

# WESTCOTT MEMBERSHIP APPLICATION

Program Year: 2019-2020

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](http://www.bqclubmc.org)

Program Year: 2019-2020

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 \_\_\_\_\_

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**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

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**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

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**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, 2020. 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** \_\_\_\_\_