,000 <input type="checkbox"/> under \$90,000 <input type="checkbox"/> under \$100,000 <input type="checkbox"/> over \$100,000
<b>Address:</b>		<b>Address Type:</b>	
<input type="text"/> (Line 1)		<input type="checkbox"/> Home	
<input type="text"/> (Line 2)		<input type="checkbox"/> Work	
<input type="text"/> (City)		<input type="checkbox"/> _____	
<input type="text"/> (State)	<input type="text"/> (Zip)	<b># in Household:</b>	
<b>Contact Information:</b>		over 18 _____ under 18 _____	
<input type="text"/> (Home) ( ) -	<input type="text"/> (Cell) ( ) -	<b>Military Family:</b>	
<input type="text"/> (Work) ( ) -	<input type="text"/> (Email)	<input type="checkbox"/> YES (Branch) <input type="checkbox"/> NO	
<b>Employer:</b>	<b>Job Title:</b>	<b>Occupation:</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**2ND PARENT/GUARDIAN** (Please Print)

<b>LAST Name:</b>	<b>FIRST Name:</b>	<b>Gender:</b>	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Address:</b>		<b>Address Type:</b>	
<input type="text"/> (Line 1)		<input type="checkbox"/> Home	
<input type="text"/> (Line 2)		<input type="checkbox"/> Work	
<input type="text"/> (City)		<input type="checkbox"/> _____	
<input type="text"/> (State)	<input type="text"/> (Zip)	<b>Military Family:</b>	
<b>Contact Information:</b>		over 18 _____ under 18 _____	
<input type="text"/> (Home) ( ) -	<input type="text"/> (Cell) ( ) -	<b>Military Family:</b>	
<input type="text"/> (Work) ( ) -	<input type="text"/> (Email)	<input type="checkbox"/> YES (Branch) <input type="checkbox"/> NO	
<b>Employer:</b>	<b>Job Title:</b>	<b>Occupation:</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**MEMBER INFORMATION** (Please Print)

<b>LAST Name:</b> <input style="width:95%;" type="text"/>	<b>FIRST Name:</b> <input style="width:95%;" type="text"/>	<b>MIDDLE Name:</b> <input style="width:95%;" type="text"/>
<b>Nick Name:</b> <input style="width:95%;" type="text"/>	<b>Birth Date:</b> (Month) <input style="width:15%;" type="text"/> (Day) <input style="width:15%;" type="text"/> (Year) <input style="width:15%;" type="text"/>	
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Ethnicity:</b> <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> Other _____	
<b>Membership Type:</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Full Scholarship <input type="checkbox"/> Partial Scholarship	<b>School:</b> <input style="width:95%;" type="text"/>	<b>Grade:</b> <input style="width:95%;" type="text"/>
<b>Pick Up Authorization Password:</b> <input style="width:95%;" type="text"/>		<b>Graduation Date: (H.S.)</b> <input style="width:95%;" type="text"/>
<b>Household Type – Check all that apply:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Foster <input type="checkbox"/> Grandparents	<b>Check all that apply:</b> <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> Veterans Compensation <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Free/Reduced Lunch <input type="checkbox"/> Medicaid <input type="checkbox"/> None Apply	<b>Can Swim:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Family Setting:</b> <input type="checkbox"/> Foster <input type="checkbox"/> One Parent Family <input type="checkbox"/> Two Parent Family <input type="checkbox"/> Guardian <input type="checkbox"/> Other	<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	
<b>Member Address:</b>		
<input style="width:95%;" type="text"/> (Line 1)		
<input style="width:95%;" type="text"/> (Line 2)		
<input style="width:95%;" type="text"/> (City)	<input style="width:95%;" type="text"/> (State)	<input style="width:95%;" type="text"/> (Zip)
<b>Phone Numbers:</b>		
<input style="width:95%;" type="text"/> (Home) ( ) -		<input style="width:95%;" type="text"/> (Cell) ( ) -

**MEDICAL INFORMATION** (Please Print)

<b>Insurance:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Medical Problems/Allergies/Disabilities:</b>
Insurance Carrier _____ Policy # _____ Permission to be treated by Doctor or Hospital <input type="checkbox"/> YES <input type="checkbox"/> NO		<input style="width:95%; height:100%;" type="text"/>
<b>Physician:</b> <input style="width:95%;" type="text"/>	<b>Physician Phone:</b> ( ) -	
<b>Hospital:</b> <input style="width:95%;" type="text"/>	<b>Hospital Phone:</b> ( ) -	
<b>Medications:</b> <input style="width:95%; height:100%;" type="text"/>		

**EMERGENCY CONTACT INFORMATION** (Please Print)

<b>1. First Name:</b> <input style="width:95%;" type="text"/>	<b>Last Name:</b> <input style="width:95%;" type="text"/>	<b>2. First Name:</b> <input style="width:95%;" type="text"/>	<b>Last Name:</b> <input style="width:95%;" type="text"/>
<input type="checkbox"/> Lives with Member <input type="checkbox"/> Male <input type="checkbox"/> Female Phone _____ Cell _____ Address _____		<input type="checkbox"/> Lives with Member <input type="checkbox"/> Male <input type="checkbox"/> Female Phone _____ Cell _____ Address _____	

I have read the completed application, understand the rules of Boys & Girls Clubs of Greater Northwest Indiana and give permission for my child(ren) to be admitted into membership. I have explained the rules to my child(ren) and agree that the Club will not be responsible for any accident to the child(ren) while on the Club's premises or while engaged in any of its activities away from BGCGNWI. I understand that information in this application is confidential. I will provide verification upon request by the Club. I give my full permission and consent to BGCGNWI to use and keep my child(ren)'s artwork; photographs or moving pictures they may take or produce at the Club' or photographs or moving pictures in which my child(ren) may appear. Refunds will only be issued three days after date of collection because the fee paid does not reflect the true cost of program services offered to members.

\_\_\_\_\_  
Parent/Guardian Signature\_\_\_\_\_  
Club Member's Signature\_\_\_\_\_  
Date