



**BOYS & GIRLS CLUB OF NOBLESVILLE**

317-773-4372 • www.bgcni.org • 1700 Conner St., Noblesville



**MEMBERSHIP APPLICATION**

**FOR STAFF USE ONLY:** Date Joined \_\_\_\_\_ New Member \_\_\_\_\_ Renewal \_\_\_\_\_ Dues Paid \$ \_\_\_\_\_ Entered By: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_ Sex: \_\_\_\_\_ Race \_\_\_\_\_ Hispanic: \_\_\_Yes \_\_\_No

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Sex: \_\_\_\_\_ Race \_\_\_\_\_ Hispanic: \_\_\_Yes \_\_\_No

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Sex: \_\_\_\_\_ Race \_\_\_\_\_ Hispanic: \_\_\_Yes \_\_\_No

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Household Type:  Mother Only  Mother & Father  Mother & Stepfather  Relatives  
 Father Only  Guardians  Father & Stepmother  Other \_\_\_\_\_ (Specify)

Total number of individuals living in your household \_\_\_\_\_ Active Duty Military  Does your child qualify for the free/reduced lunch program?  Yes  No

Family Income\* *\*This information is REQUIRED for the Club to obtain funding as a Non-Profit Agency and to keep our fees low.*

*This information is completely confidential. Your cooperation in providing this information is both necessary and appreciated*

\$0-\$23,800  \$23,801-\$32,000  \$32,001-\$40,500  \$40,501-\$48,500  \$48,501-\$57,000  \$57,001-\$65,000  \$65,001-\$73,500  \$73,501+

Name of Father/Guardian I live with \_\_\_\_\_

E-mail \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Mother/Guardian I live with \_\_\_\_\_

E-mail \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In Case of Emergency when Parents/Guardians are not available:

Please notify \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE COMPLETE REVERSE SIDE**

**TO BE FILLED OUT BY PARENT / GUARDIAN**

Will your child be riding the bus to the Club after school? \_\_\_YES \_\_\_NO

I would like to receive text alerts to the cell numbers provided. Cell # \_\_\_\_\_

Does this child have any physical condition or health problem that our staff should be aware of?

YES  NO If yes, please explain: \_\_\_\_\_

**PLEASE READ, COMPLETE AND SIGN THE FOLLOWING:**

I/We understand (child's name) \_\_\_\_\_ may, while on the premises of the Boys & Girls Club of Noblesville, or during Club activity, become ill or injured, and that it may be impractical to notify me/us prior to a) administering first aid or b) securing emergency medical attention. I/We therefore authorize the Club and its agents and employees to render such first aid and/or seek such emergency medical attention and authorize Hospital or any Physician selected by the Club to render such services.

**PARENT/GUARDIAN WAIVER:** I/We understand that the Boys & Girls Club of Noblesville does not carry insurance covering my child's participation in this activity. I accept financial responsibility for any injury, which may occur, and agree to hold blame-less the directors, officers, staff and volunteers of the Boys & Girls Club of Noblesville against any and all litigation that may arise from my child's participation in this activity.

**PHOTO-PUBLICITY RELEASE** - Periodically, the media will cover activities at the Boys & Girls Club of Noblesville. By signing below, you are giving the media and the Boys & Girls Club of Noblesville permission to use your child's name and/or picture in the publicity.

**MEALS TO MEMBERS PERMISSION:**

I give my child(ren) permission to participate in Meals to Members for this membership Year. I understand that the meal schedule is subject to change. **(Initial For Yes)** \_\_\_\_\_

**Food Allergies** (Please List) \_\_\_\_\_

By signing below, I agree to have received the parent/member handbook, and I agree to BGCN's policies and procedures.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_