



BOYS & GIRLS CLUB
OF RED LODGE & THE BEARTOOTH FRONT

24 W 9th Street PO Box 11 Red Lodge, MT 59068
(406) 446-2582

For Office Use Only:	
Receipt # _____	
Amount \$ _____	
Check # _____ Cash \$ _____	
Date Rcv'd _____ Staff _____	
Donation \$ _____	
Date Input _____ by _____	

Membership Form

PLEASE PRINT NEATLY AND FILL OUT ALL INFORMATION COMPLETELY

Member First Name _____ Middle _____ Last _____
 Nickname (If Applicable) _____ Address _____ City _____
 State _____ Zip _____ Birthdate (MM/YY/DDDD) _____ Age _____ Home Phone _____
 Gender: Male Female Cell Phone _____ Email _____

Father _____ Employer _____ Address (if different from above) _____ _____ Work Phone _____ Cell Phone _____ Email _____

Mother _____ Employer _____ Address (if different from above) _____ _____ Work Phone _____ Cell Phone _____ Email _____

Guardian/Other _____ Employer _____ Address (if different from above) _____ _____ Work Phone _____ Cell Phone _____ Email _____

Emergency Contact (other than parent) Name _____ Relationship to Member _____ Home Phone _____ Work Phone _____ Cell Phone _____ Email _____
--

ETHNIC HERITAGE (as many as apply)

- Caucasian Hispanic African American Asian
 Native American Pacific Islander Other: _____

- NEW MEMBER**
 RENEWING MEMBER
 FORMER MEMBER

Member Lives with (circle all that apply) Father Mother Grandparent Other Number of Brothers _____ Number of Sisters _____ Number of KIDS living @ home _____
--

Medical Information:

Preferred Physician: _____ Preferred Hospital/Clinic _____
 Physician Phone: _____ Hospital/Clinic Phone: _____
 Medical Problems or Allergies: _____

Medications Child is Taking: _____

EMERGENCY AUTHORIZATION: I, the undersigned (as parent or guardian of the participant, a minor), hereby authorize the staff of the Boys & Girls Club or its sponsors and/or volunteers, coaches, trainers, activity supervisors, instructors and vehicle drivers as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorized treatment and/or care at any hospital or by licensed medical personnel. Club staff will NOT medicate children. Parents/guardians are ENTIRELY responsible for medications and for personally arranging for or ensuring the proper and timely medicating of their children.

Parent Signature: _____

Date: _____

THE FOLLOWING IS REQUIRED FOR OUR ANNUAL REQUESTS FOR FUNDING. ALL RESPONSES ARE TOTALLY CONFIDENTIAL. PLEASE PROVIDE THE NECESSARY INFORMATION! THANK YOU!

Family Size Total _____ Are you a single parent? yes no

Household Description: Extended Non-family Family

Family Income: Under \$15,000 \$15,000 - \$20,000 \$20,001 - \$25,000 \$25,001 - \$30,000
 \$30,001 - \$35,000 \$35,001 - \$40,000 \$40,001 - \$45,000 \$45,001 - \$50,000
 \$50,001 - \$55,000 \$55,001 - \$60,000 \$60,001 - \$65,000 \$65,001 - \$70,000
 \$70,001- \$75,000 Over \$75,000

CHECK ALL PROGRAMS THAT APPLY

AFDC FOOD STAMPS SSDI GENERAL ASSISTANCE
 SSI SEC 8 HUD

***** UNDERSTANDING *****

TO PARENTS OR GUARDIANS OF MINOR - WAIVER OF LIABILITY & DISCLAIMER: The Boys & Girls Club of Red Lodge has an "OPEN CAMPUS POLICY". This policy allows members to come and go at any time during the Club's operating hours. It is the responsibility of the child and parent/guardian to determine, understand and enforce whatever arrival and departure methods they see fit. Staff requires youth to sign in and ask youth leaving to sign out. Members should NOT arrive at the Club prior to opening, as the Club cannot be held responsible for the supervision of such youth. It is important to remember that the Club is NOT a daycare and is not governed by licensure as a childcare facility.

In consideration of my son's/daughter's membership and participation in the activities and special programs or events of the Boys & Girls Club, I, as parent or guardian of named minor, my heirs, executors, administrators and assigns, waive, release and discharge any and all rights, and claims of damages against the Boys & Girls Club and/or its sponsors for all claims arising or resulting from traveling, participating and/or being involved in the program or activities. I attest and verify that I have full knowledge of the risks involved in said participation and that I will on behalf of the said member assume and pay and medical or emergency expenses in the event of accident, illness or other incapacity regardless of whether I have authorized such expenses. I attest that my son/daughter is physically fit and sufficiently able to participate in the programs or activities of the Boys & Girls Club in conjunction with other youth members.

ACKNOWLEDGEMENT AND CONSENT: For internal and external use. I acknowledge that the Boy & Girls Club and/or its sponsors may utilize photographs of the member, which may be taken during involvement in the Boys & Girls Club programs or activities. I consent to such uses & hereby waive all rights to compensation.

NOTE: Your signature acknowledges that you have read and accept the policies of the Club as described above. Please call the Club at 446-2582 if you have any questions.

THIS MEMBERSHIP WILL NOT BE ACCEPTED UNLESS SIGNED.

Date Signed

Signature of Parent or Guardian

Printed Name of Parent or Guardian

I agree to abide by the rules and regulations of the Club and the Club Cod: Respect Myself. Respect Others. Respect the Club.

Date Signed

Signature of Member

Printed Name of Member