

PD _____ KT _____

ORRVILLE AREA BOYS AND GIRLS CLUB
Membership Application
September 1, 2009- August 31, 2010

Name: _____ Gender _____ Age _____ DOB _____
Address: _____ Phone: _____
School Attending: _____ Grade: _____

Is member on FREE or REDUCED lunches at school? YES or NO (circle one)

Child Lives With (circle all that apply)	Family Income Level (circle one)	Member's Ethnicity (please circle one)
Mother _____ Father _____ Grandparent _____ # of Siblings _____ Other: _____	Below \$4,999 _____ \$5,000-\$9,999 _____ \$10,000-\$19,999 _____ \$20,000-\$39,999 _____ \$40,000-\$59,999 _____ Over \$60,000 _____	Caucasian _____ African-American _____ Asian _____ Hispanic _____ Laotian _____ Multi Racial _____ Other: _____

Parent/Guardian#1

Name: _____ Relationship: _____ Home Ph: _____
Employer: _____ Title: _____ Work Ph: _____
Email: _____ Cell Ph: _____

Parent/Guardian#2

Name: _____ Relationship: _____ Home Ph: _____
Employer: _____ Title: _____ Work Ph: _____
Email: _____ Cell Ph: _____

Emergency Medical Care

I grant permission for my children to become a member of the Orrville Area Boys and Girls Club and to participate in the Club's programs. In the event that neither I, nor a person listed below, can be reached in an emergency, I authorize the attending physician to administer proper and necessary treatment for the safety of my child.

Parent/Guardian Signature _____ Date: _____

Name of Family Doctor _____ Phone: _____

If a parent or guardian cannot be reached please contact:

1. Name: _____ Phone: _____ Alt. Phone _____

2. Name: _____ Phone: _____ Alt. Phone _____

Medical Fact/History: (Please list allergies, medications, and physical impairments)

Educational Record, Program Services, and Publicity

(Please check if you agree)

- ____ I herby grant permission to the Club to obtain my child's grades for program purposes.
 ____ I herby grant permission to the Club to ask my child to complete surveys that help evaluate the programs.
 ____ I herby grant permission to the Club to use photographs of my child for publicity purposes.

Liability Release

I herby grant permission for my child to become a member of the Orrville Area Boys and Girls Club, Inc. and to participate in the Club's programs. I agree not to hold the Orrville Area Boys and Girls Club responsible for any accident or injury or property damage incurred while using the Boys and Girls Club facilities or engaged in off-site activities, and further agree to not hold them responsible for any loss, cost, or expense arising out of any accident or injury sustained on their premises or engaged in off-site Club activities, or from the use of any of their equipment.



Parent/Guardian Signature: _____ **Date:** _____