

Date ___ / ___ / 2020

MEMBERSHIP APPLICATION

Boys & Girls Clubs

Of the Prairie Band Potawatomi Nation

Please fill out completely both sides 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 ___ / ___ /20 Date Entered ___ / ___ /20 Renewal Member / New Member
 Expiration Date ___ / ___ /20 PRD/Student Services/Cash/Check/Other _____ Processed By _____

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Of the Prairie Band Potawatomi Nation**

Please fill out completely and write legibly

Authorized to Pick-Up and Emergency Contact Form

PRIMARY CONTACT	
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:** _____