

Membership Information Form

Office Use Only

How did you hear about the Club?

- News Journal
- School
- Radio
- Mailer
- Flyer/Poster
- Friend/Family
- Staff/Club Member
- Attended a Club Event



BOYS & GIRLS CLUBS
OF DELAWARE

Western Sussex Clubs

Club: Western Sussex
Address: 310 Virginia Ave
Phone: 302-628-3789

KidTrax ID <input type="text"/>	Member ID <input type="text"/>	Data Entry Rec'd: <input type="text"/>
Member Status <input type="checkbox"/> New <input type="checkbox"/> Renewing <input type="checkbox"/> Former	Active <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Entered: <input type="text"/>
Comment: <input type="text"/>		ID Issued: <input type="text"/>
		Membership Dates Service: <input type="text"/>
		Termination: <input type="text"/>
		Initial: <input type="text"/>
		Renewal: <input type="text"/>

Member Information (Please Print)

First Name: <input type="text"/>	Middle Name: <input type="text"/>	Last Name: <input type="text"/>
Name of Adult(s) or Guardian(s) Member Lives With: <input type="text"/>	Home Phone Number: <input type="text"/>	Emergency Contact Name: <input type="text"/>
Home Address: <input type="text"/>		Emergency Phone & Extension: <input type="text"/>
City: <input type="text"/>	State: <input type="text"/>	Postal Code: <input type="text"/>
		Email Address: <input type="text"/>

Demographic

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birth date: <input type="text"/>	Age: <input type="text"/>	Ethnicity:								
School/District: <input type="text"/>	Grade: <input type="text"/>	<table style="width: 100%; text-align: center;"> <tr> <td>Caucasian</td> <td>African-American</td> <td>Latino</td> </tr> <tr> <td>Native American</td> <td>Asian</td> <td>Other</td> </tr> </table>				Caucasian	African-American	Latino	Native American	Asian	Other
Caucasian	African-American	Latino									
Native American	Asian	Other									
Family Totals- Sisters: <input type="text"/>			Brothers: <input type="text"/>	Household: <input type="text"/>							
Lives With: <input type="text"/>											
Member before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Years: <input type="text"/>	Name of Unit: <input type="text"/>									

Parent/Guardian

Father's First Name: <input type="text"/>	Father's Last Name: <input type="text"/>	Father's Work Phone & Ext: <input type="text"/>
Father's Employer: <input type="text"/>	Father's Occupation: <input type="text"/>	Military Branch: Status: <input type="text"/>
		Start Date: <input type="text"/> End Date: <input type="text"/>
Mother's First Name: <input type="text"/>	Mother's Last Name: <input type="text"/>	Mother's Work Phone & Ext: <input type="text"/>
Mother's Employer: <input type="text"/>	Mother's Occupation: <input type="text"/>	Military Branch: Status: <input type="text"/>
		Start Date: <input type="text"/> End Date: <input type="text"/>
Guardian's First Name: <input type="text"/>	Guardian's Last Name: <input type="text"/>	Guardian's Work Phone & Ext: <input type="text"/>
Guardian's Employer: <input type="text"/>	Guardian's Occupation: <input type="text"/>	

Medical/Emergency:

Medical Problems/Allergies: <input style="width:95%; height:40px;" type="text"/>		Medications: <input style="width:95%; height:40px;" type="text"/>	
Physician: <input style="width:95%; height:20px;" type="text"/>	Physician Phone: <input style="width:95%; height:20px;" type="text"/>		
Preferred Hospital or Clinic: <input style="width:95%; height:20px;" type="text"/>	Hospital Phone: <input style="width:95%; height:20px;" type="text"/>		
Insurance Company: <input style="width:95%; height:20px;" type="text"/>	Insurance Policy Number: <input style="width:95%; height:20px;" type="text"/>		Can Member Swim? <input type="checkbox"/> Yes <input type="checkbox"/> No

Pick up Information: (Licensed child care only)

