

**FORT SMITH BOYS & GIRLS CLUBS**  
**MEMBERSHIP APPLICATION**

\*\* All information is confidential \*\*

TRAX ID \_\_\_\_\_

MEMBERSHIP YEAR \_\_\_\_\_

Jeffrey <input type="checkbox"/>	CARD	RECEIPT	SIGN-UP	STAFF
Goldtrap <input type="checkbox"/>	NUMBER	NUMBER	DATE	INITS
Stephens <input type="checkbox"/>				
Evans <input type="checkbox"/>				

Circle Codes: R N S M T

ALL INFORMATION MUST BE COMPLETE AND LEGIBLE

**PLEASE PRINT CLEARLY**

\*\* BACK SIDE OF FORM MUST BE COMPLETED AS WELL \*\*

# MEMBER INFORMATION

**MEMBER NAME**

\_\_\_\_\_

(first) (middle) (last)

**GENDER**

M / F  
(circle one)

**DATE OF BIRTH**

\_\_\_\_\_

**AGE**

\_\_\_\_\_

**ETHNICITY**

(check **ONLY** one)

Caucasian   
Hispanic

African-American   
Asian / Polynisian

Native-American   
Middle East / Other

**LIVES WITH**

(LEGAL parent or guardian)

Both Parents   
Grandparent(s)

Mother Only   
Foster

Father Only   
Other

*NOTE: This is the "usual and permanent" address of the child during the year.*

**SCHOOL**

\_\_\_\_\_

(current or will be for new school year)

**GRADE**

\_\_\_\_\_

(current or will be next school year)

DOES CHILD RECEIVE FREE OR REDUCED LUNCH AT SCHOOL?

(circle one)

Yes

No

CAN CHILD SWIM?

(circle one)

Yes

No

DOES MEMBER HAVE ANY HEALTH PROBLEMS, RESTRICTIONS OR NEEDS THAT STAFF SHOULD KNOW?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Copy for Admin

# FAMILY INFORMATION

MEMBER NAME: \_\_\_\_\_

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## LEGAL Parent/Guardian

*(1st Contact & person member lives with)*

\_\_\_\_\_  
(first) (last)  
(check one) Mother  Father  Grandparent  Foster Parent  Other

## ADDRESS

\_\_\_\_\_  
(street)

\_\_\_\_\_  
(city)

\_\_\_\_\_  
(state)

\_\_\_\_\_  
(zip)

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

GENDER \_\_\_\_\_

EMAIL \_\_\_\_\_

## FAMILY SIZE

*(at member's permanent address only)*

## MILITARY *(circle one)*

Active Guard Reserve

## TOTAL FAMILY ANNUAL INCOME:

Less than \$15,000  Less than \$30,000   
Less than \$40,000  More than \$40,000   
Income not reported

## SECOND CONTACT

*(NOT 1st Contact)*

\_\_\_\_\_  
(first name)

\_\_\_\_\_  
(last name)

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

DOES 2nd CONTACT LIVE WITH 1st CONTACT? *(circle one)* Yes No

RELATION TO MEMBER *(mark one)* Family - who? \_\_\_\_\_ Acquaintance \_\_\_\_\_

**I GRANT PERMISSION FOR:** **1)** My child to become a member of the Fort Smith Boys & Girls Clubs (FSBGC); **2)** the FSBGC to administer first aid or emergency treatment/procedures to my child if necessary, or for any available physician or member of hospital medical staff to perform emergency treatment/procedures, as deemed necessary, and to continue treatment/procedures until such time as the undersigned shall dismiss him/her or engage another physician. The permission includes admission to hospital if the attending physician deems it necessary; **3)** photographs of my child taken during Club activities to be published by FSBGC for promotional and/or marketing purposes.

**I UNDERSTAND THAT:** **1)** The FSBGC has an "open door" policy, and is not responsible for the time or manner in which my child may arrive or leave the Club; **2)** Parents/Guardians are responsible for dropping off and picking up their child promptly and according to the hours of operation; **3)** the FSBGC is not responsible for loss or theft of property belonging to member; **4)** I will instruct my child to follow the rules of membership in the FSBGC, to be respectful of staff, other members, and Club property, and that disciplinary measures, as outlined in the FSBGC Policy Manual may be taken with my child should he/she choose to disregard stated rules.

Parent/Guardian signature \_\_\_\_\_

FSBGC MA

Serving Area Youth Since 1928



Date \_\_\_\_\_

Revised 9/15/16