



DOING THE MOST GOOD™



BOYS & GIRLS CLUBS

**The Salvation Army Boys & Girls Club
2009 Summer Program Application**

MEMBER INFORMATION	
<u>Name:</u>	<u>Sex:</u> () Male () Female <u>Race:</u>
<u>Street Address:</u>	<u>With whom do you live:</u> () Both Parents () Mother () Father () Guardian
<u>City, State, Zip:</u>	<u>Birth Date:</u> <u>Age:</u>
<u>Home Phone:</u>	<u>School:</u> <u>Grade 2008-2009:</u>
<u>Social Security #:</u>	<u>Shirt Size:</u>
<u>Do you receive a free or reduced lunch at school?</u>	<u>Name of Church:</u>
<u>Parent/Guardian email:</u>	<u>List brothers & sisters who are members of the Club:</u>

PARENT OR GUARDIAN INFORMATION	
<u>Name:</u> <u>Home Phone:</u> <u>Cell:</u>	<u>Relation to applicant:</u> () Parent () Guardian () Other, specify who or relation: _____
<u>Street Address:</u> <u>City, State, Zip:</u>	<u>Place of Employment:</u> <u>Work Phone:</u>
<u>Emergency Notification Name:</u>	<u>Relation of Emergency Contact:</u>
<u>Emergency Notification Phone #:</u>	<u>Household Income:</u>

PERSONS AUTHORIZED TO PICK-UP CHILD			
<u>Name:</u> <u>Home Phone:</u> <u>Cell:</u>	<u>Name:</u> <u>Home Phone:</u> <u>Cell:</u>	<u>Name:</u> <u>Home Phone:</u> <u>Cell:</u>	<u>Name:</u> <u>Home Phone:</u> <u>Cell:</u>
<u>Name:</u> <u>Home Phone:</u> <u>Cell:</u>	<u>Name:</u> <u>Home Phone:</u> <u>Cell:</u>	<u>Name:</u> <u>Home Phone:</u> <u>Cell:</u>	<u>Name:</u> <u>Home Phone:</u> <u>Cell:</u>

of persons in household: _____

PLEASE READ THE AGREEMENT BELOW BEFORE SIGNING

I agree to obey the rules of the Club, its Officials and Staff members. I understand my membership can be suspended, if necessary by the Executive Director. I wish to become a member of The Salvation Army Boys & Girls Club. Upon being accepted into membership I pledge myself to take care of the Club and it's property, to obey it's rules, and leaders, to be loyal to my Club, and to abide by it's Code.

Member's Signature: _____
Date: _____

I/We approve our son/daughter's application for membership. I give my/our consent to medical treatment if necessary by a physician of hospital. I/We also understand the Club is not responsible for personal injury or loss of personal property. I give my/our permission for the staff to perform first aid. My child has my/our permission to participate in any outside activities or field trips. He or she also has my/our permission to be photographed or video taped. **I/We understand that all membership fees are final and non-refundable.**

Parent or Guardian's Signature: _____
Date: _____

FOR MORE INFORMATION, CONTACT THE CLUB AT (601) 544-3684 or (601) 544-KIDS (5437)

For Office Use Only:

Non-Refundable Payment: _____ Date: _____ Membership Number: _____

Receipt #: _____ Processed By: _____ Picture Attached On: _____