



**BOYS & GIRLS CLUB
OF THE BIG ISLAND**

MEMBERSHIP FORM

ATTENTION PARENTS:
Please discuss with your child your clear expectation of his/her attendance. Parents and members should have a clear understanding of when a member should arrive and/or leave the club. BGCBI will not be responsible for providing direct supervision for any youth who leaves BGCBI facilities or programs with or w/o parental consent.

Data Entry Only:
Kid Trax ID _____
Member Status:
 New Renew Former
 Active Inactive
Received: _____
Entered: _____
ID issued: _____
Membership Dates:
Service: _____
Termination: _____
Initial: _____
Renewal: _____

Membership Fee: \$10.00 per year (January through December). This annual membership will enable members to participate in any activity of their choice throughout the year. No youth (age 6-17) will be denied a BGCBI membership due to inability to pay the membership fee. (Please see staff for details). There is a \$25.00 fee for all returned checks.

Members Information:

First Name: _____ Middle: _____ Last: _____

Address: _____ Phone: _____ Gender: M F
Physical Address City Zip

Nick Name: _____ Birth Date: _____

Family Size: Siblings _____ Mother Father Both Parents Guardian Foster Group Total in Home: _____

School: _____ Age: _____ Grade: _____ Authorized Password: _____

Does your child claim a mobility, visual or hearing impairment or other special need? Yes No

Primary (Parent / Guardian) Household Information:

Income: *This information will remain confidential. This information will help us with grant funding for our club and help keep membership cost affordable.*

First Name: _____ Last: _____ Gender: M F

Family Income: Address: _____
 0- 5,000 Physical Address City Zip

5,001-10,000
 10,001-30,000 Mailing Address City Zip

30,001-50,000
 50,001-75,000 Phone: (H) _____ (W) _____ ext: _____ (C) _____

75,001-100,000 and above

Email: _____ Employer: _____ Job Title: _____

Military Branch: _____ Status: _____ Start Date: _____ End Date: _____

Other Parent / Guardian Information:

First Name: _____ Last: _____ Gender: M F

Address: _____
Mailing Address City Zip

Phone: (H) _____ Employer: _____ Job Title: _____

Military Branch: _____ Status: _____ Start Date: _____ End Date: _____

Ethnicity & General Assistance: *This information is necessary for statistics for our funding requirements and will remain confidential. This will not affect the availability of service to your child. Providing such information is beneficial to our club's funding.*

Ethnicity: (Please check one)

- African American Caucasian Chinese Filipino Hawaiian/ Part Hawaiian Hispanic Japanese
 Korean Laotian Micronesian Mixed Native American Portuguese Samoan
 Tongan Vietnamese Other _____

Assistance Programs: (Please check all that apply)

- General Assistance Veterans Compensation Food Stamps School Lunch Program
 SSI TANF Day Care Voucher SSDI Medicaid Section 8 (Rental Assistance)

Primary Activity Interests:

<u>Primary Site Location</u>	<u>Intersession</u>
<input type="checkbox"/> HILO UNIT <input type="checkbox"/> PAHOA UNIT <input type="checkbox"/> KEAAU UNIT <input type="checkbox"/> PAHALA UNIT <input type="checkbox"/> OCEANVIEW UNIT <input type="checkbox"/> HAMAKUA UNIT	There are additional fees that apply to each Intersession Program, which offer full-day hours of 7:30am-5:30pm. <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/> FALL <input type="checkbox"/> WINTER

<p><u>BGC Baseball:</u></p> <input type="checkbox"/> on a BGC TEAM <input type="checkbox"/> within PONY LEAGUE with another organization <input type="checkbox"/> within the RBI LEAGUE	<p><u>BGC Basketball:</u></p> <input type="checkbox"/> on a BGC TEAM <input type="checkbox"/> A participant with another organization <p><u>OTHER Activity:</u> _____</p>
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Emergency Contact: Name(s) and Phone Number(s) *other than Parents:*

1: _____ Relation: _____ Ph. _____ Alt. _____
 2: _____ Relation: _____ Ph. _____ Alt. _____

Medical Information:

Insurance Company: _____ Policy Number: _____
 Medical Problems / Allergies: _____
 Medications: _____ Disabilities: _____
 Physician: _____ Phone Number: _____
 Hospital: _____ Phone Number: _____

The Boys & Girls Club of the Big Island has an "Open Club" policy. Parents and members should have a clear expectation of when a member should arrive and/or leave the club. We do not have the personnel and/or the ability to offer a "one on one" type of supervision for your child, therefore, members are held responsible for their attendance and a clear agreement should be made between a member and his/her parent/guardian on permission of when to leave the premises.

By signing below, you are acknowledging that you have read and understand our "Open Club" policy.

 PARENT / GUARDIAN'S SIGNATURE

 MEMBER'S SIGNATURE

 DATE