

Date \_\_\_ / \_\_\_ / 19\_\_

# MEMBERSHIP APPLICATION

## Boys & Girls Clubs

### Of the Prairie Band Potawatomi Nation

Please fill out completely both pages and write legibly

#### Participant's Information:

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Gender: \_\_\_ M \_\_\_ F Ethnicity: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### School Information:

Current Teacher: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

#### Medical Information:

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_  
Permission for Treatment by Doctor/Hospital: \_\_\_ Yes \_\_\_ No Medicaid: \_\_\_ Yes \_\_\_ No  
Date of Last Visit \_\_\_\_\_  
Does your family have health and/or accident insurance: \_\_\_ Yes \_\_\_ No  
Insurance Carrier: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Group#: \_\_\_\_\_  
Serious Health Problems: \_\_\_ Yes \_\_\_ No If Yes, explain: \_\_\_\_\_  
Medications: \_\_\_ Yes \_\_\_ No If Yes, explain: \_\_\_\_\_  
Preferred Hospital: \_\_\_ Holton Community Hospital \_\_\_ Stormont-Vail \_\_\_ St. Francis

#### Family Participation in Assistance Programs: Confidential

\_\_\_ SSI \_\_\_ TANF \_\_\_ Food stamps \_\_\_ General Assistance \_\_\_ Free Lunch Program \_\_\_ Paid in Full Lunch  
\_\_\_ Reduced Lunch Program \_\_\_ Other: \_\_\_\_\_

#### Household:

*NOTE: This information is collected for Grant writing purposes ONLY*

Member lives with: \_\_\_ Mom \_\_\_ Step Mom \_\_\_ Dad \_\_\_ Step Dad \_\_\_ Grandparent  
\_\_\_ Foster parent(s) \_\_\_ Other: \_\_\_\_\_  
Annual Income Level: \$ \_\_\_\_\_  
Total Number in Household: \_\_\_\_\_ Children under 18 \_\_\_\_\_  
Is there a Member of the Household 65 years old or older: \_\_\_ Yes \_\_\_ No  
Is there a Member of the Household Handicapped: \_\_\_ Yes \_\_\_ No  
Current Head of Household: \_\_\_ Female \_\_\_ Male \_\_\_ Both  
Current Single Parent: \_\_\_ Yes \_\_\_ No Military \_\_\_ Yes \_\_\_ No Branch \_\_\_\_\_

#### FOR OFFICE USE ONLY

Membership # \_\_\_\_\_ Status Not Paid / Paid Amount paid: \$ \_\_\_\_\_  
Date Received \_\_\_ / \_\_\_ /19 Date Entered \_\_\_ / \_\_\_ /19 Renewal Member / New Member  
Expiration Date \_\_\_ / \_\_\_ /19 PRD/Student Services/Cash/Check/Other \_\_\_\_\_ Processed By \_\_\_\_\_

**Boys & Girls Club  
Of the Prairie Band Potawatomi Nation**

*Please fill out completely and write legibly*

**Authorized to Pick-Up and Emergency Contact Form**

<b>PRIMARY CONTACT</b>	
Relationship to Member: _____ Parent/Guardian: _____ Emergency Contact: _____ Name: _____ DOB: _____ Occupation: _____ Address H: _____ Employer: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____	Relationship to Member: _____ Parent/Guardian: _____ Emergency Contact: _____ Name: _____ DOB: _____ Occupation: _____ Address H: _____ Employer: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____
Relationship to Member: _____ Parent/Guardian: _____ Emergency Contact: _____ Name: _____ Address: _____ Phone: _____ Type: _____ Phone: _____ Type: _____	Relationship to Member: _____ Parent/Guardian: _____ Emergency Contact: _____ Name: _____ Address: _____ Phone: _____ Type: _____ Phone: _____ Type: _____

The Boys & Girls Club is here to help with our Students Schooling. If you would like the BGC to have permission to request your students' academic information from USD 337 please check.

Yes I give BGC Permission to obtain my Childs school Information.

Parent Signature \_\_\_\_\_

**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 accidents to my son/daughter while on the Clubs 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 an 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. \*Newspaper, Tribal Website, Facebook, our community partner's publications etc.....

**Parent's comments or concerns:** \_\_\_\_\_

\_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_