



Member Information

<b>Last Name:</b>		<b>First Name:</b>		<b>MI:</b>
<b>Race:</b>		<b>Date of Birth:</b>	<b>School:</b>	
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Asian	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Can Walk Home:</b>
<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<b>Lunch Program:</b> <input type="checkbox"/> Free or Reduced		<input type="checkbox"/> Yes
<input type="checkbox"/> Native American	<input type="checkbox"/> Other	<input type="checkbox"/> Paid @ 100%		<input type="checkbox"/> No
<input type="checkbox"/> Declined to Answer				
<b>Home Address:</b>				
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>	

Parent / Guardian Information

<b>Parent / Guardian</b>				
<b>Relationship to Child:</b>		<b>Last Name:</b>		<b>First Name:</b>
<b>Household Income :</b> (This information is important for Grant Applications.)		<b>Contact Phone Number:</b>		<b>Indicate if in the Military:</b>
<input type="checkbox"/> \$0 - \$10,000	<input type="checkbox"/> \$20,000 - \$30,000	<b>Phone Type:</b> (Cell preferred)		<input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>Mother</b>
<input type="checkbox"/> \$10,000 - \$15,000	<input type="checkbox"/> \$30,000 - \$40,000	<input type="checkbox"/> <b>Cell</b> <input type="checkbox"/> <b>Landline</b>		<b>Branch of Service:</b> Air Force                  Army Marines                    Navy Coast Guard               Reserves National Guard
<input type="checkbox"/> \$15,000 - \$20,000	<input type="checkbox"/> Over \$40,000	<b>Please send Me Text Notifications:</b>		
<input type="checkbox"/> Declined to Answer		<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Parent / Guardian</b>				
<b>Relationship to Child:</b>		<b>Last Name:</b>		<b>First Name:</b>
<b>Contact Phone Number:</b>		<b>Phone Type:</b> (Cell preferred)		<b>Send Me Text Notifications:</b>
		<input type="checkbox"/> <b>Cell</b> <input type="checkbox"/> <b>Landline</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Notes:</b>				

Medical Emergency Information

<b>Disabilities:</b>	<b>Medications:</b>	<b>Allergies:</b>

## Emergency Contact Information

Emergency Contact #1 (If parent/guardian cannot be reached)		
Relationship to Child:	Last Name:	First Name:
Notes:	Contact Phone Number:	Type of Phone: (Cell preferred)
		<input type="checkbox"/> Cell <input type="checkbox"/> Landline

Emergency Contact #2 (If parent/guardian cannot be reached)		
Relationship to Child:	Last Name:	First Name:
Notes:	Contact Phone Number:	Type of Phone: (Cell preferred)
		<input type="checkbox"/> Cell <input type="checkbox"/> Landline

### I Grant Permission For:

- The child listed on this Membership Enrollment form to become a member of the Boys & Girls Club of Paris;
- The Boys & Girls Club to administer First Aid or Emergency treatment procedures to the child if necessary;
- The Boys & Girls Club to use photos of Club activities including my child in promotion and recognition of the Club and its members.

### I Understand That:

- The Boys & Girls Club has a "Come & Go" policy and is not responsible for time or manner in which my child may arrive or leave the Club. It is my responsibility for dropping off and picking up my child promptly and according to the hours of operation of the Club;
- it is my responsibility to notify the Club staff to update phone numbers, addresses, emergency contact information, etc. as necessary;
- all precautions for my child's safety will be taken and that we will not hold the Club, its Board of Directors, Staff or Volunteers responsible for any injuries while on the Club premises or function;
- the Boys & Girls Club is NOT responsible for the Loss, Theft, or Damage of property;
- The Club has a no refund policy for membership, programs and activity fees, which may be included in our athletic programs.

### School Grade Reports:

Our organization believes we are helping improve the lives of our Club members. When applying for various grants, it is beneficial to report data to help support the programs we provide, i.e. after school homework assistance.

Therefore, we'd like to ask your permission to have access to your child's grade reports from the school they attend to be used for this purpose and, if possible to support their academic efforts in school.

Yes, I give my permission to the **Boys & Girls Club of Paris** to receive grade reports for my child,

\_\_\_\_\_, from \_\_\_\_\_ School's Administration.

Print Child's Name

Print Name of School

Online student record: Login \_\_\_\_\_ Password \_\_\_\_\_

Parent/Guardian **Signature**: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian **Printed Name**: \_\_\_\_\_