

\$20.00 Membership Fee
(Scholarships Available)

Membership Application

Boys & Girls Clubs of Greater La Crosse

Membership Type
___ New ___ Renewal

***Membership form and fee must be updated on an annual basis**

CIRCLE PRIMARY CLUB BELOW

Erickson Club Hamilton Club Holmen Site Huber Homes Club
La Crescent Club Mathy Club Schuh/Mullen Club West Salem Club

First Name: _____ Middle: _____ Last: _____
Ethnicity: ___ Asian ___ African American ___ Hispanic ___ White ___ Native American Other _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Gender: ___ M ___ F Birth Date: ___/___/___

SCHOOL INFORMATION

School: _____ Grade: _____ Current School Year: _____
Does member qualify for free lunch? ___ Yes ___ No Does member qualify for reduced lunch? ___ Yes ___ No

CONTACT INFORMATION

PRIMARY PARENT/GUARDIAN 1

PARENT/GUARDIAN 2

Name: _____
Relationship to member: _____
Employer: _____
Home Number: _____
Work Number: _____
Cell Number: _____
Email: _____

Name: _____
Relationship to member: _____
Employer: _____
Home Number: _____
Work Number: _____
Cell Number: _____
Email: _____

EMERGENCY CONTACTS

Name: _____ Phone: _____
Relationship to member: _____

Name: _____ Phone: _____
Relationship to member: _____

MEDICAL INFORMATION

Hospital Name: _____ Permission for treatment by Doctor/Hospital: ___ Yes ___ No
Does your family have health and/or accident insurance: ___ Y ___ N Insurance Carrier: _____
Serious Health Problems: ___ Yes ___ No If Yes, explain: _____
Medications: ___ Yes ___ No If Yes, list: _____

HOUSEHOLD

NOTE: This information is collected for Grant writing purposes ONLY and will be kept confidential.

Member lives with: ___ Both ___ Mom ___ Step Mom ___ Dad ___ Step Dad ___ Grandparent ___ Other: _____

If you live in a Housing Development, please indicate which one: _____

Annual Income Level: \$1 - \$20,000 _____ \$30,001 - \$35,000 _____ \$45,001 - \$50,000 _____ \$60,001 - \$65,000 _____
 \$20,001 - \$25,000 _____ \$35,001 - \$40,000 _____ \$50,001 - \$55,000 _____ \$65,001 - \$70,000 _____
 \$25,001 - \$30,000 _____ \$40,001 - \$45,000 _____ \$55,001 - \$60,000 _____ \$70,001 + _____

Number in Household: _____ Single Parent Household: Yes No Head of household: Male Female
(circle one) (circle one)

GENERAL

- ▶ Member has permission to be used in public relations materials: ___ Yes ___ No
- ▶ Member has permission to participate in Club surveys: ___ Yes ___ No
- ▶ Member may participate in all Club activities in or adjacent to the club building: ___ Yes ___ No
- ▶ Member has permission to partake in activities using the internet in the technology lab under the supervision of Boys & Girls Clubs of Greater La Crosse staff. I understand that if my child misuses the internet or equipment, priveleges will be revoked and I will be contacted immediately by a Boys & Girls Club official. ___ Yes ___ No

INTERNET MEMBER USE AGREEMENT

I agree to comply with all of the rules of conduct set forth by the staff members supervising the technology lab. I understand that if I misuse the internet or equipment my priveleges in the technology lab will be revoked and my parents will be called.

_____ / ____ / ____
 Member Signature Date

DISCLAIMER

The Boys & Girls Clubs of Greater La Crosse are not responsible or liable in any way in the event of harm or injury occurring to the member. It is agreed that the parent or guardian will not hold the Boys & Girls Clubs of Greater La Crosse responsible for the welfare or whereabouts of the member. If the Parent or Guardian does file a complaint against the Club the Parent or Guardian agrees to pay for the Boys & Girls Clubs of Greater La Crosse's legal fees.

MEMBER SCHOLARSHIP SUPPORT

You may help support other members by contributing to the scholarship fund for those in need of financial assistance. Memberships are \$20.00 each, and you may sponsor as many scholarships as you wish. You may attach a note to your payment indicating your contribution, or contact the Club at 782-3926 for more information.

The Positive Place For Kids



BOYS & GIRLS CLUBS
OF GREATER LA CROSSE

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

Entry Date ____/____/____ Staff Initials _____ Paid _____ Not Paid _____

Amount Paid _____ Cash _____ Check _____ Check # _____