



**BOYS & GIRLS CLUB  
OF LANSING**  
4315 Pleasant Grove Road  
Lansing, MI 48910  
(517) 394-0455  
www.bgclansing.org



**ACADEMIC YEAR  
MEMBERSHIP APPLICATION FORM**  
(To be completed by Parent/Guardian)

<b>Office Use Only</b>	
Date Dues Paid:	_____
Amount of Dues:	<b>\$10.00</b>
After School Program Expiration Date is one year from the date dues are paid.	
Person Accepting App:	_____
Data Entry Person:	_____
<input type="checkbox"/> New	<input type="checkbox"/> Renewing Member
<b>ID Number:</b> _____	

**Member Information (Please Print):**

Name of Member (Last, First, Middle)		Nickname:		Home Phone: ( )	
Address			City		State      Zip Code:
Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate: Age:	Ethnicity (check one): <input type="checkbox"/> African American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> _____			
Name of School Member Will Attend In Fall:			Grade:	Member Needs Help With: <input type="checkbox"/> Math <input type="checkbox"/> Reading <input type="checkbox"/> _____	
Members Hobbies (check all that apply): <input type="checkbox"/> Baseball <input type="checkbox"/> Basketball <input type="checkbox"/> Bowling <input type="checkbox"/> Cheerleading <input type="checkbox"/> Computers <input type="checkbox"/> Cooking <input type="checkbox"/> Crafts <input type="checkbox"/> Dance <input type="checkbox"/> Drama <input type="checkbox"/> Fine Arts <input type="checkbox"/> Football <input type="checkbox"/> Golf <input type="checkbox"/> Sewing <input type="checkbox"/> Singing <input type="checkbox"/> Swimming <input type="checkbox"/> Volleyball <input type="checkbox"/> Working <input type="checkbox"/> _____					
Member Lives With (check one): <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian					
Father or Male Guardian's Name:	Employer:	Home Phone:	Cell Phone:	Work Phone:	
Mother or Female Guardian's Name:	Employer:	Home Phone:	Cell Phone:	Work Phone:	
Emergency Contact Not Listed Above:	Relationship to Child:	Home Phone:	Cell Phone:	Work Phone:	
Emergency Contact Not Listed Above:	Relationship to Child:	Home Phone:	Cell Phone:	Work Phone:	

Check All That Apply to the Household: (Optional - Assists us in our reports as well as funding requests.) <input type="checkbox"/> SSDI (Social Security) <input type="checkbox"/> SSI (Disability) <input type="checkbox"/> FIA/TANF (Assist. for Needy Families) <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance <input type="checkbox"/> Free School Lunch Program <input type="checkbox"/> Veterans Compensation <input type="checkbox"/> Medicaid					
Annual Family Income (check one): (Optional - Assists us in reports as well as funding requests.) <input type="checkbox"/> \$Under \$15,000 <input type="checkbox"/> \$15,000-24,999 <input type="checkbox"/> \$25,000-\$34,999 <input type="checkbox"/> \$35,000-50,000 <input type="checkbox"/> Over \$50,000					

Has your child ever been a member of the Boys & Girls Club of Lansing? If so, when <input type="checkbox"/> Yes _____ <input type="checkbox"/> No
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**Member Medical Information (Please Print):**

My Child is in <b>Good Health &amp; Free</b> from any <b>Communicable Disease or Illness:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain any physical or emotional condition that may limit your child's full participation In Club activities:	
Name of Childs Physician or Health Clinic:	Physicians' Phone Number: (    )
Address of Child's Physician or Health Clinic:	Name of Health Insurance Carrier:
Hospital Preferred for Emergency Treatment:	Health Insurance Policy Number:
List Allergies, if Any:	Date of Last Tetanus Shot:
List any Medications Child is Taking:	When and How Often is Medicine Given?

**POLICIES / PROCEDURES / RELEASES**

**Medical Emergency:** In the event of an injury or should emergency care be required, I understand that every effort will be made to contact me. If I cannot be reached I hereby give my permission to the **Boys & Girls Club of Lansing (BGCL)** to secure proper medical/surgical treatment for my child and authorize the staff from the **BGCL** to sign for emergency medical/surgical treatment for my child.

**Open Door Policy:** I understand that the **BGCL** has an open door policy. This policy means that members are free to come and go at will. It is my responsibility to be sure my child understands his/her departure procedure from the club. It is expressly understood and agreed that the **BGCL** shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the result thereof, incurred and suffered by the applicant on the property of the above named Club.

**Permission to Participate:** My son/daughter has my permission to be transported in a vehicle and/or participate in the **BGCL** activities, program and field trips. I understand that it is my responsibility to monitor my child's participation in Club activities based on any physical or medical limitations that my child has that would inhibit his/her participation.

**Release of Information:** I grant permission for photographs, audiotapes and records of my child to be used by the Club and its agents for public relations purposes on behalf of the **BGCL**. I also authorize the club to have access to my child's school records and immunization records, and give permission for my child to participate in any evaluation surveys that measure the outcomes of the club.

**Membership Request:** I have read the completed application. I agree with the guidelines of the **BGCL** and request that my son/daughter be admitted into membership.

**Member Pledge:** I will give my best effort in all Club activities, treat others respectfully, and through my positive behavior, promote a sense of fair play, honesty and good sportsmanship. I will not allow anyone else to use my membership privileges. If at any time I am suspended from attending the club, I will return my membership card, forfeiting all Club privileges. I understand that membership fees are non-refundable.

\_\_\_\_\_ Signature of Club Member

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent, Guardian or Legal Custodian

\_\_\_\_\_ Date