



Membership Form fall 2023



Member's Name: _____

Grade Level: _____ Age: _____ DOB: _____

Address: _____ City: _____ Zip: _____

(must provide at least 2 working numbers)

Home/Cell Phone: _____ Alternate Phone: _____

Sex: Male Female Ethnic Origin: Hispanic Anglo African American Other

Who does your child live with? Single Parent: Both Parents: Other: _____

Parent or Legal Guardian: _____ Work Phone _____

Parent or Legal Guardian: _____ Work Phone _____

Preferred Contact Name: _____ Phone: _____

Email Address: _____

Number of people in Household? _____ Is this a Military Family? Yes No

Yearly Income (Check one): \$0-10,000 \$10,000-20,000 \$20,000-30,000 \$30,000-40,000
 \$40,000-50,000 \$50,000-plus

Please read the following:

- I promise to take care of my club and property.
- I understand there is a payment of \$30 per child for the semester, or for each summer session, June and July
- I hereby give permission for my child to become a member of the Boys and Girls Club of DeWitt County. I understand the club is not a day care center and not responsible for that time or manner in which my child arrives at or leaves the club.
- My child **MAY** **MAYNOT** have his/her photo taken while participating at the Boys and Girls Club of DeWitt County. Photos may be used for newspapers, social media, advertisements, decorations, etc.

Does your child have any known allergies? Yes: No:

Explain: _____

Authorized to pick-up child: _____

Parent's Signature: _____ Date: _____

Staff Initials: _____ Amount paid: _____ Online, cash, or check # _____ Receipt # _____