

2012 Membership Information Form

Hylton Boys & Girls Club • 5070 Dale Blvd. • Dale City, VA 22193
 PHONE: (703) 670-3311 FAX: (703) 690-4567
 www.HYLTONCLUB.org



BOYS & GIRLS CLUBS OF GREATER WASHINGTON

For Office Use Only

Branch Name <input type="text"/>	Kidtrax ID <input type="text"/>	Data Entry
Member Status	Active	Rec'd: <input type="text"/>
<input type="checkbox"/> New <input type="checkbox"/> Renewing <input type="checkbox"/> Former	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	Entered: <input type="text"/>
Comment: _____ _____ _____		Student ID: <input type="text"/>
		Membership Dates
		Service: <input type="text"/>
		Termination: <input type="text"/>
		Initial: <input type="text"/>
		Renewal: <input type="text"/>

Member Information

First Name: <input type="text"/>	Middle Name: <input type="text"/>	Last Name: <input type="text"/>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity:	
	African American	Asian American
	Hispanic	Native American
	Caucasian	Multi Racial
	Haitian	Other
Date of Birth: <input type="text"/>		
Address: <input type="text"/>		City: <input type="text"/>
		State: <input type="text"/>
ZIP: <input type="text"/>	Phone: <input type="text"/>	Email: <input type="text"/>

School Information

HomeRoom Teacher: <input type="text"/>	School: <input type="text"/>	Grade: <input type="text"/>
Fee Level (School Lunch): Free <input type="checkbox"/> Reduced <input type="checkbox"/> TANF <input type="checkbox"/>		

Contacts

Father's First Name: <input type="text"/>	Father's Last Name: <input type="text"/>	Father's Work Phone & Ext: <input type="text"/>
Father's Employer: <input type="text"/>	Father's Occupation: <input type="text"/>	Father's Cell Phone: <input type="text"/>
Mother's First Name: <input type="text"/>	Mother's Last Name: <input type="text"/>	Mother's Work Phone & Ext: <input type="text"/>
Mother's Employer: <input type="text"/>	Mother's Occupation: <input type="text"/>	Mother's Cell Phone: <input type="text"/>
Other:		
First Name: <input type="text"/>	Last Name: <input type="text"/>	Work Phone & Ext: <input type="text"/>
Employer: <input type="text"/>	Occupation: <input type="text"/>	Cell Phone: <input type="text"/>

Pick Up Information:

1.) First Name:

Last Name:

Phone:

2.) First Name

Last Name:

Phone:

Not Authorized to Pick Up:

1) First Name:

Last Name:

Medical Information:

Physician:

Physician Phone

Special Needs/Health Problems: Yes NoMedications: Yes No

If Yes, Explain:

If Yes, Explain:

Household:**Confidential** The following information is necessary for our records and the funding our Organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary.**Member Lives With:** Both Parents
 Mother
 Father
 Step Mother Step Father
 Grandparents
 Other**Annual Family Income Level:** Below \$10,000
 \$10,000 - \$14,999
 \$15,000 - \$19,999
 \$20,000 - \$29,999
 \$30,000 or above
 Income Unknown

Total Number in Household: _____

Parent(s) Military Status: Active / Inactive / Retired Start Date: _____ End Date: _____ Branch: _____

Administrative Use OnlyBirth Certificate on File: Yes NoMember/Contacts understood Signed Permission Statement: Yes NoMember has permission to be used in public relations materials: Yes NoMember may participate in all Club activities: Yes No

Former Member? _____ Club member since: _____

I have read the completed application and understand the rules of the Boys & Girls Clubs of Greater Washington and request that my child be admitted into membership. I have explained the rules to my child and agree that the Boys & Girls Clubs of Greater Washington will not be responsible for any accident to the boy/girl while on the premises or while engaged in any of its activities away from the Boys & Girls Clubs of Greater Washington. I give consent for my child to receive medical attention in the event of an emergency. Also I give my consent for photographs, in which my child may appear, to be used in any way the Boys & Girls Clubs of Greater Washington may care to use them. I also will provide a copy of my child's report card and if not provided I authorize BGCGW to obtain my child report card from their school. Lastly, I understand that any materials made possible and/or at the Boys & Girls Clubs of Greater Washington is solely the property of the Boys & Girls Clubs of Greater Washington. This includes but not limited to recording, artwork, and written documents.

Parent or Guardian Signature _____

Club Member's Signature _____

Date: Month _____ Day _____ Year _____