



EAST CAMDEN CLUBHOUSE MEMBERSHIP APPLICATION Boys & Girls Club of Camden County

Unit Name: Marjorie & Lewis Katz – East Camden Clubhouse

First Name: _____ Middle: _____ Last: _____

Nickname: _____

Address: _____ At this Address Since: _____

City: _____ State: _____ Zip: _____ In Area Since: _____

Telephone: _____ Birth Date: _____

Ethnicity: _____ Gender: Male Female

School Information:

Current School: _____ Current Grade: _____ Current GPA: _____

Current Teacher: _____ Food Program: _____

Medical Information:

Doctor Name: _____ Doctor Phone: _____

Permission for Doctor/Hospital: Yes No

Does your family have health and/or accident insurance: Yes No

Insurance Carrier: _____

Policy #: _____ Group#: _____

Serious Health Problems: Yes No If yes, explain _____

Medications: Yes No If yes, explain _____

General:

Parent Understood Signed Insurance Disclaimer and Permission Statement: Yes No

This member has permission to be used in public relations materials: Yes No

This member may participate in all Boys & Girls Club activities in or adjacent to the club building: Yes No

My child (**Does / Does Not**) require Parent/Guardian Pickup (Circle one)

Do You Belong to:

Boy Scouts or Girl Scouts School Club YMCA or YWCA Church Group

Religion: _____ Other: _____

OVER

MEMBERSHIP APPLICATION - CONTACTS

Boys & Girls Club of Camden County

Member's Name: _____

PRIMARY CONTACT	
Parent/Guardian: ____ Emergency: ____ Person Authorized to Pickup Member: ____ Name: _____ Employer: _____ Occupation: _____ Address H: _____ Address W: _____ Relationship: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____	Parent/Guardian: ____ Emergency: ____ Person Authorized to Pickup Member: ____ Name: _____ Employer: _____ Occupation: _____ Address H: _____ Address W: _____ Relationship: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____
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Do not need to full out! Please just sign at the bottom.

Will you attend club: (check one)

Year-around Only during School Year Only during Holidays or Summer

How long a Member in Years: _____ Club Member Since: _____

Reason(s) for joining: Fun Learning Sports Other: _____

Household: This information is gathered for the purpose of improving our Club for your child.

Annual	\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
Gross	\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
Household	\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
Income:	\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	\$75,001 - \$80,000 _____
	\$20,001 - \$25,000 _____	\$50,001 - \$55,000 _____	\$80,001 - \$85,000 _____
	\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	\$85,001 - \$90,000+ _____

Do you live with your: Mom Step Mom Dad Step Dad Grandparent Other: _____

Is there a Member of the Household 65 years old or older: Yes No

Is there a Member of the Household Handicapped: Yes No

Current Head of Household: Female Male

Current Housing Area: _____

Current Single Parent: Yes No Current Number in Household: _____

Number of Brother: _____ Ages: _____ Number of Sisters: _____ Ages: _____

Physical:

Eye Color: _____ Hair Color: _____ Skin Color/Features: _____

Height: _____ Weight: _____

Disclaimer:

The Boys & Girls Clubs of Camden County is not responsible or liable in any way in the event of harm or injury occurring to the child. It is agreed that the parent or guardian will not hold the Boys & Girls Clubs of Camden County responsible for the welfare or whereabouts of the child. If the Parent or Guardian does file a complaint against the Club the Parent or Guardian agrees to pay for Boys & Girls Club of Camden County legal fees.

Parent/Guardian Signature: _____ Date: _____

Member's Signature: _____ Date: _____

FOR OFFICE USE ONLY Membership#: _____

Entry Date: _____ Expiration Date: _____ Status: _____

Birth Certificate on File: Yes No Birth City: _____ Birth State/Country: _____

Type: _____ New or Renewal Member: _____ Processed by: _____