

# BOYS & GIRLS CLUBS OF CENTRAL NEW MEXICO

## MEMBERSHIP INFORMATION FORM

Date: \_\_\_\_\_

Heights      **Note: Any confidential information requested is for our recordkeeping only and for our funding. The answers you provide will be kept confidential. Your cooperation in providing this information is both appreciated and necessary.**

Rio Rancho

**HEAD OF HOUSEHOLD (please print):**

First Name:  Last Name:  Gender:  Male  Female  
 Address:   
 City:  State:  Zip:   
 Phone Number:  Home  Work  Cell Phone Number:   
 Email:  Email Type:  Home  Work  
 Employer:  Occupation:  Military Branch:   
 Family Size:  Family Setting:  2 Parent Household  Single Parent-Mother  Guardian  Joint Custody  Single Parent-Father  Other: \_\_\_\_\_

**Annual Family Income (Combined)**

<input type="checkbox"/> \$0 - \$9,000	<input type="checkbox"/> \$15,001 - \$19,000	<input type="checkbox"/> \$28,001 - \$32,700	<input type="checkbox"/> \$42,000 and above
<input type="checkbox"/> \$9,001 - \$12,000	<input type="checkbox"/> \$19,001 - \$23,000	<input type="checkbox"/> \$32,701 - \$37,500	<input type="checkbox"/>
<input type="checkbox"/> \$12,001 - \$15,000	<input type="checkbox"/> \$23,001 - \$28,000	<input type="checkbox"/> \$37,501 - \$42,000	<input type="checkbox"/>

**Check ALL that apply:**

<input type="checkbox"/> TANF	<input type="checkbox"/> General Assistance	<input type="checkbox"/> SSI	<input type="checkbox"/> Daycare Voucher
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> SSDI	<input type="checkbox"/> Medicaid	<input type="checkbox"/> School Lunch

**PARENT/GUARDIAN (please print):**

First Name:  Last Name:  Gender:  Male  Female  
 Address:   
 City:  State:  Zip:   
 Phone Number:  Home  Work  Cell Phone Number:   
 Email:  Email Type:  Home  Work  
 Employer:  Job Title:  Occupation:

**MEMBER INFORMATION:**

First Name:  Middle Name:  Last Name:  Member Nickname:   
 Address:   
 City:  State:  Zip:   
 Birthdate:  Gender:  Male  Female  
 Ethnicity: \_\_\_\_\_

<input type="checkbox"/> African American	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Other
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Native American	

School:

Grade:

Swimming:

Child CAN swim  Child CANNOT swim

**MEDICAL INFORMATION:**

Insurance Company

Medications

Medical Conditions/Allergies

Policy #

Physicians Phone #

Disabilities

Physician's Name

Hospital Phone #

Preferred Hospital

**AUTHORIZATION FOR PICKUP:**

First Name

Last Name

Parent  Guardian  
 Emerg. Contact  Lives with member

First Name

Last Name

Parent  Guardian  
 Emerg. Contact  Lives with member

First Name

Last Name

Parent  Guardian  
 Emerg. Contact  Lives with member

First Name

Last Name

Parent  Guardian  
 Emerg. Contact  Lives with member

Pick-up Authorization Password

**PRIMARY EMERGENCY CONTACT (must be a parent of legal guardian):**

First Name

Last Name

Phone

**EMERGENCY MEDICAL RELEASE:**

If emergency medical care is deemed necessary and I cannot be reached, I authorize the Boys & Girls Clubs of Central New Mexico to act on my behalf in granting permission for my child to receive emergency medical treatment.

YES  NO Parent/Guardian initials \_\_\_\_\_

**PERMISSION FOR PHOTOS/VIDEOS:**

I give the Boys & Girls Clubs of Central New Mexico permission to take still and/or moving pictures and video recordings of my child for promotional purposes, to be used in anyway the BGCCNM deems appropriate, (e.g., newsletters, website, United Way, brochures, etc.)

YES  NO Parent/Guardian initials \_\_\_\_\_

**TRANSPORTATION PERMISSION:**

I give the Boys & Girls Clubs of Central New Mexico permission to transport my child in agency-insured vehicles for field trips or in special circumstances.

YES  NO Parent/Guardian initials \_\_\_\_\_

**PARENT/GUARDIAN & MEMBER'S AGREEMENT**

I have read the completed application, understand the rules of conduct of the Boys & Girls Clubs of Central New Mexico, and have explained these rules to my son/daughter. I request that my child be admitted into membership. I agree that the Boys & Girls Clubs of Central New Mexico will not be responsible for any accident to my child while he/she is on Club premises, while engaged in any of its activities, or while on sanctioned field trips away from the Club site. I have read and understand the Emergency Medical Release, Permission for Photos/Videos, and Transportation Releases as written and have indicated my permission, or lack thereof, accordingly.

Parent's / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

[www.bgccnm.org](http://www.bgccnm.org)

Office Use Only:

MEMBERSHIP TYPE

SCHOLARSHIP

After School Care  
 Vacation Camp

YDBP  
 Sports Camps

Outreach  
 Other \_\_\_\_\_

ASF  
 Transportation

SVC  
 Club Kid