

Annual Membership Registration Form



BOYS & GIRLS CLUBS
OF SNOHOMISH COUNTY

Any information requested is for our records and for the funding we receive. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. **ALL FIELDS ARE REQUIRED.** Please make sure to fill out this form in its entirety.

Child's Information

Name: _____ Gender: Male Female
School: _____ Grade: _____ Birthdate: _____ Eligible for Free or Reduced School Lunch: Yes No
Ethnicity/Race: African American American Native Asian Caucasian Pacific Islander
Multi-Racial Other Also Hispanic/Latino: Yes No

Primary Parent/Guardian Information

Name: _____ Gender: Male Female
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____ E-mail: _____
Place of Employment: _____
Veteran or active member of the U.S. Military? Yes No Branch: _____ Dates of Service: _____ to _____

Other Parent/Guardian Information

Name: _____ Gender: Male Female
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____ E-mail: _____
Place of Employment: _____
Veteran or active member of the U.S. Military? Yes No Branch: _____ Dates of Service: _____ to _____

Household Information

Household Size: _____ Household Type: Both parents Single Parent (Mother) Single Parent (Father) Grandparents Guardian/Other
Family Annual Income: \$0 to \$16,600 \$16,601 to \$18,700 \$18,701 to \$20,750 \$20,751 to \$22,450 \$22,451 to \$24,100
\$24,101 to \$25,750 \$25,751 to \$27,400 \$27,401 to \$27,650 \$27,651 to \$31,100 \$31,101 to \$34,550 \$34,551 to \$37,350
\$37,351 to \$40,100 \$40,101 to \$42,850 \$42,851 to \$45,650 \$45,651 to \$48,120 \$48,121 to \$51,420 \$51,421 to \$54,780
\$54,781 to \$55,300 \$55,301 to \$59,750 \$59,751 to \$64,150 \$64,151 to \$68,600 \$68,601 to \$73,000 \$73,001 +

Medical Information

Physician: _____ Physician Phone: _____
Medications: _____
Allergies/Medical Concerns: _____

Emergency Contacts

First/ Last Name: _____ Relation to Child: _____ Phone: _____ Home Mobile
First/ Last Name: _____ Relation to Child: _____ Phone: _____ Home Mobile

Terms & Conditions: I declare that I am the parent or legal guardian of the minor listed above. I have full custody and control of the child. To the best of my knowledge, my child is in good health and is adequately immunized to participate in the Boys & Girls Clubs activities. In the event that my child is injured or should require medical attention, I hereby request you to contact our family physician. In the event that the Doctor cannot be reached, I hereby authorize his/her athletic supervisor, coach or any other Boys & Girls Clubs employee or volunteer to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment by calling me at the listed phone number. In case I cannot be reached for an emergency medical treatment as described above, you may proceed without further authorization. **I understand that the Boys & Girls Clubs provide only a secondary Health Insurance coverage. I understand the "open door" policy which allows for children to come and go as they desire. I understand also that the Club accepts no responsibility for keeping my child in the building or on the premises, except when enrolled in a licensed childcare or summer camp program. I hereby give permission for a photo or likeness of my child to be used in brochures and other promotional materials produced by the Boys & Girls Clubs of Snohomish County.** The photo will not be sold without the express written consent of the parent or legal guardian. I agree that this waiver is valid as long as my child is a member of the Boys & Girls Clubs of Snohomish County.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

Received By: _____ Fee: _____ Paid: _____ On: _____ Input into KidTrax: _____

Membership Type: Full 100% Scholarship 75% Scholarship 50% Scholarship 25% Scholarship