



BOYS & GIRLS CLUB
OF TUCSON

MEMBERSHIP APPLICATION

APLICACIÓN PARA AFILIACIÓN

FEM HT JVC PY RD SD

FOR ADMIN USE ONLY:

RENEW NEW

INITIAL JOIN DATE: ID#

MEMBER INFORMATION / INFORMACIÓN DE MIEMBRO

FIRST NAME/NOMBRE:	LAST NAME/APELLIDO:	<input type="checkbox"/> BOY HOMBRE	<input type="checkbox"/> GIRL MUJER
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ETHNICITY / ORIGEN ETNICO	BIRTH DATE / DIA DE NACIMIENTO:	AGE
<input type="checkbox"/> AFRICAN AMERICAN / AFRICANO AMERICANO <input type="checkbox"/> ASIAN / ASIANO <input type="checkbox"/> CAUCASIAN / ANGLO <input type="checkbox"/> HISPANIC / HISPANO <input type="checkbox"/> MULTI-RACIAL <input type="checkbox"/> NATIVE AMERICAN / NATIVO AMERICANO <input type="checkbox"/> OTHER	MONTH / MES DAY / DIA YEAR / AÑO <small>(BIRTH CERTIFICATE MAY BE REQUIRED FOR UNDER 10 YEARS OF AGE) (EL CERTIFICADO DE NACIMIENTO SE PUEDE REQUERIR PARA BAJO 10 ANOS DE EDAD)</small>	

HOME ADDRESS / DOMICILIO	CITY/CIUDAD	STATE / ESTADO	ZIP / CODIGO

HOME PHONE / NUMERO DE TELEFONO	SCHOOL / ESCUELA	GRADE / GRADO	GRADUATION YEAR / AÑO DE GRADUACION

HOUSEHOLD INFORMATION/MEMBER LIVES WITH / MIEMBRO VIVEN CON:	SINGLE PARENT
<input type="checkbox"/> MOTHER/MADRE <input type="checkbox"/> FATHER/PADRE <input type="checkbox"/> GRANDPARENT/ABUELOS <input type="checkbox"/> OTHER PLEASE INDICATE:	<input type="checkbox"/> YES <input type="checkbox"/> NO

ANNUAL HOUSEHOLD INCOME / INGRESO ANUAL DEL HOGAR (CHECK ONE/MARQUE UNO)	# IN HOUSEHOLD: PERSONAS EN FAMILIA
<input type="checkbox"/> 0-\$5,000 <input type="checkbox"/> \$5,001-10,000 <input type="checkbox"/> \$10,001-15,000 <input type="checkbox"/> \$15,001-25,000 <input type="checkbox"/> \$25,001-30,000 <input type="checkbox"/> \$30,001-50,000 <input type="checkbox"/> \$50,001-UP	

FREE / REDUCED SCHOOL LUNCH / ALMUERZO GRATIS	TRIBAL AFFILIATION	TANF
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO TRIBAL NAME:	<input type="checkbox"/> YES <input type="checkbox"/> NO

#1 - EMERGENCY CONTACT / INFORMACIÓN EN CASO DE EMERGENCIA

FIRST NAME / NOMBRE	LAST NAME / APELLIDO	CONTACT PHONE / NUMERO DE CONTACTO:	<input type="checkbox"/> HOME/HOGAR <input type="checkbox"/> CELL/CELLULAR <input type="checkbox"/> WORK/TRABAJO
RELATIONSHIP TO MEMBER / RELACIÓN: <input type="checkbox"/> MOTHER/MADRE <input type="checkbox"/> FATHER/PADRE <input type="checkbox"/> RELATIVE / PARIENTE <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER			

#2 - EMERGENCY CONTACT / INFORMACIÓN EN CASO DE EMERGENCIA

FIRST NAME / NOMBRE	LAST NAME / APELLIDO	CONTACT PHONE / NUMERO DE CONTACTO:	<input type="checkbox"/> HOME/HOGAR <input type="checkbox"/> CELL/CELLULAR <input type="checkbox"/> WORK/TRABAJO
RELATIONSHIP TO MEMBER / RELACIÓN: <input type="checkbox"/> MOTHER/MADRE <input type="checkbox"/> FATHER/PADRE <input type="checkbox"/> RELATIVE / PARIENTE <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER			

MEDICAL INFORMATION / INFORMACIÓN MEDICA - SPECIAL NEEDS / HEALTH ISSUES? If YES, explain (alergias o problemas de salud)

