



BOYS & GIRLS CLUBS  
OF BELLEVUE

**OFFICE USE ONLY**

Number \_\_\_\_\_  
Exp \_\_\_\_\_  
Enrolled \_\_\_\_\_  
New? \_\_\_\_\_

**MEMBERSHIP APPLICATION**  
**BOYS & GIRLS CLUBS OF BELLEVUE**

Membership Application to be completed by a parent/guardian.  
*Please print legibly. All information on this form will remain confidential.*

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_ Grade in Sept. 2018: \_\_\_\_\_

**PRIMARY** Parent/Guardian Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Cell Phone/Alt Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

**SECONDARY** Parent/Guardian Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Cell Phone/Alt Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

**Emergency Contact (other than a Parent/Guardian):**

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone/Alt Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone/Alt Phone: \_\_\_\_\_

**Medical Information:**

Is your youth taking any medications? (Please list) \_\_\_\_\_

Does your youth have any allergies? (Please list) \_\_\_\_\_

Does your youth have any dietary restrictions? (Please list) \_\_\_\_\_

Preferred Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

**For reporting purposes please answer the following questions:**

*Please check all that apply:*

- I give permission to BGCB to take and use my child's photograph for publication and information purposes.
- I give permission to BGCB to use my child's name to accompany his/her photograph for the above purposes.
- I give permission for my child to be transported by a BGCB van.
- My child is an English Language Learner
- My child has lived in this country for less than one year
- My child has physical or sensory disabilities
- My child lives in a single-parent household
- A parent or guardian of the participant is *active* in the U.S. Military  A parent or guardian of the participant has *prior* service
- My child qualifies for the free and reduced lunch program

\_\_\_ What is your family household size?

Primary language spoken at home: \_\_\_\_\_.

Ethnicity (please check all that apply):

- African-American/Black  Asian  American Indian/Alaskan Native
- Hawaiian/Pacific Islander  Caucasian/White  Hispanic/Latino  Other: \_\_\_\_\_

I live at (please check one box):

- Spiritwood Manor  Hidden Village  Eastside Terrace  Other: \_\_\_\_\_
- Landmark  College Place  I have Section 8

**\*I understand that "The Club" Teen Center is a drop in facility. Members have the ability to leave if they decide to do so. -**

\_\_\_\_\_ (initial) \*Please see attached Drop In Policy sheet for more information

**Release of liability & consent to medical care and treatment:**

I hereby apply for membership in the Boys and Girls Clubs of Bellevue (the "Club"). I consent to being given a physical examination and/or emergency treatment by a physician or hospital in case of an accident or any other emergency, as determined by the Club, while taking part in various athletic, cultural and social activities of the Club. I authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician as a result of such accident or emergency. I will not hold the Club, members of its board, City of Bellevue, COB Staff, BGCB staff, leaders, other instructors, and its agents or representatives responsible for injury to myself or damage to my property which may occur while participating in Club activities or while being transported to or from such activities.

I give my permission for my child to participate at the Boys & Girls Clubs of Bellevue. I fully understand that the program involves mentors, who shall be selected from the community and will be screened (including a criminal background check) and trained before beginning in the program. I understand that the staff of the Club will provide ongoing monitoring of the mentoring activities.

**I have read and understand the above:**

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