

GREAT FUTURES START **HERE.**



317 COMINGO, JOPLIN, MISSOURI, 64801 PHONE: 417-623-8072 FAX 417-781-3825

**MEMBERSHIP INFORMATION FORM**

Confidentiality: Any confidential information requested is for our records and for the funding our organization receives. The answers you provide will be kept confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted with an asterisk (\*).

**PARENT INFORMATION (HEAD OF HOUSEHOLD)**

**FIRST NAME:\***  **LAST NAME:\***  **GENDER:\***  Male  Female

**FAMILY INCOME:\*** **HOME ADDRESS:\***

|   |                               |                              |                                 |
|---|-------------------------------|------------------------------|---------------------------------|
| <b>YEARLY INCOME</b><br>____ \$0-8,999<br>____ 9,000-12,999<br>____ 13,000-15,999<br>____ 16,000-19,999<br>____ 20,000-23,999<br>____ 24,000-28,999<br>____ 29,000-32,999<br>____ 33,000-35,999<br>____ 36,000-39,999<br>____ 40,000-43,999<br>____ 44,000-49,999<br>____ 50,000 & up | <input type="text"/> (Line 1) |                              |                                 |
|   | <input type="text"/> (Line 2) |                              |                                 |
|   | <input type="text"/> (City)   | <input type="text"/> (State) | <input type="text"/> (Zip Code) |
|   | <b>PHONE NUMBERS:*</b>        |                              |                                 |
|   | <input type="text"/> (Home)   | <input type="text"/> (Work)  | <input type="text"/> (Cell)     |
|   | <b>FAMILY SIZE:</b>           | <b>E-MAIL ADDRESS:</b>       |                                 |
|   | <input type="text"/>          | <input type="text"/>         |                                 |

**EMPLOYER:**  **JOB TITLE:**  **OCCUPATION:**

**PARENT INFORMATION**

**FIRST NAME:\***  **LAST NAME:\***  **GENDER:\***  Male  Female

**HOME ADDRESS:\***

|                               |                              |                                 |
|-------------------------------|------------------------------|---------------------------------|
| <input type="text"/> (Line 1) |                              |                                 |
| <input type="text"/> (Line 2) |                              |                                 |
| <input type="text"/> (City)   | <input type="text"/> (State) | <input type="text"/> (Zip Code) |

**PHONE NUMBERS:\***

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="text"/> (Home) | <input type="text"/> (Work) | <input type="text"/> (Cell) |
|-----------------------------|-----------------------------|-----------------------------|

**EMPLOYER:**  **JOB TITLE:**  **OCCUPATION:**

**MEMBER(S) INFORMATION** (Please Print)

**FIRST NAME:\***

**MIDDLE NAME:**

**LAST NAME:\***

**BIRTHDATE:\***

**GENDER:\***

**ETHNICITY:\***

Male  Female

Black  Asian  White  Hispanic  Multi-Racial

**SCHOOL:\***

**GRADE:\***

**CHECK ALL THAT APPLIES\***

Free/Reduced Lunch  Can Swim

**MEDICAL INFORMATION** (Please Print)

**Developmental Issues:\***

**Medications:\***

**Medical Problems/Allergies:\***



**FIRST NAME:\***

**MIDDLE NAME:**

**LAST NAME:\***

**BIRTHDATE:\***

**GENDER:\***

**ETHNICITY:\***

Male  Female

Black  Asian  White  Hispanic  Multi-Racial

**SCHOOL:\***

**GRADE:\***

**CHECK ALL THAT APPLIES**

Free/Reduced Lunch  Can Swim

**MEDICAL INFORMATION** (Please Print)

**Developmental Issues:\***

**Medications:\***

**Medical Problems/Allergies:\***

**MEMBER(S) INFORMATION** (Please Print)

**FIRST NAME:\***

**MIDDLE NAME:**

**LAST NAME:\***

**BIRTHDATE:\***

**GENDER:\***

**ETHNICITY:\***

Male  Female

Black  Asian  White  Hispanic  Multi-Racial

**SCHOOL:\***

**GRADE:\***

**CHECK ALL THAT APPLIES\***

Free/Reduced Lunch  Can Swim

**MEDICAL INFORMATION** (Please Print)

Developmental Issues:\*

Medications:\*

Medical Problems/Allergies:\*



**FIRST NAME:\***

**MIDDLE NAME:**

**LAST NAME:\***

**BIRTHDATE:\***

**GENDER:\***

**ETHNICITY:\***

Male  Female

Black  Asian  White  Hispanic  Multi-Racial

**SCHOOL:\***

**GRADE:\***

**CHECK ALL THAT APPLIES**

Free/Reduced Lunch  Can Swim

**MEDICAL INFORMATION** (Please Print)

Developmental Issues:\*

Medications:\*

Medical Problems/Allergies:\*

**PREFERRED HOSPITAL:**

**FAMILY SETTING:**

Both Parents  Grandparents  Single Parent Mother  
 Single Parent Father  Foster Care

**PICK UP INFORMATION (Please Print) (THESE SHOULD BE DIFFERENT THAN THE PARENTS/GUARDIANS LISTED ON THE FRONT PAGE.)**

**4 PEOPLE AUTHORIZED TO PICK UP MEMBER:\***

**1. FIRST NAME:\***  **LAST NAME**

**PHONE NUMBERS:\***

(Home)

(Work)

(Cell)

**2. FIRST NAME:\***  **LAST NAME\***

**PHONE NUMBERS:\***

(Home)

(Work)

(Cell)

**3. FIRST NAME:\***  **LAST NAME:\***

**PHONE NUMBERS:\***

(Home)

(Work)

(Cell)

**4. FIRST NAME:\***  **LAST NAME:\***

**PHONE NUMBERS:\***

(Home)

(Work)

(Cell)

I allow my child's photograph and name to be connected with the Boys & Girls Club of Southwest Missouri including TV, Radio, the Club Website, the Club Newsletter, the Club Pamphlets, Newspaper, and other media.

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

\_\_\_\_\_  
Date

The undersigned, in consideration of participation in this program, agrees to indemnify, hold harmless and release the Boys & Girls Club of Southwest Missouri, it's members, employees, officers, directors, agents, and associated personnel, whether paid or volunteer against all claims, demands and causes of action relating to injury, disability, death or any other loss or harm to person or property resulting from child's participation in this program, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law. I have read the agreement and fully understand that I assume all risks for any injuries received.

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

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

I allow the Boys & Girls Club of Southwest Missouri to have access to my child's school information and to communicate with my child's teacher to assist in his/hers education and development.

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

\_\_\_\_\_  
Date