



# Membership Application

**BOYS & GIRLS CLUB**  
Of Western Benton County

Number: \_\_\_\_\_  
Paid: \_\_\_\_\_  
Date: \_\_\_\_\_  
Initials: \_\_\_\_\_  
Membership Expires:  
12/31/ \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_ If you would like to receive information via e-mail

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Sex  
Race  Female  Male

- African American
- Asian
- Caucasian
- Hispanic
- Multi-Racial
- Native American

Grade: \_\_\_\_\_  
School: \_\_\_\_\_

### Emergency Contact (Other than Guardian/Parent)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Number of Brothers: \_\_\_\_\_ Ages: \_\_\_\_\_

Number of Sisters: \_\_\_\_\_ Ages: \_\_\_\_\_

### Do you live with your: (Check all that apply)

- Mom  Dad  Grandparent
- Step Mother  Step Father  Other

### Guardian/Parent 1

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

### Guardian/Parent 2

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Dr. Phone: ( ) \_\_\_\_\_

Any Serious Health Problems (including allergies and/or use of medications):  Yes  No

If yes, please explain: \_\_\_\_\_

Gross Monthly Income (circle one) 0-1000 1001-1500 1501-2000 2001-2500 2501 and Up

My Child has permission to be used in public relations materials (circle one) Yes No

Are you a first time member?  Yes  No

Reason for joining:  Fun  Learning  
 Sports  Other \_\_\_\_\_

I hereby give my permission for my child to become a member of the Boys & Girls Club of Western Benton County. I understand that the Boys & Girls Club of Western Benton County will make every effort to keep my child from leaving the Club building without permission, however, I also understand that the Club is not a daycare center and is not responsible for the time or manner in which my child may arrive or leave the Club.

I (We) permit and authorize Boys & Girls Club of Western Benton County staff member at 827 W. Harvard, Siloam Springs, AR or 401 Charlotte St. S.E., Gravette, AR, to allow necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine. I understand that care for injuries that my occur during my child's active participation in Boys & Girls Club of Western Benton County, are the responsibility of myself, my family and/or my insurance. I understand that the Boys & Girls Club of Western Benton County does not supply insurance for my child.

Signature of Parent/Guardian \_\_\_\_\_

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