

**Ages 6-12: Please return completed application with \$10.00 Application Fee and copy of child's birth certificate.**

**Ages 13-18: Please return completed application with \$15.00 application fee and copy of teen's birth certificate.**



**BOYS & GIRLS CLUB  
OF CAMDEN COUNTY  
(856) 963-6490**

## MEMBERSHIP APPLICATION

Unit Name: **Marjorie & Lewis Katz East Camden Clubhouse**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ At this Address Since: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ In Area Since: \_\_\_\_\_

Telephone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Gender:  Male  Female

### School Information:

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Current Teacher: \_\_\_\_\_ Food Program: \_\_\_\_\_

### Medical Information:

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Permission for Doctor/Hospital:  Yes  No

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 \_\_\_\_\_

### General:

Parent Understood Signed Insurance Disclaimer and Permission Statement:  Yes  No

This member has permission to be used in public relations materials:  Yes  No

This member may participate in all Boys & Girls Club activities in or adjacent to the club building:  Yes  No

**My child (Does / Does Not) require Parent/Guardian Pickup (Circle one)**

### Do You Belong to:

Boy Scouts or Girl Scouts  School Club  YMCA or YWCA  Church Group

Religion: \_\_\_\_\_ Other: \_\_\_\_\_

**OVER**

# MEMBERSHIP APPLICATION - CONTACTS

## Boys & Girls Club of Camden County

Member's Name: \_\_\_\_\_

<b>PRIMARY CONTACT</b>	
Parent/Guardian: ____ Emergency: ____ Person Authorized to Pickup Member: ____  Name: _____ Employer: _____ Occupation: _____ Address H: _____ Address W: _____ Relationship: _____  Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____	Parent/Guardian: ____ Emergency: ____ Person Authorized to Pickup Member: ____  Name: _____ Employer: _____ Occupation: _____ Address H: _____ Address W: _____ Relationship: _____  Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____
Parent/Guardian: ____ Emergency: ____ Person Authorized to Pickup Member: ____  Name: _____ Employer: _____ Occupation: _____ Address H: _____ Address W: _____ Relationship: _____  Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____	Parent/Guardian: ____ Emergency: ____ Person Authorized to Pickup Member: ____  Name: _____ Employer: _____ Occupation: _____ Address H: _____ Address W: _____ Relationship: _____  Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____

**Will you attend club: (check one)**

Year-around     Only during School Year     Only during Holidays or Summer

How long a Member in Years: \_\_\_\_\_ Club Member Since: \_\_\_\_\_

Reason(s) for joining:  Fun  Learning  Sports  Other: \_\_\_\_\_

**Household:** This information is gathered for the purpose of improving our Club for your child.

Annual	\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
Gross	\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
Household	\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
Income:	\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	\$75,001 - \$80,000 _____
	\$20,001 - \$25,000 _____	\$50,001 - \$55,000 _____	\$80,001 - \$85,000 _____
	\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	\$85,001 - \$90,000+ _____

Do you live with your:  Mom  Step Mom  Dad  Step Dad  Grandparent Other: \_\_\_\_\_

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

Current Housing Area: \_\_\_\_\_

Current Single Parent:  Yes  No    Current Number in Household: \_\_\_\_\_

Number of Brother: \_\_\_\_\_ Ages: \_\_\_\_\_    Number of Sisters: \_\_\_\_\_ Ages: \_\_\_\_\_

**Physical:**

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color/Features: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Disclaimer:**

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**    Membership#: \_\_\_\_\_

Entry Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Status: \_\_\_\_\_

Birth Certificate on File:  Yes  No    Birth City: \_\_\_\_\_ Birth State/Country: \_\_\_\_\_

Type: \_\_\_\_\_ New or Renewal Member: \_\_\_\_\_ Processed by: \_\_\_\_\_