



Membership Information Form

Boys & Girls Club of Lawrence
136 Water Street
Lawrence, MA 01841
978-683-2747

#
Date:
Unit:
Fee: \$

Confidentiality: a confidential information requested is for our record sand for the funding our organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted with an asterisk. (*)

Parent / Guardian (please print)

First Name *	Last Name *	Gender:
<input type="text"/>	<input type="text"/>	Male Female

Family Income:	Address:	Address Type:
<input type="checkbox"/> Under - \$10,000 <input type="checkbox"/> \$10,000 - \$20,000 <input type="checkbox"/> \$20,000 - \$30,000 <input type="checkbox"/> \$30,000 - \$40,000 <input type="checkbox"/> \$40,000 - \$50,000 <input type="checkbox"/> \$50,000 - +	<input type="text"/> <input type="text"/> (City): (State): (Zip Code):	Home: Work:

Family Size	Phone Numbers:	Phone Type:
<input type="text"/>	() - - Ext.	Home - Work - Mobile
	() - - Ext.	Home - Work - Mobile

Employer:	Job Title:	Insurance Carrier:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Parent / Guardian (Please Print)

First Name *	Last Name *	Gender:
<input type="text"/>	<input type="text"/>	Male Female

Address:	Address Type:
<input type="text"/>	Home:
<input type="text"/>	Work:

(City):	(State):	(Zip Code):
<input type="text"/>	<input type="text"/>	<input type="text"/>

Employer:	
() - - Ext.	Home - Work - Mobile
() - - Ext.	Home - Work - Mobile

Employer:	Job Title:	Insurance Carrier:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Members Information (please print)

First Name * Middle Name: Last Name *

Nickname: Birth Date:* Gender:* Ethnicity:*
 African American
 School:* Grade:* School ID:* Asian
 Caucasian
 Hispanic

Household Type: Family Foster Family

Family Setting:
 Both Parents Foster Parent Other _____
 Single Parent Mother Single Parent Father Divorced Widowed

Member Medical Information
Medications: (Please Print)

Medical Problems / Allergies

Permission for Medical Treatment?
 Yes No

Two Emergency Contacts:*

1) First Name * Last Name *
 () - - Ext.
 Home
 Work
 Mobile

Parent
 Guardian
 Family Member
 Acquaintance

Emergency Contact
 Primary Emergency Contact
 Lives with member

2) First Name * Last Name *
 () - - Ext.
 Home
 Work

Parent
 Guardian
 Family Member
 Acquaintance

Emergency Contact
 Primary Emergency Contact
 Lives with member

I have read the completed application, understand the rules and Open Door policy of the BGC of Lawrence and request that my son/daughter be admitted into membership. I have explained the rules and the Open Door Policy to my son/daughter and agree that the BGC of Lawrence will not be responsible for any accident to the boy/girl while on the BGC of Lawrence premises or a while engaged in any of its activities away from the BGC of Lawrence. I give my consent for my son/daughter to participate in all club activities, photographs, videos, literature, and/or news releases in which my son/daughter may appear, and to be used in any way the BGC of Lawrence may care to use them.

Signature of parent/guardian: _____