



**BOYS & GIRLS CLUBS**  
OF TUCSON

# MEMBERSHIP APPLICATION

APLICACIÓN PARA AFILIACIÓN

FEM    HT    JVC    PY    RD    SD

FOR ADMIN USE ONLY:

RENEW    NEW

INITIAL JOIN DATE:   ID#

## MEMBER INFORMATION / INFORMACIÓN DE MIEMBRO

FIRST NAME/NOMBRE:	LAST NAME/APELLIDO:	<input type="checkbox"/> BOY HOMBRE	<input type="checkbox"/> GIRL MUJER
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<b>ETHNICITY / ORIGEN ETNICO</b>	<b>BIRTH DATE / DIA DE NACIMIENTO:</b>	<b>AGE</b>
<input type="checkbox"/> AFRICAN AMERICAN / AFRICANO AMERICANO <input type="checkbox"/> ASIAN / ASIANO <input type="checkbox"/> CAUCASIAN / ANGLO <input type="checkbox"/> HISPANIC / HISPANO <input type="checkbox"/> MULTI-RACIAL <input type="checkbox"/> NATIVE AMERICAN / NATIVO AMERICANO <input type="checkbox"/> OTHER	MONTH / MES   DAY / DIA   YEAR / AÑO <small>(BIRTH CERTIFICATE MAY BE REQUIRED FOR UNDER 10 YEARS OF AGE)          (EL CERTIFICADO DE NACIMIENTO SE PUEDE REQUERIR PARA BAJO 10 AÑOS DE EDAD)</small>	

<b>HOME ADDRESS / DOMICILIO</b>	<b>CITY/CIUDAD</b>	<b>STATE / ESTADO</b>	<b>ZIP / CODIGO</b>

<b>HOME PHONE / NUMERO DE TELEFONO</b>	<b>SCHOOL / ESCUELA</b>	<b>GRADE / GRADO</b>	<b>GRADUATION YEAR/ ANO DE GRADUACION</b>

<b>HOUSEHOLD INFORMATION/MEMBER LIVES WITH / MIEMBRO VIVEN CON:</b>	<b>SINGLE PARENT</b>
<input type="checkbox"/> MOTHER/MADRE <input type="checkbox"/> FATHER/PADRE <input type="checkbox"/> GRANDPARENT/ABUELOS <input type="checkbox"/> OTHER   PLEASE INDICATE:	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>ANNUAL HOUSEHOLD INCOME / INGRESO ANUAL DEL HOGAR (CHECK ONE/MARQUE UNO)</b>	<b># IN HOUSEHOLD: PERSONAS EN FAMILIA</b>
<input type="checkbox"/> 0-\$5,000 <input type="checkbox"/> \$5,001-10,000 <input type="checkbox"/> \$10,001-15,000 <input type="checkbox"/> \$15,001-25,000 <input type="checkbox"/> \$25,001-30,000 <input type="checkbox"/> \$30,001-50,000 <input type="checkbox"/> \$50,001-UP	

<b>FREE / REDUCED SCHOOL LUNCH / ALMUERZO GRATIS</b>	<b>TRIBAL AFFILIATION</b>	<b>TANF</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO   TRIBAL NAME:	<input type="checkbox"/> YES <input type="checkbox"/> NO

### #1 - EMERGENCY CONTACT / INFORMACIÓN EN CASO DE EMERGENCIA

FIRST NAME / NOMBRE	LAST NAME / APELLIDO	CONTACT PHONE / NUMERO DE CONTACTO:	<input type="checkbox"/> HOME/HOGAR <input type="checkbox"/> CELL/CELLULAR <input type="checkbox"/> WORK/TRABAJO
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RELATIONSHIP TO MEMBER / RELACIÓN:  
 MOTHER/MADRE  
 FATHER/PADRE  
 RELATIVE / PARIENTE  
 GUARDIAN  
 OTHER

### #2 - EMERGENCY CONTACT / INFORMACIÓN EN CASO DE EMERGENCIA

FIRST NAME / NOMBRE	LAST NAME / APELLIDO	CONTACT PHONE / NUMERO DE CONTACTO:	<input type="checkbox"/> HOME/HOGAR <input type="checkbox"/> CELL/CELLULAR <input type="checkbox"/> WORK/TRABAJO
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RELATIONSHIP TO MEMBER / RELACIÓN:  
 MOTHER/MADRE  
 FATHER/PADRE  
 RELATIVE / PARIENTE  
 GUARDIAN  
 OTHER

### MEDICAL INFORMATION / INFORMACIÓN MEDICA - SPECIAL NEEDS / HEALTH ISSUES? If YES, explain (alergias o problemas de salud)

