

MEMBERSHIP APPLICATION

Serving the Brigham City, Tremonton & Logan Areas Main office, 550 S Main St Brigham City, Utah 84302

435-723-6224; <u>www.bcbrclub.org</u>

Original must be turned in at a club site

Date of Application:	New Member Renewal			
Base Club Site: Brigham City Area Logan Area	a 🔲 Tremonton Area 🔲 or Scho	ool Base Site		
1. Member Name:				
Birth Date: Gene	der:			
Home Address :				
School Attending: Grade: School Student ID Number:				
2. Member Name:	Birth Date: Gender:		_ Gender:	
Home Address:	School Attending: Grade:		Grade:	
School Student ID Number: :				
Parent/Guardian:	Phone:	Relationship to Child:		
Address:	E-mail:	Other Phone:		
Parent/Guardian:	Phone:	Relationship to Child:		
Address:	E-mail:	Other Phone:		
Additional Emergency Contacts:				
Name	Relation to Member	Contact Number(s)		
Member Name:	Ethnic Origin:			
Medical conditions, disabilities or illness that would re	equire special consideration:			
Member Name: Ethnic Origin: Medical conditions, disabilities or illness that would require special consideration:				
,	.,,			
Waiver of Liability				
By signing this form I am acknowledging that I have the legal right to act as the guardian of the children/members listed on this document.				
I understand that the Boys & Girls Club is a drop in pro attending the program. I will not hold the Club, Club P the program of any activities associated with the prog	artners of Administration liable for a	•		
The Boys & Girls Club is an open door after school program and school break program. Youth are able to sign themselves out of the Club at any time. Please educate your youth as to their responsibilities and your expectations regarding club attendance.				
Signature of responsible parent/guardian:	С	Pate:		

Participation Information & Permission

Information & Permission for participation is a requirement for many of the programs and activities the Club offers. Much of the funding the Club receives is dependent on your cooperation.

Guardian Signed Policy Page es no	Paid: Cash/Check/CC \$	ck#	Staff
	Processed by:		
Membership 1#	Mei		
Parent/Guardian Signature: For Office Use Only:		_ Date:	
I give permission for my child(ren) to par child's picture to be taken and used in puartwork, or performances to be displayed PROGRAM FEES & PAYMENTS The Boys & Girls Club of Northern Utah is requires payment for program fees for w payments can be made through talking w	blications sanctioned for the pro- l for the club use. a non-profit youth organization eekly attendance. Late fees may l	fessional use of the Boys & (that charges limited fees for be assessed for nonpaymen	Girls Club. I give permission for my child's r day programs and activities. The Club t. Payment arrangements or help with
the Club. Therefore, we are asking permi on the surveys may be about your youth' The answers youth give to the survey que surveys at any time. No information that Information from the survey will remain. PERMISSION TO PARTICIPATE IN MEDIA	s school experiences, drug and al estions will be held in strictest col is given on the survey will affect	cohol use, trouble with the nfidence. Youth are free to s the youth's current, or any f	law, mental health and friends and family. skip a question or stop completing the future, program services received.
PERMISSION TO EVALUATE Various organizations provide money for			· · · · · · · · · · · · · · · · · · ·
FIELD TRIP & EMERGENCY CARE PERMISS I give the Boys & Girls Clubs of Northern child becomes in need of medical care du transport my child to a hospital.	Jtah permission to take my child	. ,	•
activities. I understand that my child mus	t follow the rules when riding the can rules will result in a loss of c	e club cans including always an transportation privileges	. I understand that the can driver's will do
Permission, please check all that you agree to	:		
Number of persons in your family:	School Lunch: 🔲 I	Free Reduced Paid	
Information on income will remain strictly cofamily. Please respond correctly:	nfidential but provides the Club a	access to funding to continu	e to provide care for your youth and your
INCOME SURVEY:			