



BOYS & GIRLS CLUB
OF PEACH SPRINGS

MEMBERSHIP APPLICATION

Last Name	_____
Member #	_____
Branch	_____
Programs	_____

Child Information				
Last Name	_____	Street Address	_____	
First Name	_____	Mailing Address	_____	
MI	_____	Suffix (Jr., etc.)	_____	
Nickname	_____	City	_____	
Grade	_____	State	_____	
Gender (Circle One)	Male	Female	Zip	_____
Ethnicity (check one)	Home Phone			_____
<input type="checkbox"/> African-Amer.	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Native Amer.	School	_____
<input type="checkbox"/> Asian/Pacific	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other	Date of Birth	_____
Distance from Club (Approx. in miles - check one)				
<input type="checkbox"/> Less than 1				<input type="checkbox"/> 1 to 3
				<input type="checkbox"/> More than 3

The following questions apply to Hualapai Tribal members only and in no way disqualifies acceptance for Boys & Girls Club membership. Are you a member of tribal member? Yes No If so, which community? Buck-n-Doe PeachSprings

Emergency Information	
Contact (not guardian)	_____
Relationship to child	_____
Contact's Phone #	_____
Allergies	_____
Medications	_____
Health Ins. Carrier	_____

Parent/Guardian Information			
Last Name	_____	Last Name	_____
First Name	_____	First Name	_____
MI	_____	MI	_____
Suffix (Jr., etc.)	_____	Suffix (Jr., etc.)	_____
Relationship to child	_____	Relationship to child	_____
Marital Status	_____	Marital Status	_____
Street Address	_____	Street Address	_____
City	_____	City	_____
State	_____	State	_____
Zip	_____	Zip	_____
Home Ph#	_____	Home Ph#	_____
Business Ph#	_____	Business Ph#	_____
Cell Ph#	_____	Cell Ph#	_____
Email	_____	Email	_____
Employer	_____	Employer	_____
Job Title	_____	Job Title	_____

Household Information			
Annual Household Income (check one)		Member Lives With (Check one)	
<input type="checkbox"/> Under \$10,000	<input type="checkbox"/> \$40,000 - \$49,999	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother <input type="checkbox"/> Father
<input type="checkbox"/> \$10,000 - \$19,999	<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather
<input type="checkbox"/> \$20,000 - \$29,999	<input type="checkbox"/> \$100,000+	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other _____
<input type="checkbox"/> \$30,000 - \$39,999			

I give my permission for emergency medical treatment of my child for illness or accident, if I cannot be contacted. I give full consent to publish all photographs, motion pictures and/or videos for any and all Club related exhibitions, public displays, publications and/or advertising purposes, without limitation or reservation. I also agree no compensation will be paid for any of the aforementioned. I hereby give my permission for my child to become a member of the Boys & Girls Clubs of Greater Scottsdale. I understand that the Club is not responsible for the time or manner in which he/she arrives at or leaves the Club and that he/she may come and go at his/her own volition. The Boys & Girls Clubs and its property are not responsible for personal injury or loss of property.

Parent/Guardian Signature _____ Witness _____ Date _____

Office Use Only	
Start Date	_____
Expiration Date	_____