



Date: _____

Participant's Information:

Participant's Last Name: _____ Participant's First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone _____ Birth Date: _____

Gender: Male Female Ethnicity: _____

School Information:

Current School: _____ Current Grade: _____

Current Teacher: _____ Current GPA: _____

Medical Information:

Doctor Name: _____ Doctor Phone: _____

Doctor Address: _____

Preferred Hospital: Holton Community Hospital Stormont-Vail St. Francis

Insurance Carrier: _____

Policy #: _____ Group #: _____

Serious Health Problems: Yes No Medication: Yes No

If yes please explain: _____

Membership Relationships:

Family Size: _____

Relationship:

Current Head of Household: _____

Current Household: _____

Family Participation in Assistance Programs: Confidential

- | | | |
|-------------------------------|---|--|
| <input type="checkbox"/> SSDI | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> VA Vompensation |
| <input type="checkbox"/> SSI | <input type="checkbox"/> General Assistance | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> TANF | <input type="checkbox"/> Free or Reduced School Lunch Program | <input type="checkbox"/> Other: |

FOR OFFICE USE ONLY

Membership #: _____ Amount Paid: _____ Expiration Date: _____

Received: _____ Status: Paid / Not Paid Processed by: _____

Entry Date: _____ New / Renewal Member



BOYS & GIRLS CLUBS
OF THE PRAIRIE BAND
POTAWATOMI NATION

Authorize to Pick-Up and Emergency Contact Form

Date: _____

Please Circle: Parent/Guardian
Name:
Relationship:
Employer:
Home Address:
Phone Numbers:
Mobile:
Work:
Home:

Please Circle: Parent/Guardian
Name:
Relationship:
Employer:
Home Address:
Phone Numbers:
Mobile:
Work:
Home:

Please Circle: Parent/Guardian
Name:
Relationship:
Employer:
Home Address:
Phone Numbers:
Mobile:
Work:
Home:

Please Circle: Parent/Guardian
Name:
Relationship:
Employer:
Home Address:
Phone Numbers:
Mobile:
Work:
Home:

Household Income for statistical purposes only: Confidential (Does Not effect membership)		
Annual Gross Household Income:		
<input type="checkbox"/> \$0-5,000	<input type="checkbox"/> \$30,001-\$35,000	<input type="checkbox"/> \$60,001-\$65,000
<input type="checkbox"/> \$5,001-\$10,000	<input type="checkbox"/> \$35,001-\$40,000	<input type="checkbox"/> \$65,001-\$70,000
<input type="checkbox"/> \$10,001-\$15,000	<input type="checkbox"/> \$40,001-\$45,000	<input type="checkbox"/> \$70,001-\$75,000
<input type="checkbox"/> \$15,001-\$20,000	<input type="checkbox"/> \$45,001-\$50,000	<input type="checkbox"/> \$75,001-\$80,000
<input type="checkbox"/> \$20,001-\$25,000	<input type="checkbox"/> \$50,001-\$55,000	<input type="checkbox"/> \$80,001-\$85,000
<input type="checkbox"/> \$25,001-\$30,000	<input type="checkbox"/> \$55,001-\$60,000	<input type="checkbox"/> \$85,001-\$90,000+

Disclaimer:

I have read the completed application, understand the rules of the Boys & Girls Club of the Prairie Band Potawatomi Nation and request that my son/daughter to be admitted into membership. I have explained the rules to my son/daughter and agree that the Boys & Girls Club of the Prairie Band Potawatomi Nation will not be responsible for any accident to my son/daughter while on the Club's premises or while engaged in any of the Clubs activities away from the Club. I hereby authorize medical examination and emergency treatment for my son/daughter by a qualified licensed physician in the event of a accident. I also give my consent for photographs, in which my son/daughter may appear, to be used in any way the Boys & Girls Club of the Prairie Band Potawatomi Nation may care to use them.

Parent or Guardian Signature: _____
Member's Signature: _____

Date: _____
Date: _____