



BOYS & GIRLS CLUBS  
OF TUCSON

# MEMBERSHIP APPLICATION

APLICACIÓN PARA AFILIACIÓN

Parent Signature Required - See Reverse Side

RENEW  NEW  
INITIAL JOIN DATE: ID#

FEM  HT  JVC  PY  RD  SD

**\$10 Membership**

MEMBER INFORMATION / INFORMACIÓN DE MIEMBRO											
FIRST NAME/NOMBRE:				LAST NAME/APELLIDO:				<input type="checkbox"/> BOY HOMBRE		<input type="checkbox"/> GIRL MUJER	
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 AÑOS 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		EMAIL ADDRESS			
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)											
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:					PARENT E-MAIL:						
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:					PARENT E-MAIL:						
MILITARY BRANCH								MILITARY HOUSEHOLD ONLY			
<input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINES <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								<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> BOTH			

Parent Signature Required - See Reverse Side

## 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"/> \$10.00 Membership Fee Paid - Staff Initial _____
Entered in VISION DB w/Payment _____	Signature _____ <small>Front Desk Staff</small>
<i>Clubhouse Director use only:</i>	<input type="checkbox"/> Discount "Member Special" – Amount Paid: _____ <input type="checkbox"/> Full Scholarship (\$10.00)
Reason _____	Signature _____ <small>Clubhouse Director</small>