

Membership Application (Basketball)

Boys & Girls Club of Greater Dubuque

MEMBER INFORMATION

First Name: _____ MI: _____ Last Name: _____
 Gender: Male _____ Female _____ Date of Birth: _____
 Ethnicity: Asian _____ African-American _____ Hispanic _____ White _____ Native American _____ Other _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone Number: _____ Email: _____

CONTACT INFORMATION

Parent/Guardian 1

Name: _____
 Relationship to Member: _____
 Employer: _____
 Phone Number: _____
 Email: _____

Emergency Contact

Name: _____ Relationship to Member: _____
 Phone Number: _____

Parent/Guardian 2

Name: _____
 Relationship to Member: _____
 Employer: _____
 Phone Number: _____
 Email: _____

Emergency Contact

Name: _____ Relationship to Member: _____
 Phone Number: _____

MEDICAL INFORMATION

Hospital Name: _____ Permission for treatment by Doctor/Hospital: Yes _____ No _____
 Does your family have health insurance: Yes _____ No _____
 Insurance Carrier: _____
 Does member have serious health problems? Yes _____ No _____

The Boys & Girls Club of Greater Dubuque is not responsible or liable in any way in the event of harm or injury occurring to the Member. It is agreed that the parent or guardian will not hold the Boys & Girls Club of America (BGCA) nor the Boys & Girls Club of Greater Dubuque (BGCGD) responsible for the welfare or whereabouts of the Member. If the parent or guardian does file a complaint against the BGCA or BGCGD, the parent or guardian agrees to pay for the BGCGD's legal fees.

The Boys & Girls Club of Greater Dubuque reserves the right to terminate any membership without a refund if any member refuses to follow BGCA and BGCGD rules and guidelines.

Parent/Guardian Signature: _____ **Date:** _____

FOR OFFICE USE

Entry Date: ____/____/____ Staff Initials: _____ Paid: Yes _____ No _____ Member #: _____
 Amount Paid: _____ Cash: _____ Check: _____ Check #: _____ Membership Type: Renewal _____ New _____