

MEMBERSHIP APPLICATION

Boys & Girls Clubs of Southern Maryland



ALL SECTIONS MUST BE COMPLETED TO JOIN THE CLUB. INCOMPLETE APPLICATIONS WILL BE REJECTED.

Unit Name: _____

First Name: _____ Middle: _____ Last: _____

Nickname: _____

Gender: M F Ethnicity: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Military Dependant? No Yes, Military Sponsor's Name: _____

School Information: School Lunch Level: Free

Current Teacher: _____ Reduced

School: _____ City, State: _____ Grade: _____ None

If member is not registered in a Maryland school, you must furnish BGCSM required records of immunization, contraindication statement from member's physician or exemption by religious belief statement before child can be admitted to the program.

Household: *NOTE: This information is collected for Grant writing purposes ONLY and is MANDATORY*

Member lives with: Mom Step Mom Dad Step Dad Grandparent Other: _____

Housing Development: _____

Annual	\$0 - \$5000 <input type="checkbox"/>	\$30,001 - \$35,000 <input type="checkbox"/>	\$60,001 - \$65,000 <input type="checkbox"/>
Income	\$5001 - \$10,000 <input type="checkbox"/>	\$35,001 - \$40,000 <input type="checkbox"/>	\$65,001 - \$70,000 <input type="checkbox"/>
Level:	\$10,001 - \$15,000 <input type="checkbox"/>	\$40,001 - \$45,000 <input type="checkbox"/>	\$70,001 - \$75,000 <input type="checkbox"/>
	\$15,001 - \$20,000 <input type="checkbox"/>	\$45,001 - \$50,000 <input type="checkbox"/>	\$75,001 - \$80,000 <input type="checkbox"/>
	\$20,001 - \$25,000 <input type="checkbox"/>	\$50,001 - \$55,000 <input type="checkbox"/>	\$80,001 - \$85,000 <input type="checkbox"/>
	\$25,001 - \$30,000 <input type="checkbox"/>	\$55,001 - \$60,000 <input type="checkbox"/>	\$85,001 - \$90,000+ <input type="checkbox"/>

Number in Household: _____

Current Single Parent: Yes No

Sibling Name: _____ Age: _____ Grade: _____ School: _____

Sibling Name: _____ Age: _____ Grade: _____ School: _____

Sibling Name: _____ Age: _____ Grade: _____ School: _____

Sibling Name: _____ Age: _____ Grade: _____ School: _____

Sibling Name: _____ Age: _____ Grade: _____ School: _____

Medical Information:

Doctor Name: _____ Doctor Phone: _____

Serious Health Problems Including Psychological or Behavioral: Yes No If Yes, explain: _____

Medications: Yes No If Yes, explain: _____

Allergies: _____ Date of Last Tetanus Immunization: ____/____/____

Is member missing any immunization because of medical contraindication or exemption by religious belief? ____

Physical:

Eye Color: _____ Hair Color: _____ Skin Color/Features: _____

Height: _____ Weight: _____ T-Shirt Size: _____

Contacts:

PRIMARY CONTACT

SECONDARY CONTACT

Parent/Guardian

Parent/Guardian

Authorized to Pickup Member

Authorized to Pickup Member

Relationship to Member: _____

Relationship to Member: _____

Name: _____

Name: _____

DOB: ____/____/____

DOB: ____/____/____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Work Address: _____

Work Address: _____

Address H: _____

Address H: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Email: _____

Email: _____

Disclaimer:

By signing this membership form the parent/guardian gives permission for their child to attend the Boys & Girls Clubs of Southern Maryland. You give permission for your child to gain access to the internet, to participate in health & life skills training, to perform community service, to swim and play indoor/outdoor sports, to participate in leadership and educational programs, and to participate in the performing arts and arts & crafts projects. You give BGCSM permission to access your child's school records including but not limited to grade reports. You agree to BGCSM's Acceptable Use Policy for Technology. You further give permission to the Club to use your child's photo or electronic image in promotional and public relations materials.

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

Member's Signature: _____ **Date:** ____/____/____

FOR OFFICE USE ONLY

Membership #: _____ Entry Date: _____

Expiration Date: _____ New/Renewal Member: _____ Processed by: _____