



BOYS & GIRLS CLUBS
OF HANCOCK COUNTY

OFFICE USE ONLY

Member: _____

Club #: _____

Kidtrax: _____

Membership Information Form

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

Head of Household (Please Print)

First Name:* _____ **Last Name:*** _____ **Gender:*** Male Female

Family Income:*
 \$12,830 – under \$12,831 - \$19,350 \$19,351 - \$25,870 \$25,871 - \$32,390
 \$32,391 - \$40,000 \$40,001 - \$60,000 \$60,001 - \$80,000 \$80,001 - over

Address:*
(Line 1) _____

(Line 2) _____

(City) _____ (State) _____ (Zip Code) _____

Address Type:* Home Work

Phone Number:* (_____) _____ **Phone Type:*** Home Work

E-Mail Address: _____ **E-Mail Type:*** Home Work

Employer:* _____

Job Title:* _____ **Occupation:** _____

Military Branch: _____ **Status:** Active In-active Retired

Other Parent / Guardian (Please Print)

First Name:* _____ **Last Name:*** _____ **Gender:*** Male Female

Address:*
(Line 1) _____

(Line 2) _____

(City) _____ (State) _____ (Zip Code) _____

Address Type:* Home Work

Phone Number:* (_____) _____ **Phone Type:*** Home Work

E-Mail Address: _____ **E-Mail Type:*** Home Work

Employer:* _____

Job Title:* _____ **Occupation:** _____

Military Branch: _____ **Status:** Active In-active Retired

Member Information (Please Print)

First Name:* _____ Middle Initial: _____ Last Name:* _____

Birth Date:* _____ Social Security Number: _____ - _____ - _____ Gender:* Male Female

Ethnicity:* African-American Asian Caucasian Hispanic Indian Other

Membership Type:* Jim Andrews Unit New Jim Andrews Unit Renewal Shirley New Shirley Renewal

School:* _____ Grade:* _____

Household Type:* Single Parent Two Parent

Check all that Apply: TANF Food Stamps General Assistance SSDI SSI
 Veterans Compensation Day Care Voucher School Lunch Medicaid

Address:*
(Line 1) _____

(Line 2) _____

(City) _____ (State) _____ (Zip Code) _____

Address Type:* Home Work

Phone Number:* (_____) _____ Phone Type:* Home Work

E-Mail Address: _____ E-Mail Type:* Home Work

Member Medical Information (Please Print)

Insurance Company: _____ Insurance Policy Number: _____

Medications: _____

Medical Problems/Allergies: _____

Physician: _____ Physician Phone: _____

Hospital: _____ Hospital Phone: _____

Pick Up Information ()

Two people authorized to pick up member -

1.) First Name: _____ Last Name: _____

Parent Guardian Lives With Member

2.) First Name: _____ Last Name: _____

Parent Guardian Lives With Member

I have read the completed application, understand the rules of the BGCHC and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the BGCHC will not be responsible for any accident to the boy/girl while on the BGCHC premises or while engaged in any of its activities away from the BGCHC. I give my consent for photographs, in which my son/daughter may appear, to be used in any way the BGCHC may care to use them. I, furthermore, understand that the BGCHC does NOT REFUND any membership expense.

Parent or Guardian Signature

Member's Signature

Date