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MOTHER / MADRE / GUARDIAN

FIRST NAME / NOMBRE	LAST NAME / APELLIDO	CONTACT PHONE / NUMERO DE CONTACTO:
<input type="checkbox"/> PRIMARY CONTACT / CONTACTO PRIMARIO	<input type="checkbox"/> EMERGENCY CONTACT / CONTACTO DE EMERGENCIA	<input type="checkbox"/> HOME/HOGAR <input type="checkbox"/> WORK/TRABAJO <input type="checkbox"/> CELL/CELULAR
EMPLOYER / EMPLEADOR:	OCCUPATION / OCUPACIÓN:	

FATHER / PADRE / GUARDIAN

FIRST NAME / NOMBRE	LAST NAME / APELLIDO	CONTACT PHONE / NUMERO DE CONTACTO:
<input type="checkbox"/> PRIMARY CONTACT / CONTACTO PRIMARIO	<input type="checkbox"/> EMERGENCY CONTACT / CONTACTO DE EMERGENCIA	<input type="checkbox"/> HOME/HOGAR <input type="checkbox"/> WORK/TRABAJO <input type="checkbox"/> CELL/CELULAR
EMPLOYER / EMPLEADOR:	OCCUPATION / OCUPACIÓN:	

MILITARY BRANCH

<input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> DEPT. OF DEFENSE <input type="checkbox"/> RESERVE	MILITARY HOUSEHOLD ONLY
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> BOTH

PARENT PERMISSION:

By signing this membership application, I hereby give permission for my son/daughter:

- ◆ To become a member of the Boys & Girls Clubs of Tucson
- ◆ To participate in its programs, including internet access; and
- ◆ To complete any and all evaluation forms to improve its programs.

Authorization For Emergency Treatment: I hereby give permission to the medical personnel selected by the Boys & Girls Clubs to order x-rays, routine tests, and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Boys & Girls Clubs to hospitalize, secure proper treatment for, and to order injection and/or surgery for my child as named above.

Authorization For Application Review: By my signature below, I hereby give permission for funding sources to review this membership application.

Authorization For Media Release:

I hereby authorize the Boys & Girls Clubs to use my child's name and picture for Boys & Girls Clubs promotional material in print, on the internet and television or video presentations.

I do not authorize the Boys & Girls Clubs of Tucson to use my child's name and picture for any Boys & Girls Clubs promotional material in print, on the internet and television or video presentations.

Open Door Policy:

- ◆ I understand that the Boys & Girls Clubs and its personnel are not responsible for personal injury or loss of property.
- ◆ I understand the "open door policy" which means my child is free to exit the building. The staff does not monitor the door.
- ◆ I understand supervision is not provided before or after club hours.

Date _____ Signed _____
(Parent or Guardian)

MEMBER COMMITMENT:

As a Boys & Girls Clubs member, I promise to practice the **CHARACTER COUNTS** values:

- ◆ RESPECT
- ◆ RESPONSIBILITY
- ◆ HONESTY
- ◆ CARING

Additionally, I agree to the following clubhouse rules:

- ◆ I PROMISE TO TAKE CARE OF MY CLUB PROPERTY.
- ◆ I PROMISE NOT TO SMOKE IN THE BUILDING OR ON THE GROUNDS.
- ◆ I PROMISE TO USE PROPER LANGUAGE AND SHOW RESPECT FOR MYSELF, STAFF AND OTHER MEMBERS.
- ◆ I PROMISE NOT TO "HANG " IN FRONT OF OR OUTSIDE OF THE CLUBHOUSE.
- ◆ I PROMISE TO SHOW MY CARD EACH AND EVERY TIME I ENTER.
- ◆ I PROMISE TO REPLACE OR COVER ANY CLOTHING CONSIDERED BY STAFF TO BE OFFENSIVE OR DISPLAYING WORDS, SYMBOLS OR LOGOS THAT PROMOTE GANGS, DRUGS, ALCOHOL, VIOLENCE, OR RACISM OR I MAY CHOOSE TO LEAVE THE CLUB

If at any time I am asked to return my card, I understand no dues will be refunded to me.

Member's Signature _____ Date _____

OFFICE USE ONLY	
<i>Front Desk Clerk use only:</i>	Date Received _____ <input type="checkbox"/> \$5.00 Membership Fee Paid - Staff Initial _____
	Entered in VISION DB w/Payment _____ Signature _____ Front Desk Staff
<i>Clubhouse Director use only:</i>	<input type="checkbox"/> Discount "Member Special" – Amount Paid: _____ <input type="checkbox"/> Full Scholarship (\$5.00)
	Reason _____ Signature _____ Clubhouse Director