

WESTCOTT MEMBERSHIP APPLICATION

Program Year: 2018-2019

Charles R. Westcott Center
321 Detroit Street
Michigan City, IN
46360
873-2298

Please print legibly, complete all pages
and sign.



BOYS & GIRLS CLUB
OF MICHIGAN CITY
www.bqclubmc.org

Program Year: 2018-2019

For Office Use:

New Renewal

Member I.D. # _____

Date Paid: _____

District I.D. # _____

Shirt Issued: Date: _____

Child #1 Information (fill out other side for additional children)

First Name _____ Middle initial _____ Last Name _____

Date of Birth _____ Age _____ Gender Male Female

Ethnicity (check one) African-American Asian Caucasian Hispanic Multi-racial Native American Other

School _____ Grade _____ School Lunch Program (Select one) Free Reduced N/A

Education Program Special Education Program Gifted/Talented N/A

Please list any medications, allergies, or any medical conditions (which would prohibit any activities): _____

Shirt Size Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL Adult XXL

Parent/Guardian Information

Parent/Guardian Name (Head of Household) _____

Other Parent _____ Lives with member? Yes No

Home Address _____

Street

City

State

Zip

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Other Parent Phone # _____ Cell Phone # _____ Work Phone # _____

Email Address _____

Continued on next page

Child #2 Information (fill out for second child in family)

First Name _____ Middle initial _____ Last Name _____

Date of Birth _____ Age _____ Gender Male Female

Ethnicity (check one) African-American Asian Caucasian Hispanic Multi-racial Native American Other

School _____ Grade _____ School Lunch Program (Select one) Free Reduced N/A

Education Program Special Education Program Gifted/Talented N/A

Please list any medications, allergies, or any medical conditions (which would prohibit any activities): _____

Shirt Size Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL Adult XXL

Child #3 Information (fill out for third child in family)

First Name _____ Middle initial _____ Last Name _____

Date of Birth _____ Age _____ Gender Male Female

Ethnicity (check one) African-American Asian Caucasian Hispanic Multi-racial Native American Other

School _____ Grade _____ School Lunch Program (Select one) Free Reduced N/A

Education Program Special Education Program Gifted/Talented N/A

Please list any medications, allergies, or any medical conditions (which would prohibit any activities): _____

Shirt Size Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL Adult XXL

Child #4 Information (fill out for fourth child in family)

First Name _____ Middle initial _____ Last Name _____

Date of Birth _____ Age _____ Gender Male Female

Ethnicity (check one) African-American Asian Caucasian Hispanic Multi-racial Native American Other

School _____ Grade _____ School Lunch Program (Select one) Free Reduced N/A

Education Program Special Education Program Gifted/Talented N/A

Please list any medications, allergies, or any medical conditions (which would prohibit any activities): _____

Shirt Size Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL Adult XXL

Household Information

Child Lives With (Check all that apply)

- Both Parents
 Mother Only
 Father Only
 Mother & Stepfather
 Father & Stepmother
 Grandparents
 Guardian

Annual Household Income (Check One)

- Under \$10,000
 \$10,000—\$19,999
 \$20,000—\$29,000
 \$30,000—\$39,999
 \$40,000—\$49,999
 \$50,000—\$99,999
 \$100,000+

Other Assistance (Check all that apply)

- Food Stamps
 Hoosier Healthwise
 Medicaid
 HUD, Section 8, Public Housing
 TANF (Temp. Aid to Needy Families)
 Child Care Vouchers

Household Size (# in family): _____

I hereby give my permission for my child to become a member of the Boys & Girls Club of Michigan City, which expires August 1, 2019. I understand my child will be required to attend Club a minimum of three days a week. I give my permission for emergency medical treatment of my child for illness or accident, if I cannot be contacted. I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind, or loss of property which may arise out of or relate to my child's participation in Boys & Girls Club programs. I give my consent to have my child photographed and allow the Club to publish any photographs, motion pictures, and/or videos for any and all Club-related exhibitions, public displays, publications, and/or advertising purposes, without limitation or reservation. I also agree no compensation will be paid for any of the aforementioned. I understand the Club is not responsible for the time or manner in which he/she arrives at or leaves the Club. I understand that **ACTIVITIES MIGHT BE CANCELLED DUE TO WEATHER OR ANY OTHER SITUATION AND THAT ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

Parent/Guardian Signature _____ **Date** _____

Individuals Authorized to Pick up Your Child/Emergency Contacts List

*Your child will be released **ONLY** to those listed below. ID will be required before child is released.*

(Please specify preferred order for Emergency Contacts including Parent/Guardian)

Name	Phone	Relationship to Member	Emergency Contact?
1.		Parent/Guardian #1	<input type="checkbox"/> Yes #1 <input type="checkbox"/> No
2.		Parent/Guardian #2	<input type="checkbox"/> Yes #2 <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes #3 <input type="checkbox"/> No
4.			<input type="checkbox"/> Yes #4 <input type="checkbox"/> No
5.			<input type="checkbox"/> Yes #5 <input type="checkbox"/> No
6.			<input type="checkbox"/> Yes #6 <input type="checkbox"/> No

PLEASE LIST ANY INDIVIDUALS NOT AUTHORIZED TO PICK UP YOUR CHILD*

**If individual listed below is the parent/guardian, current legal documentation defining restriction is required.*

Name	Relationship to Member
1.	
2.	

The Westcott Center closes promptly each day at 7:00 PM while Pine & Springfield Sites close promptly at 6:00 PM. Pickup after closing time is considered to be late. For any child remaining after the stated closing time, a late fee will be charged. Beginning at 1 minute past the closing time, a late fee of \$1.00 per minute/per child will be charged. The late fee must be paid in full before the child may return to the program. There will be no exception to this rule. We will notify the appropriate authorities for any child remaining 15 minutes after the close of business. I understand that if I am frequently late, my child's membership may be revoked without refund.

Parent/Guardian Signature _____ **Date** _____