

# MEMBERSHIP INFORMATION FORM

Boys & Girls Club of Montgomery County  
1001 N. Whitlock Ave  
Crawfordsville, IN 47933  
P: (765) 362-8912 F: (765) 362-6901

**Confidentiality:** Any confidential information requested is for our records and for 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 asterisk (\*)

## Parent/Guardian - Head of Household (Please Print)\*

**First Name:\***

**Last Name:\***

**Gender:**

Male: \_\_\_\_\_ Female: \_\_\_\_\_

**Family Income:**

- 9,000 or Below
- 9,001-12,000
- 12,001-15,000
- 15,001-19,000
- 19,001-23,000
- 23,001-28,000
- 28,001-32,700
- 32,701-37,500
- 37,501-42,000
- 42,000 & Above

**Address:\***

City:	State:
Zip Code:	

**Address Type:**

Home _____
Work _____
Other _____

**Phone Number:\***


**Phone Type:**

Home: _____	Work: _____	Other: _____
Home: _____	Work: _____	Other: _____

**Family Size:**

**E-Mail Address:**

**E-Mail Type**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

**Employer:**

**Job Title:**

**Occupation:**

## Parent/Guardian (Please Print)\*

**First Name:**

**Last Name:**

**Gender:**

Male: \_\_\_\_\_ Female: \_\_\_\_\_

**Address:\***

City:	State:	Zip Code:

**Address Type:**

Home: _____
Work: _____
Other: _____

**Phone Number:\***


**Phone Type:**

Home: _____	Work: _____	Other: _____
Home: _____	Work: _____	Other: _____

**E-Mail Address:**

**E-Mail Type**

Home: \_\_\_\_\_ Other: \_\_\_\_\_  
Work: \_\_\_\_\_

**Employer:**

**Job Title:**

**Occupation:**

**Member Information (Please Print)**

**First Name:\***

**Middle Name:**

**Last Name:\***

**Nick Name:**

**Birth Date:**

**Social Security Number:**

**Gender:**

Male: \_\_\_\_\_

Female: \_\_\_\_\_

**Ethnicity:**

African American  Asian American  Bi-Racial  
 Other\_Hispanic/Latino  Native American  Caucasian

**Membership Type:\***

After School Care  
 Summer Kidstop  
 Athletic Membership

**Check all that Apply:**

General Assistance

SSDI

SSI

School Lunch

Medicaid

Can Swim

**Member Medical Information: (Please Print)**

**Insurance Company:**

**Medical Problems/Allergies/Disabilities**

**Insurance Policy Number:**

**Physician**

**Physician Phone:**

**Medications:**

**Hospital:**

**Hospital Phone:**

**School:**

**Grade:**

**Pick Up Information: (Please Print)\***

**Two People Authorized to pick up Member:**

**First Name:**

**Last Name:**

**First Name:**

**Last Name:**

**Phone Number:**

**Phone Type:**

Home:\_\_\_\_ Work:\_\_\_\_ Other:\_\_\_\_

**Phone Number:**

**Phone Type:**

Home:\_\_\_\_ Work:\_\_\_\_ Other:\_\_\_\_

Parent:\_\_\_\_\_

Guardian:\_\_\_\_\_

Other:\_\_\_\_\_

Emergency Contact\_\_\_\_\_

Primary Emergency Contact\_\_\_\_\_

Lives With Member\_\_\_\_\_

Parent:\_\_\_\_\_

Guardian:\_\_\_\_\_

Other:\_\_\_\_\_

Emergency Contact\_\_\_\_\_

Primary Emergency Contact\_\_\_\_\_

Lives With Member\_\_\_\_\_

The Boys & Girls Club of Montgomery County also uses the following fields to learn more about your child. Please check items that apply to this membership from groups below:

1<sup>st</sup> Semester Bus

2<sup>nd</sup> Semester Bus

Baseball

Fall Co-Ed Soccer

Spring Co-Ed Soccer

Spring Volleyball

Fall Volleyball

Girls Basketball

Boys Basketball

Summer Kidstop

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date