

Member's Name: _____ Membership #: _____ Age: _____



BOYS & GIRLS CLUB
OF SAN ANTONIO

Membership Packet

- Membership Application Complete
- Transportation Form Complete
- Membership Dues Paid
- Parent Agreement Signed

\$ _____ Amount
_____ Receipt Number

Intake Staff



Membership Application



BOYS & GIRLS CLUB
OF SAN ANTONIO

Age: _____ Member's Number: _____

Member's Name: _____
First Middle Initial Last

Home Address: _____
Street City State Zip

Phone: () - () - _____ Date of Birth _____
Home Cell Month Day Year

Home Email Address: _____

Social Security #: _____ - _____ - _____ Gender: Male Female

Ethnicity: Anglo Hispanic African American Asian Native American Other

Who do you LIVE WITH: Mother & Father Mother Only Other
 Father Only Grand Parent

How many people live in your home? [] Sisters [] Brothers [] Others

SCHOOL

Name of School: _____ Grade: _____

Teacher's Name: _____ Lunch Program: Free Reduced

FAMILY

Father's Name: _____ Living: Yes No

Father's Employment: _____ Title: _____

Father's Work Phone: () - _____ Father's Work Email: _____

Mother's Name: _____ Living: Yes No

Mother's Employment: _____ Title: _____

Mother's Work Phone () - _____ Mother's Work Email: _____

We appreciate your assistance in completing this section.

This information is needed to help us secure funding and for your child to attend Summer Camp. THANK YOU

Father's Monthly Salary: \$ _____ Mother's Monthly Salary: \$ _____

MEDICAL INFORMATION

Doctor's Name: _____ Address: _____

Doctor's Phone #: () - _____ Hospital: _____

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to my doctor listed above. I give consent for this facility to secure any and all necessary emergency medical care for my child.

PRINTED - Parent/Guardian's Name

Parent/Guardian's Signature

Does your family have health and/or accident insurance? Yes No

Name of Insurance: _____ Policy # _____

Do you have any serious health problems? Yes No

If yes, please explain. _____

Are you on any medications? Yes No

If yes, please explain. _____

Are your child's immunizations up to date? Yes No

Measles Mumps Rubella Polio DPT

CLUB ATTENDANCE

I will attend the Club Year Round Summer
 After School Program Team Sports

I am joining the Club for: Fun Learning Sports Other _____

Have you ever belonged to another Boys & Girls Club? Yes No

If yes, how many years? _____ Are you still a member? Yes No

I GIVE MY PERMISSION TO:

Initial Allow the Club to take pictures of my child throughout the year to help promote the Club.

Initial Allow my child to go swimming.

Initial Allow my child to participate on Club related Field Trips.

SWIMMING My child is a **Is NOT** Poor Average Good Swimmer.

I promise I will take care of my Club and its property and will respect all Club Staff and/or volunteers. If at any time I am asked to return my membership card, I understand NO DUES/FEES will be returned to me.

MEMBER'S SIGNATURE _____ Date _____

I hereby give my permission for my child to become a member of The Salvation Army Boys & Girls Club of San Antonio. I understand that the Club and/or Club staff is NOT responsible for the time and/or manner in which my child may arrive or leave the Club, and the Boys & Girls Club and its property are not responsible for any personal injury and/or loss of property.

PARENT'S SIGNATURE _____ Date _____

EMERGENCY CONTACT

Name: _____	Relationship: _____
Work Phone: () - _____	Cell Phone: () - _____
Name: _____	Relationship: _____
Work Phone: () - _____	Cell Phone: () - _____



TRANSPORTION FORM



**BOYS & GIRLS CLUB
OF SAN ANTONIO**

Member Information

Member's Name: _____ Age: _____

Date of Birth: _____
Month Day Year

Address: _____

City: _____ Zip: _____

Parent Information

Mother's Name: _____ Father's Name: _____

Day Phone: () - _____ Day Phone: () - _____

Cell Phone: () - _____ Cell Phone: () - _____

Employer: _____ Employer: _____

Emergency Contact

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Day Phone: () - _____ Day Phone: () - _____

Cell Phone: () - _____ Cell Phone: () - _____

Employer: _____ Employer: _____

Medical Information

Doctor's Name: _____ Phone #: () - _____

Hospital: _____ Phone #: () - _____

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, any current medication your child is on, and any other information which staff should be aware of:

In the event of any emergency involving my child, if the Club staff cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to the full responsibility for all medical expense incurred during the treatment of my child and to hold harmless and release the Club from any and all liability.

Parent/Guardian's Name (PRINT)

Parent/Guardian's Name (Signature)

DATE: _____

