

BOYS & GIRLS CLUB OF EVANSVILLE, INC. MEMBERSHIP INFORMATION

APPLICANT INFORMATION

KidTrax ID _____ (office use only)

Full Name: _____ New Renewing
Date of birth: _____ SSN: _____ Home Phone Number: _____
Current address: _____ Name of Person Member Lives With: _____
City: _____ State: _____ ZIP Code: _____
Emergency Contact: _____ Emergency Phone: _____ Other Emergency Contact & Phone: _____

DEMOGRAPHIC INFORMATION

Gender: Male Female School: _____ Age: _____ Grade: _____

ETHNICITY

African American Caucasian/White Hispanic Multi-Racial Native American Other: _____

Participation in Other Youth Programs: _____

Member before? Yes No Family Totals: Sisters Brothers Adult(s) = Household

PARENT OR GUARDIAN INFORMATION

Father's First Name: _____ Father's Last Name: _____ Father's Work Phone: _____
Father's Employer: _____ Father's Cell: _____
Mother's First Name: _____ Mother's Last Name: _____ Mother's Work Phone: _____
Mother's Employer: _____ Mother's Cell: _____
Guardian's First Name: _____ Guardian's Last Name: _____ Guardian's Work Phone: _____
Guardian's Employer: _____ Guardian's Cell: _____

CHECK ALL THAT APPLY – INCLUDE CASE NUMBERS WHERE APPLICABLE

SSDI _____ Day Care Voucher _____
 SSI _____ School Lunch _____
 TANF _____ General Assistance _____
 Food Stamps _____ Vet. Compensation _____

MEDICAL INFORMATION

Allergies: _____
Medications: _____
Insurance Company & Policy #: _____

I have read the completed application, understand the rules of the Boys & girls Club of Evansville, In 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 Evansville, Inc. will not be responsible for any accident to the boy/girl wile on the premises or while engaged in any of its activities away from "the Club". I give my consent for photographs, in which my son/daughter may appear, to be used in any way they may care to use them.

Signature of Parent or Guardian: _____ Member's Signature: _____ Date: _____