



**BOYS & GIRLS CLUB MEMBERSHIP APPLICATION**  
OF BENTON COUNTY

**ALL Applicants MUST be in the age range of 6 through 18.**

**Child's Information:** Application Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Name that child goes by (if different): \_\_\_\_\_  
FIRST MIDDLE LAST

Birth Date: MM DD YYYY \_\_\_\_\_ Age: \_\_\_\_\_ Gender (check one):  Male  Female

Ethnicity (check one):  White  Hispanic  African American  Asian  Native American  Other

<b>Parent/Guardian 1:</b> Full Name: _____ Relationship: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Phone: Work(____) _____ Home(____) _____ Cell(____) _____ Email _____ Employer: _____ Occupation: _____	<b>Parent/Guardian 2:</b> (complete only if different) Full Name: _____ Relationship: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Phone: Work(____) _____ Home(____) _____ Cell(____) _____ Email _____ Employer: _____ Occupation: _____
--	---

<b>Emergency Contact 1:</b> Check box if the same as above <input type="checkbox"/> Name: _____ Relationship: _____ Phone 1:(____) _____ Phone 2:(____) _____	<b>Emergency Contact 2:</b> Check box if the same as above <input type="checkbox"/> Name: _____ Relationship: _____ Phone 1:(____) _____ Phone 2:(____) _____
---	---

**Please Help us Determine if Your Child May Be Eligible for a Boys & Girls Club Scholarship** (free/reduced membership)

Is your Child eligible for the insurance programs Medicaid or ARKids?  Yes  No

Does your child participate in the school Free or Reduced Lunch Food Program?  Yes  No

Does your family participate in the Supplemental Nutrition Assistance Program (Food Stamps)?  Yes  No

**School Information:**  
Current Teacher: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Medical Information:**  
Are there any serious Health Problems?  Yes  No If yes, please explain: \_\_\_\_\_  
Does child take medication?  Yes  No If yes, Name and Frequency: \_\_\_\_\_

**General:** (Please check one for each question)

I give the Boys and Girls Club permission to use the image(s) of my child in public relations materials:  Yes  No

I give the Boys and Girls Club permission to post the image(s) of my child to the Club's social media sites:  Yes  No

My child has permission to be transported by BGC of Benton County in authorized BGC vehicles:  Yes  No

My child has permission to use the internet:  Yes  No Continuous Club Member Since? (enter year) \_\_\_\_\_

**IMPORTANT NOTE:** The information in this box is collected for statistical and fundraising purpose ONLY. NO personal identifying information will ever be released to any person or organization. Only aggregate, group data will be reported.

Annual Household Income (check one range below):  
 \$13,200 or Less  \$13,201 to \$22,000  \$22,001-\$35,200  \$35,201-\$39,600  \$39,601-Above

Enter the number of people living in your household? \_\_\_\_\_ Are you a single parent?  Yes  No

**Pick-Up List:** The individual(s) listed below are authorized to pick-up my child:

NOTE – THESE PERSONS WILL REMAIN ON THE PICK-UP LIST UNTIL YOU REMOVE THEM.

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

**These person(s) MAY NOT pick my child - DO NOT LIST A LEGAL GUARDIAN WITHOUT PRODUCING A COURT ORDER**

1. \_\_\_\_\_ 2. \_\_\_\_\_



**Open Door Policy and Club Access Permission:** I (We) hereby give my permission for my child to become a member of the Boys & Girls Club of Benton County, Inc. I understand that the Boys & Girls Club of Benton County, Inc. will make every effort to keep my child from leaving the Club building without permission; however, I also understand that the Club is not a daycare center and is not responsible for the time or manner in which my child may arrive or leave the Club.

**Medical Treatment Permission:** I (We) permit and authorize Boys & Girls Club of Benton County, Inc. Staff Members, to allow necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine. I understand that care for injuries that may occur during my child's active participation in Boys & Girls Club of Benton County, Inc., are the responsibility of myself, my family and/or my insurance. I understand that the Boys & Girls Club of Benton County, Inc. does not supply insurance for my child.

**Academic Permission:** I (We) permit and authorize my child's school and/or teacher to release my child's school grade reports and information on general attendance and performance to the Boys & Girls Club of Benton County Inc. for aggregated use in program evaluation and for purposes of support of in-school education in the out-of-school programs. The Boys & Girls Club of Benton County will not re-release personal information provided by a school or teacher.

**Refund Policy:** Because another child may have been refused membership because of your commitment to membership, it is the policy of the Boys and Girls Club of Benton County NOT to provide a refund of any paid membership dues.

**(Legal Guardian)** I certify and attest that **I am a person legally responsible** for the applicant child named herein. I have read and accept ALL of the statements and conditions contained herein and the **Open Door Policy and Club Access Permission**, the **Medical Treatment Permission**, and the **Academic Permission** Statements and hereby give authority to the Boys and Girls Club of Benton County to the extent of the statements and permissions granted therein.

I certify that the information provided in this application is true and correct.

Print Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Child)** I wish to be a member of the Boys & Girls Club of Benton County, Inc. I will check into the Club each day by showing my membership card. I am to stay at the Club until I am picked up, I will not leave the Club without permission.

Print Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Caregiver Volunteer Option:** We welcome caregivers as volunteers both to help out in the Club and to help other families that may be in-need. Would you be willing to volunteer to help out at the Club?  Yes  Maybe  No  
**If yes/maybe**, Please list any special skill you may have or list the type of volunteer work you would like to perform:

**For Administrative Use Only:** Name of Staff Accepting Application \_\_\_\_\_

Assigned Unit: \_\_\_\_\_ Membership # \_\_\_\_\_ Date Entered: \_\_\_\_\_

Paid:  Cash  Ck No. \_\_\_\_\_ Payment Received By: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Check ALL Member Types that apply:

*Application of Payment:* *Member Type* \_\_\_\_\_

Membership Dues for  Spring  Summer 1  Summer 2  Fall Amount: \$ \_\_\_\_\_

Athletics for  Football  Basketball  Volleyball  Cheer Amount: \$ \_\_\_\_\_

Check ALL Groups that apply:  TANF  BVCD-EL  BVCD-VL  BVCD-L  ROCD-EL

ROCD-VL  ROCD-L  BGC  Full Payment  Athletics

Comments: \_\_\_\_\_