



**BOYS & GIRLS CLUB  
OF THE WESTERN TREASURE VALLEY**

# 2010-2011 Membership Application

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Emergency Phone # and Name \_\_\_\_\_  
(Parent's cell # or other contact person authorized to pick up child)

Grade \_\_\_\_\_ School \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age \_\_\_\_\_ Male  Female

**Child lives with:** (check all boxes that apply)

Mother  Step-Mom  First & Last Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_ Occupation \_\_\_\_\_

Father  Step Dad  First & Last Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_ Occupation \_\_\_\_\_

Other  \_\_\_\_\_ First & Last Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_ Occupation \_\_\_\_\_

Brothers/Sisters names: \_\_\_\_\_

Family Income (check boxes only if they apply): Reduced Lunches  Public assistance  Food Stamps

Physician's Name \_\_\_\_\_ Child has insurance coverage: No  Yes

Insurance Company \_\_\_\_\_ List allergies or physical restrictions & medications \_\_\_\_\_

**WAIVER OF LIABILITY AND DISCLAIMER:** In consideration of my son's/daughter's membership and participation in the activities and programs of the Boys & Girls Club of the Western Treasure Valley: I, as parent or guardian of named minor, my heirs, executors, administrators and assigns, waive, release and discharge any and all rights and claims or damages against the Club and/or its sponsors for all claims arising or resulting from traveling, participating and/or being involved in its program or activities, I attest and verify that I have full knowledge of the risks involved in said participation and that my son/daughter is in good and has no physical or mental condition which would make it dangerous for my child or for other participants when my child is involved in any of the sponsored activities.

**CONSENT:** I hereby give permission to the Boys & Girls Club of the Western Treasure Valley to utilize photos or videos of my child in Club publicity. I consent to such uses and hereby waive all rights of compensation.

**EMERGENCY AUTHORIZATION:** I hereby give permission to medical personnel selected by the Boys & Girls Club of the Western Treasure Valley its employees, agents, directors, volunteers or sponsors to provide or seek emergency treatment, (including X-rays) for my child in the event I cannot be reached in an emergency. However, the giving of my permission does not obligate the Boys & Girls Club, its employees, agents, directors, volunteers, or sponsors to arrange such care except as may be directed by medical personnel.

**OPEN DOOR POLICY:** I understand that the Boys & Girls Club of the Western Treasure Valley is an open door facility and open to all youth members during posted hours of operation. My child/ren will be supervised while at the Club. I will set the boundaries and consequences if my child leaves the facility without my permission.

\_\_\_\_\_  
SIGNED (parent or guardian)

\_\_\_\_\_  
DATE

OFFICE USE:

NEW  RENEW  MEMBERSHIP: Fee \$10 Receipt # \_\_\_\_\_ Date \_\_\_\_\_

Membership # \_\_\_\_\_ Staff Signature \_\_\_\_\_