2018/2019 MEMBERSHIP APPLICATION \$20 Membership



FOR	AD	MIN	USE	ONL	Y:
	72	ш.			

■ NEW ☐ RENEW INITIAL JOIN DATE: ID#:

Frank & Edith **Morton Clubhouse** 3155 E. Grant Rd. (520) 325-8400

Holmes Tuttle Clubhouse 2585 E. 36th St. (520) 622-0694

Jim & Vicki Click Clubhouse 1935 S. Columbus Blvd. (520) 300-5717

Pascua Yaqui Clubhouse 5010 W. Calle Torim (520) 883-8172

Roy Drachman Clubhouse 5901 S. Santa Clara Ave. (520) 741-9947

Steve Daru Clubhouse 1375 N. El Rio Dr. (520) 792-0331

	lultiple siblings require separate, individual applications. Membership fees are \$20.00 per child.					
Member Informa Name (First)	ation: (Middle)(Last)					
	Date of Birth:Age:(birth certificate may be required) Grade (in fall 2018)					
School	High School Graduation Date:Member's Email & Cell Phone:					
Mother/Guardian Information check if this is the Member's primary residence Name (First) (Last) Relationship to Member						
	CityZip					
Home Phone	Cell PhoneWork Phone	Email				
	Employer					
Father/Guardian Information check if this is the Member's primary residence Name (First) (Last) Relationship to Member						
	CityZip					
		 Email				
	Employer					
Emergency Contact Information (if parent/guardian cannot be reached): #1 Emergency Contact Name						
Best Contact Number						
#2 Emergency Contact NameRelationship to Member						
Best Contact Number □Home □Cell □Work						
Medical Informa						
	Office Phone Number	_				
Health Insurance CompanyPolicy#						
,	food allergies, necessary medications, sports restrictions, etc.)					
	rmation (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):	·	,				
□Pascua Yaqui Tribe □Tohono O'odham Tribe □ Other Native American (Tribal Affiliation:)						
Is the head of household currently a single parent? 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:						

^{*}Submit Completed Application with payment at Clubhouse location.*

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/quardian 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: \(\subseteq \text{Working with Children} \) \(\subseteq \text{Data Entry} \) \(\subseteq \text{Fundraising Events} \) \(\subseteq \text{Administration134} \) □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 For Scholarship Orientation Processed By Entry Date into Visions □ Paid Please refer the Parent Attend: ☐ Partial Scholarship parent/guardian to the □No □Yes ☐ Scholarship administration office (as approved by admin) with the filled out Member Attend: scholarship form and □No □Yes Amount Paid: ALL supporting documentation. Staff Initials:

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