



Membership Information Form

Boys & Girls Clubs of Greater Salt Lake
179 E. 5065 S. Murray, UT 84107
801.322.4411

For Office Use Only:	
___ New Member	___ Renewal
Amount Paid:\$	_____
Date:	_____

**BOYS & GIRLS CLUBS
OF GREATER SALT LAKE**

Confidentiality: Any confidential information is for our 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.

Membership Information *(Please Print)*

First Name: _____	Middle Name: _____	Last Name: _____	Gender: <input type="checkbox"/> Male
Nick Name: _____	Birth Date: _____	Age: _____	<input type="checkbox"/> Female

Please select the race(s) AND ethnicity(ies) that best represents your child. Choose all that apply:

RACE:	ETHNICITY:
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic / Latino
<input type="checkbox"/> Pacific Islander / Native Hawaiian	<input type="checkbox"/> Non-Hispanic / Latino
<input type="checkbox"/> Black / African American	
<input type="checkbox"/> Asian	
<input type="checkbox"/> American Indian / Alaskan Native	
<input type="checkbox"/> Other / Multiracial	

School: _____	Grade: _____	Club Member Since: _____	T-Shirt Size: _____
Teacher: _____	SIS/Skyward Password: _____		

Household Type:	Family Setting:
<input type="checkbox"/> Lives w/ both parents	<input type="checkbox"/> Parents
<input type="checkbox"/> Single Female head of household	<input type="checkbox"/> Non-Relative Guardian
<input type="checkbox"/> Other _____	<input type="checkbox"/> Group Home
<input type="checkbox"/> Single Male head of household	<input type="checkbox"/> Foster Home
<input type="checkbox"/> Household size (adults and children) _____	<input type="checkbox"/> Relative _____
	<input type="checkbox"/> Other _____

Parent/Guardian Name _____	Parent/Guardian Name _____
Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Cell Phone: _____	Cell Phone: _____
Home Phone: _____	Home Phone: _____
Email: _____	Email: _____

Family Income: (Please circle category representing the number of people in household and household income)

2 persons	under \$17,750	\$17,751-29,550	\$29,551-35,424	\$35,425-47,250	over \$47,250
3 persons	under \$19,950	\$19,951-33,250	\$33,251-39,852	\$39,853-53,150	over \$53,150
4 persons	under \$22,150	\$22,151-36,900	\$36,901-44,280	\$44,281-59,050	over \$59,050
5 persons	under \$23,950	\$23,951-39,900	\$39,901-47,822	\$47,823-63,800	over \$63,800
6 persons	under \$25,700	\$25,701-42,850	\$42,851-51,365	\$51,366-68,500	over \$68,500
7 persons	under \$27,500	\$27,501-45,800	\$45,801-54,907	\$54,908-73,250	over \$73,250
8 persons	under \$29,250	\$29,251-48,750	\$48,751-58,450	\$58,451-77,950	over \$77,950

Employer: _____	Job Title: _____	Occupation: _____
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How did you hear about the Boys & Girls Club?

<input type="checkbox"/> Friend	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Flyer	<input type="checkbox"/> Other _____
<input type="checkbox"/> School	<input type="checkbox"/> Internet	<input type="checkbox"/> Referred by other org. _____	

Check all that apply:

<input type="checkbox"/> TANF	<input type="checkbox"/> SSI	<input type="checkbox"/> Day Care Voucher	<input type="checkbox"/> Medicaid
<input type="checkbox"/> General Assistance	<input type="checkbox"/> SSDI	<input type="checkbox"/> School Lunch Program	<input type="checkbox"/> SNAP (food stamps)

Medical Information:	
Medications:	Allergies/Medical Problems/Special Needs:
_____	_____
_____	_____

Emergency Contact/ Persons other than parents authorized to pick-up (if marked above):

1) Name:	Phone Number:	2) Name:	Phone Number:
_____	_____	_____	_____

<input type="checkbox"/> Parent	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Parent	<input type="checkbox"/> Emergency Contact
<input type="checkbox"/> Guardian	<input type="checkbox"/> Primary Emergency Contact	<input type="checkbox"/> Guardian	<input type="checkbox"/> Primary Emergency Contact
<input type="checkbox"/> _____	<input type="checkbox"/> Lives with member	<input type="checkbox"/> _____	<input type="checkbox"/> Lives with member
Relationship _____		Relationship _____	

- Club member has permission to walk home/sign themselves out ____ Yes ____ No
- Club member has permission to participate in all club activities in/or adjacent to the club ____ Yes ____ No
- Club has permission to use club member images/interviews for public relations materials ____ Yes ____ No

I recognize that there is an element of risk in anything out of the home setting including the Boys & Girls Club. My child may be exposed to physical hazards, emotional demands, communicable diseases, weather conditions or other unanticipated events.

I authorize my child to participate in the educational, athletic and recreational programs of the Boys & Girls Club, in any and all field trips away from the Club, computer use, internet access and occasional confidential surveys. I authorize my child to be transported in a Club vehicle to and from school and on other outings. On behalf of my minor child, I assume all risks of my child's participation in these programs. I hereby release and agree to hold harmless the Boys & Girls Clubs of Greater Salt Lake, its employees, agents, officers, and all volunteers from any and all liability, loss or damage, actions, claims and demands which I now have or which may hereafter arise from my child's participation in the routine activities of the Boys & Girls Club. This release is intended to be binding upon my heirs, executors or personal representative.

I hereby certify that my child is in normal health and, to my knowledge, is capable of participating safely in the educational, athletic and recreational programs of the Boys & Girls Club.

Should an injury occur to my child during participation in said program, I authorize the Boys & Girls Clubs of Greater Salt Lake to arrange for or to provide emergency medical treatment and to arrange for or provide transportation to the nearest qualified medical facility. I also understand that the Boys & Girls Clubs does not carry medical insurance for members.

I authorize the Boys & Girls Clubs and the United Way of the Great Salt Lake Area to use photos, videotape footage, and/or sound recordings of my child for the purpose of, but not limited to, television, radio, newspaper, billboards, bus covers, videos, printed materials and/or news coverage. Moreover, I hereby waive claim to any rights, residuals or fees in connection with the use of said photo, videotape footage, and /or sound recordings.

Parent or Guardian Signature

Member's Signature (Optional)

Date