



# Membership Application Form

\$55 Membership per child per year    New Member \_\_\_\_    Renewing Member \_\_\_\_

Zionsville Unit \_\_\_\_    Whitestown Unit \_\_\_\_    Lebanon Unit \_\_\_\_

**BOYS & GIRLS CLUB**  
OF BOONE COUNTY

## Sports Registration

Shirt Size \_\_\_\_    Pant Size \_\_\_\_ (if needed)

\$115 Flag Football Fall / Camp \_\_\_\_ \$50 (Camp Only) \_\_\_\_

\$80 T-Ball Beginner \_\_\_\_    Advanced \_\_\_\_    \$80 Little Sluggers \_\_\_\_

\$80 Volleyball \_\_\_\_

\$80 Basketball - **Grade** - K \_\_\_\_, 1<sup>st</sup> & 2<sup>nd</sup> \_\_\_\_, 3<sup>rd</sup> & 4<sup>th</sup> \_\_\_\_, 5<sup>th</sup> & 6<sup>th</sup> \_\_\_\_, 7<sup>th</sup> & 8<sup>th</sup> \_\_\_\_, ZBL for 5<sup>th</sup> & 6<sup>th</sup> \_\_\_\_

\$95 Basketball Rec Plus - **Grade** - 1<sup>st</sup> & 2<sup>nd</sup> \_\_\_\_, 3<sup>rd</sup> & 4<sup>th</sup> \_\_\_\_

**Comments:** \_\_\_\_\_

## Head of Household Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_

Home Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( ) \_\_\_\_\_ - \_\_\_\_\_ Work ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_ Email Type: Home \_\_\_\_ Work \_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Occupation \_\_\_\_\_

Family Income: Under \$30,000 \_\_\_\_ \$30,001 - \$40,000 \_\_\_\_ \$40,001 - \$50,000 \_\_\_\_ \$50,001 - \$60,000 \_\_\_\_ \$60,001 - \$70,000 \_\_\_\_  
\$70,001 - \$80,000 \_\_\_\_ \$80,001 - \$90,000 \_\_\_\_ \$90,001 - \$100,000 \_\_\_\_ Over \$100,001 \_\_\_\_

Household Type: Both Parents \_\_\_\_ Single Parent \_\_\_\_ Guardian \_\_\_\_ Foster Home \_\_\_\_ Other \_\_\_\_\_

Family Size \_\_\_\_\_

## Other Parent / Guardian

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender Male \_\_\_\_ Female \_\_\_\_

Home Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( ) \_\_\_\_\_ - \_\_\_\_\_ Work ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_ Email Type: Home \_\_\_\_ Work \_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Occupation \_\_\_\_\_

## Member Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Nick Name \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender Male \_\_\_\_ Female \_\_\_\_

Ethnicity: African American \_\_\_\_ Asian \_\_\_\_ Caucasian \_\_\_\_ Hispanic \_\_\_\_ Multi-Racial \_\_\_\_ Other \_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

**Medical Information**

Permission for treatment by Doctor/Hospital? Yes\_\_\_ No\_\_\_

Does your family have health insurance? Yes\_\_\_ No\_\_\_

Does your child have any serious health problems Yes\_\_\_ No\_\_\_ If yes, please explain: \_\_\_\_\_

Does your child take any medications? Yes\_\_\_ No\_\_\_ If yes, please list: \_\_\_\_\_

Does your child have any disabilities? Yes\_\_\_ No\_\_\_ If yes, please explain: \_\_\_\_\_

Does your child have siblings who attend this Club? Yes or No (circle one) If Yes, what are their names? \_\_\_\_\_,

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Pick Up Information****Additional person authorized to pick up member –**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Home \_\_\_ Cell \_\_\_

Relationship to Member \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Home \_\_\_ Cell \_\_\_

Relationship to Member \_\_\_\_\_

Does your child have permission to use the internet? Yes\_\_\_ No\_\_\_

**PARENTAL PERMISSION AND RELEASE AND IDEMNITY AGREEMENT**

I hereby give permission for my child, named below, to join the Boys & Girls Club of Boone County (“The Club”) and permission for my child to participate in the Clubs’ programs, activities, field trips, and to visit and use the Clubs’ surveys, interviews, and focus group discussions. Data collected from various vehicles is private and confidential. It is also understood that data collected will protect my child’s identity, although the Club, its assigns or successors, may use the data to determine current trends. The data collected is the sole property of the Club. I am the natural parent or legal guardian having custody of said child. In consideration of my child being accepted for membership and participation in the Club and activities, I hereby voluntarily release and agree to hold harmless and indemnify the Boys & Girls Club of Boone County and each of its directors, officers, employees, volunteers, and agents from and against any and all liability, claims, demands, actions, damages, expenses, and costs, including attorney fees, losses, and judgments of whatsoever kind and nature which may result from or arise out of my child’s membership in the Club, participation in the Clubs’ programs, activities and field trips and the Clubs’ facilities, whether or not resulting in whole or in part negligence, acts or omission of the Boys & Girls Club of Boone County or its directors, officers, employees, volunteers, or agents, or of said child.

\_\_\_\_\_  
Name of Child (printed)\_\_\_\_\_  
Parent/Guardian Printed Name\_\_\_\_\_  
Parent/Guardian Signature\_\_\_\_\_  
Date**Parent Military Branch** \_\_\_\_\_ **Start Date** \_\_\_\_\_ **End Date** \_\_\_\_\_**Additional forms (If needed):** Pick Up authorization - Permission to leave club - Reduce fees**Office Use Only:**

Club ID Number: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Form of Payment: \_\_\_# \_\_\_\_\_ Receipt: \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Sports Copy to Unit Director: \_\_\_\_\_ Staff: \_\_\_\_\_

Membership \_\_\_\_\_ Summer Camp \_\_\_\_\_ Early Bird \_\_\_\_\_ Before Care \_\_\_\_\_