

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 / Polynesian

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 next school year)

GRADE _____

(current or will be next school year)

DOES CHILD RECEIVE FREE OR REDUCED LUNCH AT SCHOOL?

Yes No

CAN CHILD SWIM?

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 and the 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

TOTAL FAMILY ANNUAL INCOME: _____

SECOND CONTACT

(NOT 1st Contact)

(first name)

(last name)

HOME PHONE _____

CELL PHONE _____

DOES 2nd CONTACT LIVE WITH 1st CONTACT?

2nd CONTACT RELATION

TO MEMBER (select relationship)

write in the personal connection of this person to club member is not listed here

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

Serving Area Youth Since 1928



Date

Revised 1/26/23