



**BOYS & GIRLS CLUBS**  
OF NORTHWEST COLORADO

# Membership Information Form

Craig

Steamboat

Office Use Only:	
Date entered:	_____
MOP:	_____
Check #	Staff: _____

## Member Information

First Name:	Middle Name	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Preferred Name (Name to go on membership card)	Primary Contact:
<input type="text"/>	<input type="text"/>

School:	Grade:	Birth Date:	Gender:	Member Status (Check One)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> New Member <input type="checkbox"/> Renewing Member

## Address & Phone Number

Mailing Address:	City, State, Zip
<input type="text"/>	<input type="text"/>

Physical Address: (if different than mailing)	City, State, Zip
<input type="text"/>	<input type="text"/>

Home Phone Number:	Email Address:
<input type="text"/>	<input type="text"/>

## Household/ Family Information

Parent/Guardian #1 - First name:	Parent/Guardian #1 - Last Name:	Parent/Guardian #1 - Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Guardian #1 - Employer	Parent/Guardian #1 - Occupation	Parent/Guardian #1 - Work Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Guardian #2 - First name:	Parent/Guardian #2 - Last Name:	Parent/Guardian #2 - Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Guardian #2 - Employer	Parent/Guardian #2 - Occupation	Parent/Guardian #2 - Work Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Emergency Contacts

Emergency Contact #1 - Name	Emergency Contact #1 - Phone Number	Relationship to Member
<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency Contact #1 - Name	Emergency Contact #1 - Phone Number	Relationship to Member
<input type="text"/>	<input type="text"/>	<input type="text"/>

*Please Complete Other Side*

Please help us to improve our programs and keep our fees low by filling out the confidential information. This information is required by many of the agencies from which we receive funds and grants for our programs. This information is used solely for statistical purposes and your personal name and/or information will not be given to any outside sources. Thank you for your help.

<p><b>List all medications your child is taking</b> <input style="width: 300px; height: 20px;" type="text"/></p>	<p><b>Medical Problems/Allergies (Please Print)</b> <input style="width: 350px; height: 50px;" type="text"/></p>																
<p><b>Number of Sisters and Step-Sisters:</b> <input style="width: 30px;" type="text"/></p>	<p><b>Number of Brothers and Step-Brothers:</b> <input style="width: 30px;" type="text"/></p>	<p><b>Household Size:</b> <input style="width: 30px;" type="text"/></p>															
<p>Member Lives with: Circle all that apply</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Mother</td> <td style="padding: 2px;">Father</td> <td style="padding: 2px;">Stepmother</td> <td style="padding: 2px;">Stepfather</td> </tr> <tr> <td style="padding: 2px;">Grandparent</td> <td style="padding: 2px;">Guardian</td> <td colspan="2" style="padding: 2px;">Other _____</td> </tr> </table>		Mother	Father	Stepmother	Stepfather	Grandparent	Guardian	Other _____		<p>Primary Household Language</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> English</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Spanish</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other	<p>Family Setting:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> 1 Parent Family</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> 2 Parent Family</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> 1 Parent Family	<input type="checkbox"/> 2 Parent Family	<input type="checkbox"/> Other
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<input type="checkbox"/> Spanish																	
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<input type="checkbox"/> 2 Parent Family																	
<input type="checkbox"/> Other																	
<p><i>Ethnicity (circle one)</i>  <b>African American   Asian American   Caucasian   Hispanic   Native American   Multi-Racial   Other _____</b></p>																	
<p><i>Circle All Programs Which Apply:</i></p> <table style="width: 100%;"> <tr> <td style="width: 25%;"><b>TANF</b></td> <td style="width: 25%;"><b>SSDI</b></td> <td style="width: 25%;"><b>SSI</b></td> <td style="width: 25%;"><b>Day Care Voucher</b></td> </tr> <tr> <td><b>General Assistance</b></td> <td></td> <td><b>School Lunch Program</b></td> <td><b>Food Stamps</b></td> </tr> <tr> <td></td> <td></td> <td></td> <td><b>Veterans Compensation</b></td> </tr> </table>				<b>TANF</b>	<b>SSDI</b>	<b>SSI</b>	<b>Day Care Voucher</b>	<b>General Assistance</b>		<b>School Lunch Program</b>	<b>Food Stamps</b>				<b>Veterans Compensation</b>		
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			<b>Veterans Compensation</b>														
<p><i>Annual Household Income (circle one)</i>  <b>\$0- \$12,000   \$12,000- \$17,000   \$17,000- \$25,000   \$25,000- \$35,000   \$35,000-\$45,000   \$45,001-\$75,000   \$75,001+</b></p>																	
<p><input type="checkbox"/> I would like to set up a time to discuss special needs or circumstances of my child with a staff member.  <input type="checkbox"/> I am interested in making a monthly donation to BGCNWC to be withdrawn automatically from my bank account or my credit card.  <input type="checkbox"/> I would prefer to receive my bills electronically?</p>																	

I understand that certain parts of the information listed on this form may be shared with Federal, State, and local government organizations, as well as other non-profit agencies. I additionally give permission for the BGCNWC to collect information from these other agencies. This includes requesting a member's grades from the school they attend.

**Parent / Guardian Initials** \_\_\_\_\_

I here by consent to the reproduction and use of photographs/video footage of my child for advertising, educational and/or publicity in any and all publications, Web sites and publicity materials, without limitations or reservation as deemed appropriate by the organization. I also consent to any testimony or text written about the my child that may accompany said photographs or stand-alone in any and all publications, advertisements and publicity materials, without limitation or reservation as deemed appropriate by the organization.

**Parent / Guardian Initials** \_\_\_\_\_

The Moffat County and Steamboat Springs School Districts provide a bus each day that is available to take kids from each of the elementary schools, middle schools and MCHS to a bus stop in front of the Boys & Girls Club. The Boys & Girls Club has no role or responsibility in operating the bus. It is the responsibility of the Club member and parent to communicate as to whether they are supposed to ride the bus to the Club on any given day.

**Parent / Guardian Initials** \_\_\_\_\_

I furthermore give my consent for my child to be transported by vehicles owned by the Boys & Girls Club when a program they are involved in requires it. Neither the Boys & Girls Clubs of Northwest Colorado, the Moffat County or Steamboat Springs School District, nor any of their employees, volunteers, Board, or other agents will be held liable for injuries that occur to a member while being transported by these entities.

**Parent / Guardian Initials** \_\_\_\_\_

I understand that the Boys & Girls Clubs of Northwest Colorado is considered an Open Campus. The Boys & Girls Clubs of Northwest Colorado is NOT responsible for the manner in which your child arrives at or leaves this facility. Kids can come and go at will. The Boys & Girls Club is NOT regulated by Colorado Child Care Licensing. **Parent / Guardian Initials** \_\_\_\_\_

I agree that the Boys & Girls Clubs of Northwest Colorado will not be responsible for any accident to my son/daughter while on the premises or while engaged in any Club activities away from the Club. In the event that my child is injured or should require medical attention, I hereby authorize any Boys & Girls Club employee or volunteer to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment. I understand that the Boys & Girls Clubs of Northwest Colorado provides no medical insurance. I will not hold the members of the Board, Staff, or Volunteers responsible for injury that may occur while participating in any of the programs.

**Parent / Guardian Initials** \_\_\_\_\_

I declare that I am the parent or legal guardian of the minor listed above. I have read the completed application; understand the rules of the Boys & Girls Clubs of Northwest Colorado as detailed in the Parents Handbook and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter. Program fees may be adjusted without notice; membership fees are not transferable or refundable.

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_