Lubbock Boys & Girls Club Membership Application

			JOHN WILSO	N TALKING		HALLOWATER
First Name:		Middle:		Last:		
Gender: M F	Ethnicity:		DOB:		AGE;	*****
Address:		City		State	Zip_	
Parent's/Guardian's Names:						
Parent's/Guardian's Phone:		Cell: _		Email:		
Emergency Cor	ntacts:					
Name/Relationship	Phone/Cell#:		Phone/Cell#:			
Name/Relationship	Phone/Cell#:		Phone/Cell#:			
Name/Relationship	Pho	one/Cell#:		Phone/Ceil#		
School Informa	tion:	0000000000000000000000000000000000000	m 1 - 10-01 (1)		III 112 444111 - 118161 1111	***************************************
Current Teacher:				_Do you qualify for Free	/Reduced Luncl	n?
School:		- Thirting to the state of the	Grade;			
Medical Informa						
Serious Health Problems:	14 100,000					
				Hospital		
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Permission for Treatment by						
Permission for Treatment by	Doctor/Hospital:	_YesNo	Medicaid:Ye	sNo Medications		
Permission for Treatment by		_YesNo	Medicaid:Ye	sNo Medications		
Permission for Treatment by Household:	Doctor/Hospital:	_YesNo	Medicaid:Ye	sNo Medications	s:YesN	o If Yes, explain:
Permission for Treatment by Household: Member lives with:Mom	Doctor/Hospital: NOTE: This informStep MomDa	_YesNo nation is collected adStep Dad	Medicaid:Ye for Grant writing GrandparentF	sNo Medications purposes ONLY oster parent(s) Oth	er	o If Yes, explain:
Permission for Treatment by Household: Member lives with:Mom Current Head of Household:	Doctor/Hospital:	_YesNo nation is collected adStep DadMale	Medicaid:Ye for Grant writing GrandparentF Both	sNo Medications purposes ONLY oster parent(s) Other Current Single Paren	ert:	o If Yes, explain:
Permission for Treatment by Household: Member lives with:Mom Current Head of Household: Physical: Eye Color	NOTE: This inform Step MomDa Female Hair	_YesNo mation is collected adStep DadMale Color:	Medicaid:Ye I for Grant writing GrandparentF Both Skin Color /F	ourposes ONLY oster parent(s) Oth Current Single Paren	er\t:\	o If Yes, explain: /esNo Weight:
Permission for Treatment by Household: Member lives with:Mom Current Head of Household: Physical: Eye Color Member of other groups	Doctor/Hospital:	_YesNo mation is collected adStep DadMale Color:s/Girl Scouts	Medicaid:Ye for Grant writing GrandparentF Both Skin Color /F School Club	sNo Medications purposes ONLY oster parent(s) Othe Current Single Paren eatures h	er	o If Yes, explain: /esNo Weight:
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