

GREAT FUTURES START HERE.



MEMBERSHIP APPLICATION <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL		
APPLICANT INFORMATION		
Child's First Name:	Child's Middle Name:	Child's Last Name:
Birth Date (MM/DD/YY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone:
Current address:		
City:	State:	ZIP Code:
School:	Grade:	School District:
T-Shirt Size	Member Email:	
PARENT/GUARDIAN INFORMATION		
① Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship:
Employer or School Attending	Address	City, State Zip
Phone #1: <u> </u> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone #2: <u> </u> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone #3: <u> </u> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
① PARENT'S EMAIL ADDRESS:		
② Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship:
Employer or School Attending	Address	City, State Zip
Phone #1: <u> </u> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone #2: <u> </u> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone #3: <u> </u> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
② PARENT'S EMAIL ADDRESS:		
EMERGENCY CONTACT/AUTHORIZED PICK UP		
① Name - (other than parent)	Relationship:	<input type="checkbox"/> Emergency Only <input type="checkbox"/> Pick Up Only <input type="checkbox"/> Both
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Phone #1: <u> </u> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone #2: <u> </u> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone #3: <u> </u> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
② Name - (other than parent)	Relationship:	<input type="checkbox"/> Emergency Only <input type="checkbox"/> Pick Up Only <input type="checkbox"/> Both
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Phone #1: <u> </u> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone #2: <u> </u> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone #3: <u> </u> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

MEMBERSHIP APPLICATION

NEW RENEWAL

Child's
First Name:

Child's
Middle Name:

Child's
Last Name:

AUTHORIZATION FOR MEDICAL CARE

I do hereby authorize Herbert Hoover Boys & Girls Club to secure and authorize emergency medical treatment as child listed on the application might require while under the supervision of said provider. I also agree to pay all the costs and fees contingent on emergency medical care or treatment for this person as secured or authorized under this consent. I authorize my child to be taken to the nearest medical facilities for care, although my preferred providers are listed below. I do hereby indemnify and hold harmless the physician, hospital, and other persons who act in reliance upon this authorization.

Note: Every effort will be made to notify the parents/guardians in case of an emergency. In the event of an emergency, it will be necessary to have the following:

Physician/Clinic Name

Physician/Clinic Phone

Insurance

Insurance Policy Number

Preferred Hospital

Hospital Phone Number

HEALTH REPORT

Please provide information regarding your child's health history and any current health problems. Please list any allergies and special medical conditions, including chronic health problems.

Please list any current medication your child is taking:

Signature of Parent or Legal Guardian:

Date:



OFFICE USE ONLY

Receipt Number:

Amount Paid \$ _____

Staff:

Cash Check # _____

HealthCare USA STL City Scholarship Harmony

Other program _____ Self-Paid

Unit:

Child's First Name:	Child's Middle Name:	Child's Last Name:
SELF-IDENTIFICATION INFORMATION		
Completion of this information is voluntary and is not a requirement of membership. This information will in no way affect the decision regarding your membership application. The information will be kept confidential. We hope that you will complete this form to assist us in recording information for statistical reports that we are obliged to file periodically with various funding agencies.		
CHILD'S RACE/ETHNICITY INFORMATION		
<input type="checkbox"/> African American or Black <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Non-White Hispanic or Latino <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Caucasian or White <input type="checkbox"/> Bi-Racial or Multi-Ethnic		
ANNUAL HOUSEHOLD INCOME INFORMATION		
Please indicate with an "X"		
<input type="checkbox"/> 0-9,999 <input type="checkbox"/> 10,000-14,999 <input type="checkbox"/> 15,000 - 19,999 <input type="checkbox"/> 20,000-24,999 <input type="checkbox"/> 25,000-29,999 <input type="checkbox"/> 30,000-39,999 <input type="checkbox"/> 40,000 -49,999 <input type="checkbox"/> 50,000-99,999 <input type="checkbox"/> 100,000 and Greater		
Please check all programs that apply:		
<input type="checkbox"/> TANF <input type="checkbox"/> SSDI <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance <input type="checkbox"/> School Lunch Program <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Veterans' Compensation		
PARENT/GUARDIAN'S MILITARY INFORMATION		
Is parent/guardian a member of: <input type="checkbox"/> Active Military <input type="checkbox"/> Reserve Military <input type="checkbox"/> None		
LIVING ARRANGEMENTS INFORMATION		
Member lives with: <input type="checkbox"/> both parents <input type="checkbox"/> mother only <input type="checkbox"/> father only <input type="checkbox"/> guardian		
Does your child live with a grandparent? <input type="checkbox"/> yes <input type="checkbox"/> no		
Number of people in household: _____		
REQUIRED RELEASE INFORMATION		
<p>I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge Herbert Hoover Boys & Girls Club and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.</p> <p><u>School Information</u> I give my permission to Herbert Hoover Boys & Girls Club and my child's school district to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in Herbert Hoover Boys & Girls Club, and in life. This release is valid for one year and may be revoked at any time by contacting the school district or Herbert Hoover Boys & Girls Club in writing.</p> <p><u>Surveys and Questionnaires</u> I, the parent/guardian of the minor child listed on this application, give permission for Herbert Hoover Boys & Girls Club to survey my child about his or her Club experience and behaviors, skills and attitudes using Boys & Girls Clubs of America's National Outcomes surveys or other survey instruments.</p> <p><u>Technology</u> As a member of Herbert Hoover Boys & Girls Club, your child will have access to the Internet. While precautions are being taken, it is possible that s/he may access inappropriate sites. Herbert Hoover Boys & Girls Club will have rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access.</p> <p><u>Photos/Media</u> I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by Herbert Hoover Boys & Girls Club and its activities.</p> <p><u>Miscellaneous</u> I understand that Herbert Hoover Boys & Girls Club is not responsible for lost or stolen items. Parents and Club members are responsible for their own transportation to and from the Club. As a drop-in facility, we are not responsible for Club members' whereabouts. I also understand that the Club is not, nor claims to be, a licensed day care center.</p> <p>I give my permission to Herbert Hoover Boys & Girls Club to share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by Herbert Hoover Boys & Girls Club including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.</p> <p>I have read the completed application and this form, agree that membership is governed by the rules of Herbert Hoover Boys & Girls Club, and request that my child be admitted into membership</p>		
Signature of Parent or Legal Guardian:		Date:

