



\$20 Membership

Roy Drachman Clubhouse, 5901 S. Santa Clara, (520) 741 – 9947

Note: Multiple siblings require separate, individual applications. Membership fees are \$20.00 per child.

Member Information:

Name (First) _____ (Middle) _____ (Last) _____
 Female Male Date of Birth: _____ Age: _____ (birth certificate may be required) Grade (in fall 2015) _____
School _____ High School Graduation Date: _____

Mother/Guardian Information..... check if this is the Member's primary residence

Name (First) _____ (Last) _____ Relationship to Member _____
Address _____ City _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Email _____ Employer _____

Father/Guardian Information..... check if this is the Member's primary residence

Name (First) _____ (Last) _____ Relationship to Member _____
Address _____ City _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Email _____ Employer _____

Emergency Contact Information (if parent/guardian cannot be reached):

#1 Emergency Contact Name _____ Relationship to Member _____
Best Contact Number _____ Home Cell Work
#2 Emergency Contact Name _____ Relationship to Member _____
Best Contact Number _____ Home Cell Work

Medical Information:

Name of Doctor _____ Office Phone Number _____
Health Insurance Company _____ Policy # _____
Medical Restrictions (food allergies, necessary medications, sports restrictions, etc.) _____

Household Information (The following is for **confidential grant purposes only.**):

Member lives with: Mother & Father Mother Only Father Only Grandparent Foster Parent
 Other (Please specify): _____
Member Ethnicity (check one): African American Asian Caucasian Hispanic Multi-Racial
 Pascua Yaqui Tribe Tohono O'odham Tribe Other Native American (Tribal Affiliation: _____)
Is the head of household currently a single parent? Yes No Number of people living in the household: _____
Is there a member of the household in the military? Father Mother Both Branch: _____
Annual Household Income:
 0-\$5,000 \$5,001-\$10,000 \$10,001-\$15,000 \$15,001-\$25,000 \$25,001-\$30,000 \$30,001-\$50,000 \$50,001-UP
Free/Reduced School Lunch: Yes No TANF: Yes No

PARENT/GUARDIAN APPROVAL (please INITIAL each section and then sign at the bottom).

_____ I understand that the Boys & Girls Clubs of Tucson has an “**OPEN DOOR POLICY.**” This means that members are free to enter and leave the Club as they please. It is the responsibility of the parent/guardian to instruct their child as to whether they can leave or not. The Boys & Girls Clubs is not responsible for the check out or keeping children at the facility during any specified period of time.

_____ I give permission for the use of my child’s name, photograph and works of art to publicize the Boys & Girls Clubs of Tucson.

_____ I will not hold the Boys & Girls Clubs of Tucson responsible in case of injury resulting from my child’s activities in the Club programs and in case of an emergency I give consent that emergency first aid is given and that warranted treatment by a doctor or hospital is permitted.

_____ I understand that items brought to the Clubhouse are the responsibility of the child. Boys & Girls Clubs of Tucson is not responsible for any personal items that are lost, stolen or damaged.

_____ I understand that membership is a privilege. I understand that my child is required to follow the rules, as outlined in the Parent/Member Handbook, at all times. Failure to comply with Clubhouse rules and staff may result in suspension or cancellation of membership without refund. I have received a copy of the Parent/Member Handbook. I understand it is my responsibility to read the Parent/Member Handbook, become familiar with its contents, and explain the rules to my child.

_____ I give permission to the Boys & Girls Clubs of Tucson to share information about the minor child listed on this application with the Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program’s effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child’s school or school district, and other information collected by the Boys & Girls Clubs of Tucson, including data surveys or questionnaires. All information provided to BGCA will be kept confidential.

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Tucson, and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

Parent / Guardian Signature

Date

I would be interested in volunteering: Working with Children Data Entry Fundraising Events Administration
Parent/Club Council Front Desk Assistance Special Clubhouse Events Other: _____

Member Commitment:

- I promise to take care of my Club and property by **respecting** staff, volunteers, other members, and equipment.
- I also understand that I am expected to behave respectfully and follow **ALL** Club rules and policies.
- 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, alcohol, drugs, violence, or racism or I may choose to leave the club.
- I understand that breaking the rules and policies may result in suspension or loss of membership privileges.

Member Signature

Date

BGCT USE ONLY					
Date Received	Membership Fee	If Scholarship, Reason	Orientation	Processed By	Entry Date into Visions
	<input type="checkbox"/> Paid <input type="checkbox"/> Partial Scholarship <input type="checkbox"/> Scholarship Amount Paid: _____		Parent Attend: <input type="checkbox"/> No <input type="checkbox"/> Yes Member Attend: <input type="checkbox"/> No <input type="checkbox"/> Yes Staff Initials:		