

FORT SMITH BOYS & GIRLS CLUBS
MEMBERSHIP APPLICATION

** All information is confidential **

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"/>				

MEMBERSHIP YEAR _____

Circle Codes: R N 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 African-American Native-American
 Hispanic Asian / Polynesian Middle East / Other

LIVES WITH (**LEGAL** parent or guardian)

Both Parents Mother Only Father Only
 Grandparent(s) Foster Other

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

SCHOOL _____
(current or last one attended)

GRADE _____
(current or last one)

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: _____

Page #2

LEGAL Parent/Guardian

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

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

ADDRESS

(street) (city) (state) (zip)

GENDER _____ HOME PHONE _____ CELL PHONE _____

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 _____

THIRD / EMERGENCY CONTACT

(NOT 1st or 2nd Contact)

(first name) (last name)

HOME PHONE _____

CELL PHONE _____

DOES 3rd 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