Names of two Persons Authorized to pick up Member.	
1.) First Name: <input style="width:95%; height:20px;" type="text"/>	Last Name: <input style="width:95%; height:20px;" type="text"/>
2.) First Name: <input style="width:95%; height:20px;" type="text"/>	Last Name: <input style="width:95%; height:20px;" type="text"/>
Authorized Password: <input style="width:95%; height:20px;" type="text"/>	Persons Not Authorized: <input style="width:95%; height:20px;" type="text"/>

Notes:

Participation in other Youth Programs: <input style="width:95%; height:40px;" type="text"/>	Hobbies: <input style="width:95%; height:40px;" type="text"/>
Nickname: <input style="width:95%; height:20px;" type="text"/>	Mother's Maiden Name: <input style="width:95%; height:20px;" type="text"/>

Confidential The following information is necessary for our records and the funding of our Organization. Your cooperation is appreciated and necessary.

Annual Family Income:	Check all that Apply:	Disabilities or other special circumstances:
<input type="checkbox"/> Under 15,000 <input type="checkbox"/> 15,001-20,000 <input type="checkbox"/> 20,001-25,000 <input type="checkbox"/> 25,001-30,000 <input type="checkbox"/> 30,001-35,000 <input type="checkbox"/> 35,001-40,000 <input type="checkbox"/> 40,001-45,000 <input type="checkbox"/> 45,001-50,000 <input type="checkbox"/> Over 50,000 <input type="checkbox"/> Decline to Submit	<input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance <input type="checkbox"/> School Lunch <input type="checkbox"/> Vet. Compensation	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <input type="checkbox"/> Individual Education Plan (IEP) </div> <div style="border: 1px solid black; height: 150px; width: 100%; margin-top: 10px;"></div>

Internal Use Only:									
UDC 1	<input style="width:95%; height:20px;" type="text" value="Physical Disability"/>	UDC 4	<input style="width:95%; height:20px;" type="text" value="Summer Camp"/>	UDC 7	<input style="width:95%; height:20px;" type="text" value="Swim Lessons"/>	UDC 10	<input style="width:95%; height:20px;" type="text" value="Soccer"/>	UDC 13	<input style="width:95%; height:20px;" type="text" value="Childcare"/>
UDC 2	<input style="width:95%; height:20px;" type="text" value="POC"/>	UDC 5	<input style="width:95%; height:20px;" type="text" value="Track"/>	UDC 8	<input style="width:95%; height:20px;" type="text" value="Jr. NBA"/>	UDC 11	<input style="width:95%; height:20px;" type="text" value="Flag Football"/>	UDC 14	<input style="width:95%; height:20px;" type="text"/>
UDC 3	<input style="width:95%; height:20px;" type="text" value="21st Century"/>	UDC 6	<input style="width:95%; height:20px;" type="text" value="Future Stars"/>	UDC 9	<input style="width:95%; height:20px;" type="text" value="Community Service"/>	UDC 12	<input style="width:95%; height:20px;" type="text" value="Swim Team"/>	UDC 15	<input style="width:95%; height:20px;" type="text"/>

I have read the completed application, understand the rules of the Boys & Girls Club and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Boys & Girls Club will not be responsible for any accident/incident to the boy/girl while on the Boys & Girls Club premises or while engaged in any of its activities away from the Boys & Girls Club. I give my consent for photographs, interviews, and press releases, in which my son/daughter may appear, to be used at the Boys and Girls Club discretion. I hereby grant the Club permission to admit to the hospital for emergency care the above named child. I grant permission to any hospital or medical facility selected by adult leaders, to carry out whatever treatment, surgery, or anesthesia that is deemed necessary by the physicians or the staff. I also give permission for the school district to release reports cards and educational, behavioral, and attendance data to the Seaford Boys & Girls Club and the Boys & Girls Club of Delaware for the purpose of data collection and analysis. I also understand that the Club has an open door policy and not be held responsible for my child leaving the premises. General membership hours differentiate between the school year and the summer. During the summer, the club is open for licensed child care participants only.

_____ / _____ / _____
 Parent Signature Member Signature Date