



**BOYS & GIRLS CLUB
OF BOWLING GREEN**

General Membership Registration Form

Please complete the form and print clearly. The following information is kept confidential and the required data is for self-certification and contact purposes.

BGCBG Office Use Only	
DATE ENTERED INTO SYSTEM: ___/___/___	
PROGRAM INITIALS: _____	
Amt Paid: _____	Amt Owe: _____

RECEIPT #: _____

Last Name

Youth Member Information Date: _____

New Member Returning Member (please fill out updated information below)

Last Name: _____ First Name: _____ Age: ___ Grade: _____

Birth Date: ___/___/___ Gender: Male / Female

(month-day-year) Social Security Number: _____

Ethnicity: _____ School: _____

Address: _____

City: _____ Zip Code: _____ Phone: _____

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

Parent/Guardian E-mail Address (for Club & event info only): _____

Member Lives with: Father & Mother Father Only Mother Only Other _____

Father/Guardian Information:

Name: _____ Permission to pick up child? Yes No

Place of Employment: _____ Work Phone #: () _____

Cell Phone #: () _____

Mother/Guardian Information:

Name: _____ Permission to pick up child? Yes No

Place of Employment: _____ Work Phone #: () _____

Cell Phone #: () _____

Family Income:
<input type="checkbox"/> \$9,000 or below <input type="checkbox"/> \$9,001-\$12,000 <input type="checkbox"/> \$12,000-\$15,000
<input type="checkbox"/> \$15,001-\$19,000 <input type="checkbox"/> \$19,001-\$23,000 <input type="checkbox"/> \$23,001-\$28,000
<input type="checkbox"/> \$28,001-\$32,700 <input type="checkbox"/> \$32,7001-\$37,500 <input type="checkbox"/> \$37,501-\$42,000
<input type="checkbox"/> \$42,000 and above

Check all that apply:
<input type="checkbox"/> food stamps
<input type="checkbox"/> SSI
<input type="checkbox"/> School Lunch
<input type="checkbox"/> Medicaid

Other Emergency Contact

Name: _____ Permission to pick up child? Yes No

Cell Phone #: () _____ Work Phone #: () _____

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Cell Phone #: () _____ Work Phone #: () _____

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