### MOTHER / MADRE / GUARDIAN

FIRST NAME / NOMBRE	LAST NAME / APELLIDO	CONTACT PHONE / NUMERO DE CONTACTO:
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PRIMARY CONTACT / CONTACTO PRIMARIO  
 EMERGENCY CONTACT / CONTACTO DE EMERGENCIA  
 HOME/HOGAR  
 WORK/TRABAJO  
 CELL/CELULAR

EMPLOYER / EMPLEADOR:   OCCUPATION / OCUPACIÓN:

### FATHER / PADRE / GUARDIAN

FIRST NAME / NOMBRE	LAST NAME / APELLIDO	CONTACT PHONE / NUMERO DE CONTACTO:
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PRIMARY CONTACT / CONTACTO PRIMARIO  
 EMERGENCY CONTACT / CONTACTO DE EMERGENCIA  
 HOME/HOGAR  
 WORK/TRABAJO  
 CELL/CELULAR

EMPLOYER / EMPLEADOR:   OCCUPATION / OCUPACIÓN:

### MILITARY BRANCH   MILITARY HOUSEHOLD ONLY

ARMY  
 NAVY  
 AIR FORCE  
 COAST GUARD  
 NATIONAL GUARD  
 DEPT. OF DEFENSE  
 RESERVE  
 MALE  
 FEMALE  
 BOTH

## PARENT PERMISSION:

By signing this membership application, I hereby give permission for my son/daughter:

- ◆ To become a member of the Boys & Girls Clubs of Tucson
- ◆ To participate in its programs, including internet access; and
- ◆ To complete any and all evaluation forms to improve its programs.

**Authorization For Emergency Treatment:** I hereby give permission to the medical personnel selected by the Boys & Girls Clubs to order x-rays, routine tests, and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Boys & Girls Clubs to hospitalize, secure proper treatment for, and to order injection and/or surgery for my child as named above.

**Authorization For Application Review:** By my signature below, I hereby give permission for funding sources to review this membership application.

### Authorization For Media Release:

I hereby authorize the Boys & Girls Clubs to use my child's name and picture for Boys & Girls Clubs promotional material in print, on the internet and television or video presentations.

I do not authorize the Boys & Girls Clubs of Tucson to use my child's name and picture for any Boys & Girls Clubs promotional material in print, on the internet and television or video presentations.

### Open Door Policy:

- ◆ I understand that the Boys & Girls Clubs and its personnel are not responsible for personal injury or loss of property.
- ◆ I understand the "open door policy" which means my child is free to exit the building. The staff does not monitor the door.
- ◆ I understand supervision is not provided before or after club hours.

Date \_\_\_\_\_ Signed \_\_\_\_\_  
(Parent or Guardian)

## MEMBER COMMITMENT:

As a Boys & Girls Clubs member, I promise to practice the **CHARACTER COUNTS** values:

- ◆ RESPECT
- ◆ RESPONSIBILITY
- ◆ HONESTY
- ◆ CARING

Additionally, I agree to the following clubhouse rules:

- ◆ I PROMISE TO TAKE CARE OF MY CLUB PROPERTY.
- ◆ I PROMISE NOT TO SMOKE IN THE BUILDING OR ON THE GROUNDS.
- ◆ I PROMISE TO USE PROPER LANGUAGE AND SHOW RESPECT FOR MYSELF, STAFF AND OTHER MEMBERS.
- ◆ I PROMISE NOT TO "HANG " IN FRONT OF OR OUTSIDE OF THE CLUBHOUSE.
- ◆ I PROMISE TO SHOW MY CARD EACH AND EVERY TIME I ENTER.
- ◆ I PROMISE TO REPLACE OR COVER ANY CLOTHING CONSIDERED BY STAFF TO BE OFFENSIVE OR DISPLAYING WORDS, SYMBOLS OR LOGOS THAT PROMOTE GANGS, DRUGS, ALCOHOL, VIOLENCE, OR RACISM OR I MAY CHOOSE TO LEAVE THE CLUB

If at any time I am asked to return my card, I understand no dues will be refunded to me.

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

OFFICE USE ONLY	
<i>Front Desk Clerk use only:</i>	Date Received _____ <input type="checkbox"/> \$5.00 Membership Fee Paid - Staff Initial _____
Entered in VISION DB w/Payment _____	Signature _____ <small>Front Desk Staff</small>
<i>Clubhouse Director use only:</i>	<input type="checkbox"/> Discount "Member Special" – Amount Paid: _____ <input type="checkbox"/> Full Scholarship (\$5.00)
Reason _____	Signature _____ <small>Clubhouse Director</small>