



2025 Membership Application

For Office Use Only							
Registration	New or Renew						
Entered/Received By							
Date Received/Entered							
Clubhouse/Site							
Shirt Size	YS	YM	YL	AS	AM	AL	AXL

Confidentiality: Any confidential information requested is for our records, BGCA's records and for the funding our organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Member Information				
Name (Last): _____ (First) _____ (Middle) _____				
Gender	Date of Birth	Ethnicity (Check all that apply)	Grade Entering	School Name
Female Male Transgender Non-Binary	____/____/____	<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Multi Racial <input type="checkbox"/> Other: _____		
Street Address: _____ Home Phone Number (____) _____ City: _____ State: _____ ZIP: _____ County: _____ Child's Age: _____ Family/Parents Email: _____				
Parent/Guardian information: (Primary Contact) Name: _____ Relationship to Member: _____ Lives in Same Household as Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Employer: _____ Work Address: _____ Work City: _____ State: _____ ZIP: _____ Work Phone: (____) _____ Cell Phone: (____) _____ Email: _____		Parent/Guardian information: Name: _____ Relationship to Member: _____ Lives in Same Household as Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Employer: _____ Work Address: _____ Work City: _____ State: _____ ZIP: _____ Work Phone: (____) _____ Cell Phone: (____) _____ Email: _____		
Emergency Contacts (other than parent/guardian & must be someone living in close proximity):				
Name: _____ Relationship to Member: _____ Lives in Same Household as Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Work Phone: (____) _____ Cell Phone: (____) _____ Authorized to Pick Member Up? (Circle One): Y/N		Name: _____ Relationship to Member: _____ Lives in Same Household as Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Work Phone: (____) _____ Cell Phone: (____) _____ Authorized to Pick Member Up? (Circle One): Y/N		
Please list below any additional contacts authorized to pick up member:				
Name:	Relationship:	Phone:		
Name:	Relationship:	Phone:		
Name:	Relationship:	Phone:		
Name:	Relationship:	Phone:		
Name:	Relationship:	Phone:		

It is the parent's responsibility to notify the Membership Clerk and/or Clubhouse Director of any changes in address, contact information, or phone numbers.

Medical Information:

Doctor's Name: _____ Insurance Carrier: _____

Phone Number: (____) _____ Policy #: _____ Group #: _____

Medical or Health Issues: _____

Any medications currently taken: _____

*Medication is the responsibility of the parent/s and family physician. Parents are urged, with the advice of your child's physician to work out a schedule of administering medicine at home, outside of the Club hours.

The following is requested to support our non-profit grant writing/fund development efforts. All information will remain strictly confidential.

Annual Gross Household Income:

\$ _____

OR Select A Range Below:

- ☐ \$0 - \$20,000
☐ \$20,001 - \$30,000
☐ \$30,001 - \$40,000
☐ \$40,001 - \$50,000
☐ \$50,001 - \$65,000
☐ \$65,000 and over

Does this member live with their:

- ☐ Mother ☐ Stepmother ☐ Father ☐ Stepfather
☐ Grandparent ☐ Foster Parent
☐ Other: _____

Number of Brothers: _____ Ages: _____

Number of Sisters: _____ Ages: _____

Total Household Size: _____

Number Under 18: _____

Single Parent (circle) Yes / No

Number Over 65: _____

Head of Household (circle): Male / Female / Both

Military Affiliation:

Active Military (circle):

No / Yes

Branch: _____

Lives on base (circle)

No / Yes

Other Military Affiliation:

*Please bring military identification with you for verification.

National School Lunch Program – Please check your child's most current school lunch eligibility status below

____ Free Lunch Program ____ Reduced Fee Lunch Program ____ Does Not Qualify (Full Fee)

I have read and completed the application. I understand the rules of Boys & Girls Club of Crawford County & Boys & Girls Club of Evansville and request that my son/daughter be admitted into membership. I have explained the rules to my child and agree that Boys & Girls Club of Crawford County & Boys & Girls Club of Evansville will not be responsible to any accident to the boy/girl while on the premises or while engaged in any of its activities away from Boys & Girls Club of Crawford County & Boys & Girls Club of Evansville. I give consent for photographs/videos, in which my child may appear, to be used for promotional services and events of the Boys & Girls Club of Crawford County & Boys & Girls Club of Evansville. I allow my child to participate in the outcome measurement tool kit or NYOI survey of the ULBGC and to receive my child's grades from their school.

He leído la aplicacion en su totalidad, entiendo las normas del Union League Boys & Girls Clubs (ULBGC) y solicito que mi hijo(a) sea admitido(a) como miembro. He explicado las reglas y normas a mi hijo(a) y estoy de acuerdo que el ULBGC no se hará responsable por cualquier accidente que el(la) niño(a) tenga en las instalaciones o en actividades fuera de los ULBGC. Doy mi consentimiento para fotografías y videos, en los cuales mi niño(a) puede aparecer, para el uso de promociones de servicios y eventos del ULBGC. Permito que mi hijo(a) participe en la encuesta (NYOI) del ULBGC y les autorizo también a recibir las calificaciones de mi niño(a) de su escuela

Parent or Guardian Signature: _____ Printed Name: _____

Date: _____

Member Name and Signature: _____