

Lubbock Boys & Girls Club

Membership Application

Circle Club Name: TED PHEA MAHOMES JOHN WILSON TALKINGTON SHALLOWATER

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 Contacts:

Name/Relationship: _____ **Phone/Cell#:** _____ **Phone/Cell#:** _____

Name/Relationship: _____ **Phone/Cell#:** _____ **Phone/Cell#:** _____

Name/Relationship: _____ **Phone/Cell#:** _____ **Phone/Cell#:** _____

School Information:

Current Teacher: _____ **Do you qualify for Free/Reduced Lunch?** _____

School: _____ **Grade:** _____

Medical Information: **Doctor Name:** _____ **Doctor Phone:** _____

Serious Health Problems: ___ Yes ___ No **If Yes, explain:** _____ **Date of Last Medical Exam:** _____

Does your family have health and/or accident insurance: ___ Yes ___ No **Preferred Hospital:** _____

Permission for Treatment by Doctor/Hospital: ___ Yes ___ No **Medicaid:** ___ Yes ___ No **Medications:** ___ Yes ___ No **If Yes, explain:** _____

Household:

NOTE: This information is collected for Grant writing purposes ONLY

Member lives with: ___ Mom ___ Step Mom ___ Dad ___ Step Dad ___ Grandparent ___ Foster parent(s) ___ Other _____

Current Head of Household: _____ **Female** _____ **Male** _____ **Both** _____ **Current Single Parent:** _____ **Yes** _____ **No** _____

Physical: **Eye Color:** _____ **Hair Color:** _____ **Skin Color /Features:** _____ **Height:** _____ **Weight:** _____

Member of other groups? ___ Boy Scouts/Girl Scouts ___ School Club ___ YMCA or YWCA ___ Church Group ___ Other _____

Reason for joining Clubs: _____ **Fun** _____ **Learning** _____ **Sports** _____ **Other:** _____

Disclaimer:

I have read the completed application. My child and I understand the rules of the Boys & Girls Clubs and request that my child be admitted into membership. I understand the Open Door Policy allows my child to come and go at will and that the program is not a licensed day care center through the TDFPS. I give my consent for photographs of my child to be used in promotional materials by the Boys & Girls Clubs and their affiliates. We agree to the Acceptable Technology Use Policy and the Members No Personal Device Policy which includes Cell phones, laptops, iPads, etc.

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

FOR OFFICE USE ONLY

Membership #: _____ **Amount Paid \$:** _____

Entry Date: _____ **Expiration Date:** _____ **Date Paid:** _____

New/Renewal Member: _____ **Birth Certificate on File** _____ **Processed by:** _____