



Olivet Boys & Girls Club

Membership Application 2010-2011 **13TH & PERKIOMEN UNIT**
Youth 6-12 **Fee \$15.00**

Date: _____ Unit: _____

(First Name) (Middle Initial) (Last Name)

Male Female

Please check one:

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian and White	<input type="checkbox"/> Multi-Racial
<input type="checkbox"/> American Indian or Alaska Native and White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> American Indian or Alaska Native and Black or African American	<input type="checkbox"/> Black or African American and White	
<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian	

Age: _____ Date of Birth: _____ ***A copy of a birth certificate will be required for all 6 and 7 year olds.**

Address: _____

Telephone: _____ School: _____ Grade: _____

All information is for statistical reporting only. All information is kept confidential.

Resides with: Mother Father Both Foster Parent Grandparent

If there is a restraining order preventing contact with applicant, please check appropriate box:

Mother Father Both Guardian Not Applicable

Yearly income in household: _____ Number of people in household: _____

Parent's Name & Employer:	Home Phone	Work or Cell Phone

Parent Email Address _____

Emergency Contact Information (other than immediate household):

Emergency contact: _____ **Telephone:** _____

Address: _____

Medical Information

Family Physician: _____ Telephone: _____

My child has the following health/behavioral problems:

Allergies Heart Ear/Nose Hyperactive Other _____

Explain: _____

My child is allergic to:

Bee Stings Drugs Foods Other _____

Please explain health/ behavioral problems, restrictions, allergy symptoms and any medication:

Last tetanus shot date: _____

My Child's medical insurance carrier and number _____

In the event that I cannot be contacted, I give permission to the Olivet Boys & Girls Club to obtain emergency medical care or treatment for my child at the nearest hospital.

Hospital preferred: _____ Reading Hospital _____ St. Joseph's Hospital

I hereby give permission and consent for my child to participate in any and all activities and field trips sponsored by the Olivet Boys & Girls Club. I understand that all safety precautions will be taken and I will not hold the Olivet Boys & Girls Club staff, volunteers, or officials legally liable for accidents in connection with any activities. I additionally grant permission for Olivet Boys & Girls Club to take and use photographs, slides and videotapes of the applicant as needed for program documentation, program development and public relations.

- ❖ **I agree to pick up my child on time and understand that failure to do so will result in a report to the proper authorities.**
- ❖ **I agree to read the membership rules and regulations and review with my child.**
- ❖ **I understand that Olivet Boys & Girls Club operates an open door policy in which children are allowed to go in and out of the club on their own. I also understand that the Boys & Girls Club does not provide day care.**

I certify that the application information provided by me is correct and accurate to the best of my knowledge. I understand that if I submit false or incorrect information, I may be subject to legal action.

Parent/Guardian Signature

Date

Member Signature

