



BOYS & GIRLS CLUBS
OF THE BIG PINES

Membership Registration Form for: _____
Today's Date

PARENTS: This is for...	
<input type="checkbox"/>	Club Membership
<input type="checkbox"/>	Sports _____
<input type="checkbox"/>	Summer
<input type="checkbox"/>	Extension _____

Last Name _____

Calendar year membership is good through Dec. 31st each year.

Please **complete** the form and **print clearly**. This information is confidential and the required data is for self-certification and contact purposes.

Youth Member Information:

Renewal? No Yes

Last Name: _____ First Name: _____ Birth Date: ____/____/____

Address: _____ City: _____

Zip Code: _____ Home Telephone: (____) _____ Gender: Male Female

Pre-existing medical conditions (i.e. allergies, seizures, etc.)? If yes, please comment: _____

Grade Level You Are Currently Completing (if summertime-which you are entering): _____

Parent/Guardian Information:

Mother/Guardian's name: _____ Father/Guardian's name: _____
 Emergency Pick Up Emergency Pick Up

Parent E-mail Address (to send club & event info): _____

Mother's employer's name and phone #: _____

Mother's Cell Number

Father's employer's name and phone #: _____

Father's Cell Number

Contact: _____ Phone: (____) _____ Relationship _____ Emergency Pick Up

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Ethnicity/Race

This information is only used for government reporting purposes to monitor compliance with equal opportunity laws. Please note that self-identification of race/ethnicity is voluntary.

- | | | |
|--|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaska Native AND White | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian AND White | <input type="checkbox"/> Cuban |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American AND White | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> American Indian/Alaska Native AND Black/African American | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other: _____ | |

Family Income Level (Check only ONE):

- \$0.00 - \$9,999.99
- \$10,000.00 - \$19,999.99
- \$20,000.00 - \$29,999.99
- \$30,000.00 - \$39,999.99
- \$40,000.00 - \$49,999.99
- More than \$50,000.00
- Other

Member lives with (Check all that apply):

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Grandparent(s) |
| <input type="checkbox"/> Father | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Both Mother & Father | | |

Is it a Single Parent Household? Yes ____ No ____

Number Of People in your Household: _____
Number of Brothers _____ Number of Sisters _____ Other _____

Specific School Attending: _____



