

FORT SMITH BOYS & GIRLS CLUBS
MEMBERSHIP INFORMATION FORM
ALL INFORMATION IS CONFIDENTIAL
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"/>				

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

First contact & legal parent/guardian

(Head of Household) _____ (First Name) _____ (Last Name) _____

(Address) _____ (City / State / Zip) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Father
 Mother
 Grandparent
 Foster
 Other

FAMILY SIZE (total under one roof) _____ **MILITARY** (circle one) N/A Active Guard Reserve

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)

Gender _____ **Date of Birth (mm/dd/yy)** _____ **Current Age** _____ **ETHNICITY** (Choose only one) Caucasian African-American
 Native-American Hispanic
 Asian Other

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

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 AWARD 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.

Parent/Guardian Signature _____ Date _____

