

# Membership Information Form

For Office Use Only



## BOYS & GIRLS CLUB OF LINCOLN / LANCASTER COUNTY

855 South 8<sup>th</sup> St  
Lincoln, NE 68508

### Contact (Please Print)

Members First Name:	Members Middle Name:	Members Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Person Member Lives With:	Home Phone Number:	Emergency Contact:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address:	Emergency Phone & Extension:	
<input type="text"/>	<input type="text"/>	
City:	State:	Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Email Address:
		<input type="text"/>

### Demographic

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birthdate: <input type="text"/>	Age: <input type="text"/>	Ethnicity: (Please circle one)
School: <input type="text"/>	Grade: <input type="text"/>	AMERICAN INDIAN OR ALASKA NATIVE    ASIAN    BLACK OR AFRICAN AMERICAN    HISPANIC / LATINO    NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER    TWO OR MORE RACES    WHITE	
<input type="text"/> Elementary	Grade: <input type="text"/>	Family Totals- Sisters: <input type="text"/> Brothers: <input type="text"/> Household: <input type="text"/>	
<input type="text"/> Middle School	Primary Adult(s) Member Lives With: (Please circle one)		
<input type="text"/> High School	Both Parents    Mother    Father Sister/Brother    Grandparents    Guardian Aunt/Uncle    Other _____		<input type="text"/>
Student ID #: <input type="text"/>			
Member before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Years: <input type="text"/>	Name of Club: <input type="text"/>	

### Parent/Guardian

Father's First Name:	Father's Last Name:	Father's Work Phone & Ext:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's Employer:	Father's Occupation:	
<input type="text"/>	<input type="text"/>	
Mother's First Name:	Mother's Last Name:	Mother's Work Phone & Ext:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's Employer:	Mother's Occupation:	
<input type="text"/>	<input type="text"/>	
Guardian's First Name:	Guardian's Last Name:	Guardian's Work Phone & Ext:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Guardian's Employer:	Guardian's Occupation:	
<input type="text"/>	<input type="text"/>	

**Medical/Emergency**

Medical Problems/Allergies: <input style="width:95%; height: 40px;" type="text"/>	Medications: <input style="width:95%; height: 40px;" type="text"/>
Physician: <input style="width:95%; height: 20px;" type="text"/>	Physician Phone: <input style="width:95%; height: 20px;" type="text"/>
Preferred Hospital or Clinic: <input style="width:95%; height: 20px;" type="text"/>	Hospital Phone: <input style="width:95%; height: 20px;" type="text"/>
Insurance Company: <input style="width:95%; height: 20px;" type="text"/>	Insurance Policy Number: <input style="width:95%; height: 20px;" type="text"/>
Can Member swim? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Pick up Information**

Names of <u>two</u> Persons Authorized to pick up Member.	
1.) First Name: <input style="width:95%; height: 20px;" type="text"/>	Last Name: <input style="width:95%; height: 20px;" type="text"/>
2.) First Name: <input style="width:95%; height: 20px;" type="text"/>	Last Name: <input style="width:95%; height: 20px;" type="text"/>
Authorized Password: <input style="width:95%; height: 20px;" type="text"/>	Persons Not Authorized: <input style="width:95%; height: 20px;" type="text"/>

**Notes**

Participation in other Youth Programs: <input style="width:95%; height: 40px;" type="text"/>	Hobbies: <input style="width:95%; height: 40px;" type="text"/>
Nickname: <input style="width:95%; height: 20px;" type="text"/>	Mother's Maiden Name: <input style="width:95%; height: 20px;" type="text"/>

**Confidential** 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.

Member's Social Security Number: <input style="width:95%; height: 20px;" type="text"/>	Medicaid Number: <input style="width:95%; height: 20px;" type="text"/>	Check all that Apply: <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance <input type="checkbox"/> School Lunch <input type="checkbox"/> Vet. Compensation	Child's Family Setting: (Please circle one) <table style="width:100%; text-align: center;"> <tr> <td style="width:50%;">Mother only</td> <td style="width:50%;">Father Only</td> </tr> <tr> <td>1-Parent/1-step</td> <td>Foster Care</td> </tr> <tr> <td>2-Parent family</td> <td>Grandparents</td> </tr> </table>	Mother only	Father Only	1-Parent/1-step	Foster Care	2-Parent family	Grandparents
Mother only	Father Only								
1-Parent/1-step	Foster Care								
2-Parent family	Grandparents								
Annual Family Income: (Please circle one below)		Disability: <input style="width:95%; height: 40px;" type="text"/>							
\$9,000 or below \$9,000 - \$12,000 \$12,001-\$15,000 \$15,001 - \$19,000 \$19,001 - \$23,000 \$23,001 - \$28,000 \$28,001 - \$32,700 \$32,701 - \$42,000 \$42,001 - \$45,000 Over \$45,000		Confidential Information: <input style="width:95%; height: 40px;" type="text"/>							
<input style="width:95%; height: 40px;" type="text"/>		<input style="width:95%; height: 40px;" type="text"/>							

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 Clubs of Lincoln / Lancaster County, Inc. 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.

I give permission to the Boys & Girls Club to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any all costs of medical attention and treatment.

I give my consent for photographs in which my child may appear to be used in any way the Boys & Girls Club may care to use them.

I understand that the Boys & Girls Club is not responsible for lost or stolen items.

I have read the completed application, understanding the rules of the Boys & Girls Club and request that my child be admitted into membership.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Club Member's Signature

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**The Positive Place For Kids**