

**FORT SMITH BOYS & GIRLS CLUBS**  
**MEMBERSHIP INFORMATION FORM**  
ALL INFORMATION CONFIDENTIAL

JEFFREY <input type="checkbox"/>	<u>CARD #</u>	<u>RECEIPT #</u>	<u>SIGN-UP DATE</u>	<u>UPDATE DATE</u>
GOLDTRAP <input type="checkbox"/>				
STEPHENS <input type="checkbox"/>				
EVANS <input type="checkbox"/>				

TANF  MILITARY

**MEMBER NAME**

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

**ADDRESS**

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **EMERGENCY CONTACT** NAME \_\_\_\_\_ PHONE \_\_\_\_\_

CURRENT AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

**GENDER**  MALE  FEMALE

**RACE:**  CAUCASIAN  AFRICAN-AMERICAN  NATIVE AMERICAN  HISPANIC  ASIAN  OTHER

**PARENT/GUARDIAN** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_ **1st PHONE** \_\_\_\_\_ **2nd PHONE** \_\_\_\_\_ **EMPLOYER** \_\_\_\_\_

**PARENT/GUARDIAN** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_ **1st PHONE** \_\_\_\_\_ **2nd PHONE** \_\_\_\_\_ **EMPLOYER** \_\_\_\_\_

**ARE PARENTS SEPARATED?** YES  NO  IF "YES", MEMBER LIVES WITH: MOTHER  FATHER  OTHER

**NO. of CHILDREN AT HOME:** BROTHERS  AGES \_\_\_\_\_ SISTERS  AGES \_\_\_\_\_

*FAMILY INCOME AND HEALTH INFORMATION IS **STRICTLY CONFIDENTIAL** AND IS ONLY FOR FSBGC ADMINISTRATIVE USE. FINANCIAL INFORMATION IS USED IN APPLYING FOR FUNDING AND DEMOGRAPHIC NEEDS ASSESSMENTS.*

**PLEASE CHECK APPROPRIATE FAMILY INCOME**

Less than \$15,000  More than \$40,000

Less than \$30,000  Income not reported

Less than \$40,000

**DOES CHILD RECEIVE A FREE OR REDUCED LUNCH AT SCHOOL?** YES  NO

**IS PARENT/GUARDIAN IN THE MILITARY?** YES  NO

**CAN CHILD SWIM?** YES  NO

**DOES MEMBER HAVE ANY SERIOUS HEALTH PROBLEMS, SPECIAL RESTRICTIONS OR NEEDS, OR ANY OTHER CONDITION THE FSBGC STAFF NEEDS TO BE AWARE OF?** \_\_\_\_\_ **IF YES, EXPLAIN:** \_\_\_\_\_

- I GRANT PERMISSION FOR:**
- ⇒ The child listed on this form to become a member of the Fort Smith Boys & Girls Clubs (FSBGC)
  - ⇒ The FSBGC to administer first aid or emergency treatment/procedures to the listed child if necessary, or any available physician or member of hospital medical staff, to perform emergency treatment/procedures for the listed child, as is 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.
  - ⇒ Photographs of the listed child, taken during Club activities, to be published by FSBGC for promotional and/or marketing purposes.

- I UNDERSTAND THAT:**
- ⇒ 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.
  - ⇒ Parents/Guardians are responsible for dropping off and picking up their child(ren) promptly, and according to the Club's hours of operation.
  - ⇒ The FSBGC is not responsible for loss or theft of property belonging to member.
  - ⇒ I will instruct my child to follow the rules of membership in the FSBGC, to be respectful of FSBGC staff, other members, and Club proper 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 \_\_\_\_\_ MIF 100111 \_\_\_\_\_ DATE \_\_\_\_\_

