

\$15 Annual Membership Fee  
NON-REFUNDABLE



- Dunnellon Club
- Silver Springs Shores Club
- Dr. HL Harrell Club /Teen Center

BGCMCFL IS NOT RESPONSIBLE FOR LOST OR STOLEN ITEMS

## Boys & Girls Clubs of Marion County MEMBERSHIP APPLICATION

### Member Information:

First Name: _____	Middle: _____	Last: _____
Nickname: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Other Languages spoken in the home? _____		
Birth Date: _____	Current Age: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Mixed Race <input type="checkbox"/> Other _____		
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino		
Can Member swim? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### School Information:

Current School: _____	Current Grade: _____
Student ID: _____	Does Member have a 504 or IEP? <input type="checkbox"/> Yes <input type="checkbox"/> NO
Does Member receive Free or Reduced Lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Club Member lives with:

Both Parents  Mom only  Dad only  Grandparent(s)  Other: \_\_\_\_\_

Current Number in Household: \_\_\_\_\_

Number of Brothers: \_\_\_\_\_ Number of Sisters: \_\_\_\_\_

Are parents/guardians active Military?  Yes  No Veterans?  Yes  No

### Annual Household Income:

Less than 15,000  15,001 to 20,000  20,001 to 25,000  25,001 to 30,000  More than 30,000

<u>PARENT/GUARDIAN</u>	<u>PARENT/GUARDIAN</u>
Name: _____	Name: _____
Phone: _____ Type _____	Phone: _____ Type _____
Phone: _____ Type _____	Phone: _____ Type _____
Email: _____	Email: _____

**Authorized to Pick up**

Name: \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone: \_\_\_\_\_ Type \_\_\_\_\_  
Phone: \_\_\_\_\_ Type \_\_\_\_\_

**Authorized to Pick up**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone \_\_\_\_\_ Type \_\_\_\_\_  
Phone \_\_\_\_\_ Type \_\_\_\_\_

**Authorized to Pick up**

Name: \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone: \_\_\_\_\_ Type \_\_\_\_\_  
Phone: \_\_\_\_\_ Type \_\_\_\_\_

**Authorized to Pick up**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone \_\_\_\_\_ Type \_\_\_\_\_  
Phone \_\_\_\_\_ Type \_\_\_\_\_

**Authorized to Pick up**

Name: \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone: \_\_\_\_\_ Type \_\_\_\_\_  
Phone: \_\_\_\_\_ Type \_\_\_\_\_

**Authorized to Pick up**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Type \_\_\_\_\_  
Phone: \_\_\_\_\_ Type \_\_\_\_\_

**PARENT AUTHORIZATIONS:**

I give the Boys & Girls Clubs of Marion County permission to view my child's school grades, attendance and juvenile justice records. I authorize my child to take part in surveys that could help the Boys & Girls Club determine the effectiveness of the services provided. I give permission for my child to take part in supervised activities including internet use. I authorize medical examination and emergency treatment for my child by a qualified licensed physician in the event of an accident. I give permission for my child's picture to be used in Boys & Girls Clubs media activities.

The Boys & Girls Clubs of Marion County may receive grants and other funding to run specific programming, with reportable data. The type of programming and format of reporting may change from year to year.

My signature indicates that I completely understand the above statements.

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY** Receipt # \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Scholarship Granted: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date \_\_\_\_\_

Allergies: \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_