



**BOYS & GIRLS CLUBS
OF MANATEE COUNTY**

Office Use Only:

Club: B D P EB HMS
 Vision MTS Number: _____
 Comments: _____

 Date: _____

First Name: Middle Name: Last Name:

Emergency Contact: Emergency Phone & Extension:

Birth Date: Age: Gender: Male Female

Member Status (Check One)
 New Member
 Renewing Member
 Special Member

Ethnicity: (Circle One)
 Caucasian African American Hispanic Asian American
 Multi-Racial Haitian Other

Home Address: City:

State: Zip: Home Phone Number: Name of Person Member Lives With:

Names of Two People Who Are Authorized to Pick-up Club Member:
 1) 2)

School: Grade:

Father's First Name: Father's Last Name: Father's Occupation:

Father's Employer: Father's Work Phone & Extension:

Mother's First Name: Mother's Last Name: Mother's Occupation:

Mother's Employer: Mother's Work Phone & Extension/Dept.:

Guardian's First Name: Guardian's Last Name: Guardian's Occupation:

Guardian's Employer: Guardian's Work Phone & Extension/Dept.:

Member Lives With: (Circle One)
 Both Parents Mother Father Aunt/Uncle Sister/Brother Grandparent Guardian Other _____

Number of Sisters and Step-Sisters: _____ Number of Brothers and Step-Brothers: _____ Household Size: _____

List All Medications Your Child is taking:

Medical Problems/Allergies (Please Print)

Physician: _____

Physician's Phone: _____

Preferred Hospital or Clinic: _____

Hospital/Clinic Phone: _____

Do You Have Insurance: YES NO Insurance Company: _____

Policy Number: _____

Has your child been a member of a Boys & Girls Club previously? YES NO Number of Years: _____

Which Club: _____

List Your Child's Hobbies

Is Your Child a Member in Other Youth Programs? YES NO

Names of Other Programs:

Does Your Child Know How To Swim? (Circle One) YES NO

The following information is necessary for our records and the funding our organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary. (Optional)

Member's Social Security Number
_____ - _____ - _____

Medicaid Number

Family Setting: (Circle One)
1 Parent Family 2 Parent Family Other

My child is currently on the Free or Reduced Lunch Program YES NO

Annual Household Income: (Circle One)

\$10,500-below \$14,001-\$17,500 \$21,001-\$24,500 \$32,001-\$35,000 \$40,001-42,000
\$10,501-\$14,000 \$17,501-\$21,000 \$24,501-\$32,000 \$35,001-\$40,000 \$42,001-above

PERMISSION FORM, RELEASE AND INDEMNITY AGREEMENT

I hereby give my child permission to join the Boys & Girls Clubs of Manatee County, Inc. and to appear in pictures/video of Boys & Girls Club activities to be used for publicity purposes. I understand and agree that if my child must be transported to and from a Boys & Girls Clubs facility, he/she must be picked up by closing time or a late fee may be charged. I further understand and agree that the Boys & Girls Clubs has an open door policy and is not responsible for my child leaving a club without permission. As a parent or guardian of the above child, I approve his/her joining the Boys & Girls Clubs and agree not to hold the Boys & Girls Clubs, its Board of Directors, Officers, Staff or Volunteers responsible and/or liable, and hereby RELEASE, INDEMNIFY AND HOLD THEM HARMLESS from liability for losses of any personal property and for any injuries or accidents suffered by my child at a Club or in connection with membership or participation, including any injury or loss caused by or claimed to be caused by the negligence, whether in whole or in part, of the Boys & Girls Clubs, its directors, officers, employees, or volunteers. In the event that 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, anesthesia, or surgery for my child as named above. I acknowledge that due to Manatee County Childrens Services Advisory Board funding, County employees have the right to review any and all files and I hereby consent to such review.

Parent or Guardian Signature

Date

I wish to become a member of the Boys & Girls Clubs of Manatee County Inc. and if I am accepted I promise to take care of the Boys & Girls Club building, games, equipment and good name. I will not allow any other person to use my membership card. I will be loyal to the Club and will respect all other members of the Boys & Girls Club and Staff at all times. I will be responsible for any equipment destroyed or defaced by me.

Club Member's Signature

Date