

**FORT SMITH BOYS & GIRLS CLUBS**  
**MEMBERSHIP APPLICATION**  
ALL INFORMATION IS CONFIDENTIAL  
**MEMBERSHIP YEAR:** \_\_\_\_\_

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

**ALL INFORMATION MUST BE COMPLETE & LEGIBLE. PLEASE PRINT CLEARLY.**

Circle codes:  
**R M**  
**N T**

**First contact & legal parent/guardian**

(Head of Household) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_

(Address) \_\_\_\_\_ (City / State / Zip) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**FAMILY SIZE** (total under one roof) \_\_\_\_\_ **MILITARY** (circle one): Active Guard Reserve

Father   
 Mother   
 Grandparent   
 Foster   
 Other

**Second contact & legal parent/guardian**

(Other Parent/Guardian) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_

**DOES 2nd CONTACT LIVE WITH 1st CONTACT?**

Yes  No **GENDER**  Male  Female **PHONE** (if different than above) \_\_\_\_\_

**TOTAL YEARLY FAMILY INCOME**

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

**3rd CONTACT / EMERGENCY PICK-UP**

(Different from above) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_

**RELATIONSHIP TO MEMBER**

Family  Acquaintance **PHONE** \_\_\_\_\_

**MEMBER**

\_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last)

**ETHNICITY**  Caucasian  African-American  
 Native-American  Hispanic  
 Asian  Other

**LIVES WITH**  Both Parents  Mother+ Only  Father+ Only  Grandparent(s)  Other  
 (Choose only one) ("+" may include any step-parent/guardian)

(Circle One)

**SCHOOL** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **REDUCED/FREE LUNCH?** Yes / No  
**CAN SWIM?** Yes / No

**DOES MEMBER HAVE ANY HEALTH PROBLEMS, RESTRICTIONS OR NEEDS THAT STAFF NEEDS TO BE AWARE OF?**

**I GRANT PERMISSION FOR:** 1) My child above 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. This 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(ren) 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.



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 SINCE 1928

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_