

Membership Information Form

BGC of Greater Salt Lake – Salt Lake
669 East 200 South, Suite 100
Salt Lake City, UT 84111
801.322.4411

For Office Use Only:
__New Member __Renewal
Amount Paid:\$ _____
Date: _____

Confidentiality: Any confidential information is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Membership Information (Please Print)

First Name: <input type="text"/>	Middle Name: <input type="text"/>	Last Name: <input type="text"/>
Nick Name: <input type="text"/>	Birth Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	Age: <input type="text"/>
Please select at least one race AND one ethnicity that best represents your child.		
RACE: <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander / Native Hawaiian <input type="checkbox"/> Black / African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian / Alaskan Native		ETHNICITY: <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Non-Hispanic / Latino
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	School: <input type="text"/>	Grade: <input type="text"/>
Household Type: <input type="checkbox"/> Lives w/ both parents <input type="checkbox"/> Single Female head of household <input type="checkbox"/> Other _____ <input type="checkbox"/> Single Male head of household	Family Setting: <input type="checkbox"/> Parents <input type="checkbox"/> Non-Relative Guardian <input type="checkbox"/> Group Home <input type="checkbox"/> Foster Home <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____	

Parent/Guardian (Please Print)

First Name: <input type="text"/>	Last Name: <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Home Address: (Line 1) <input type="text"/> (Line 2) <input type="text"/> (City) <input type="text"/> (State) <input type="text"/> (Zip) <input type="text"/>	Email: <input type="text"/>			
Phone Number: () - <input type="text"/> <input type="text"/>	Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Student ID Number <input type="text"/>		
Family Income: (Please circle category representing the number of people in household and household income)				
2 persons under \$14,749	\$14,750-24,549	\$24,550-29,489	\$29,490-39,300	over \$39,300
3 persons under \$16,599	\$16,600-27,599	\$27,600-33,119	\$33,120-44,200	over \$44,200
4 persons under \$18,399	\$18,400-30,699	\$30,700-36,839	\$36,840-49,100	over \$49,100
5 persons under \$19,899	\$19,900-33,149	\$33,150-39,779	\$39,780-53,050	over \$53,050
6 persons under \$21,349	\$21,350-35,599	\$35,600-42,719	\$42,720-57,000	over \$57,000
7 persons under \$22,849	\$22,850-38,049	\$38,050-45,659	\$45,660-60,900	over \$60,900
8 persons under \$24,299	\$24,300-40,499	\$40,500-48,599	\$48,600-64,850	over \$64,850
Employer: <input type="text"/>	Job Title: <input type="text"/>	Occupation <input type="text"/>		

How did you hear about the Boys & Girls Club?

- Friend
- Newspaper
- Flyer
- Other _____
- School
- Internet
- Referred by other org. _____

Check all that apply:

- TANF
- SSI
- Day Care Voucher
- Medicaid
- General Assistance
- SSDI
- School Lunch Program
- Food Stamps

Medical Information

Medications:

Medical Problems / Allergies:

Physician:

Physician Phone:

Disabilities:

Hospital:

Emergency Contact

Information

1) First Name:

Last Name:

2) First Name:

Last Name:

- Parent
- Guardian
- _____
Relationship _____

- Emergency Contact
- Primary Emergency Contact
- Lives with Member

- Parent
- Guardian
- _____
Relationship _____

- Emergency Contact
- Primary Emergency Contact
- Lives with Member

Phone: _____

Phone: _____

Phone: _____

Phone: _____

I recognize that there is an element of risk in anything out of the home setting including the Boys & Girls Club. My child may be exposed to physical hazards, emotional demands, communicable diseases, weather conditions or other unanticipated events.

I authorize my child to participate in the educational, athletic and recreational programs of the Boys & Girls Club, in any and all field trips away from the Club internet and occasional confidential surveys. On behalf of my minor child, I assume all risks of my child's participation in these programs. I hereby release and agree to hold harmless the Boys & Girls Clubs of Greater Salt Lake, its employees, agents, officers, and all volunteers from any and all liability, loss or damage, actions, claims and demands which I now have or which may hereafter arise from my child's participation in the routine activities of the Boys & Girls Club. This release is intended to be binding upon my heirs, executors or personal representative.

I hereby certify that my child is in normal health and, to my knowledge, is capable of participating safely in the educational, athletic and recreational programs of the Boys & Girls Club.

Should an injury occur to my child during participation in said program, I authorize the Boys & Girls Clubs of Greater Salt Lake to arrange for or to provide emergency medical treatment and to arrange for or provide transportation to the nearest qualified medical facility. I also understand that the Boys & Girls Clubs does not carry medical insurance for members.

I authorize the Boys & Girls Clubs and the United Way of the Great Salt Lake Area to use photos, videotape footage, and/or sound recordings of my child for the purpose of, but not limited to, television, radio, newspaper, billboards, bus covers, videos, printed materials and/or news coverage. Moreover, I hereby waive claim to any rights, residuals or fees in connection with the use of said photo, videotape footage, and /or sound recordings.

Parent of Guardian Signature

Member's Signature (Optional)

Date