



**BOYS & GIRLS CLUBS  
OF THE CASA GRANDE VALLEY**

**MEMBERSHIP APPLICATION**

*\*Indicates Required Information*

**Members Information**

\*First Name \_\_\_\_\_ Middle \_\_\_\_\_ \*Last \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Phone#: \_\_\_\_\_ \*Birth Date: \_\_\_\_\_

**Ethnicity/Race:**  African-American  Asian  Caucasian  Hispanic/Latino/a  Multi-Racial  
 Native-American  Other \_\_\_\_\_

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**School Information:**

\* Current School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

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**CONTACT INFORMATION**

**Primary Contact**

\*Parent/Guardian: \_\_\_\_\_ \*Relationship: \_\_\_\_\_

\*Phone#: \_\_\_\_\_ Type: \_\_\_\_\_ \*Phone#: \_\_\_\_\_ Type: \_\_\_\_\_

\*Email: \_\_\_\_\_

\*Home Address: \_\_\_\_\_

\*Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

\*Work Phone#: \_\_\_\_\_

Work Address: \_\_\_\_\_

**Secondary Contact**

\*Name: \_\_\_\_\_ \*Relationship: \_\_\_\_\_

\*Phone#: \_\_\_\_\_ Type: \_\_\_\_\_ \*Phone#: \_\_\_\_\_ Type: \_\_\_\_\_

\*Email: \_\_\_\_\_

\*Home Address: \_\_\_\_\_

\*Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

\*Work Phone#: \_\_\_\_\_

Work Address: \_\_\_\_\_

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***\*Indicates Required Information***

**Medical Information:**

**\*PERMISSION FOR MEDICAL TREATMENT? Yes\_\_\_ No\_\_\_**

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

**\*Serious health problems or allergies: Yes\_\_\_ No\_\_\_**

Describe if any: \_\_\_\_\_

Does your family have health and/or accident insurance: **Yes \_\_\_ No \_\_\_**

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group#: \_\_\_\_\_

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**EMERGENCY CONTACT**

**\*Name:** \_\_\_\_\_ **\*Relationship:** \_\_\_\_\_

**\*Phone:** \_\_\_\_\_ **Type:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Type:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

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**EMERGENCY CONTACT**

**\*Name:** \_\_\_\_\_ **\*Relationship:** \_\_\_\_\_

**\*Phone:** \_\_\_\_\_ **Type:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Type:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

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***\*Please Read and Initial:***

\_\_\_\_ I hereby approve my child's application for membership in the Boys & Girls Clubs of the Casa Grande Valley. I will notify the club of any changes in address and all telephone numbers listed on the membership application.

\_\_\_\_ I understand that my child's membership standing is based upon his/her ability to obey the rules of the Club, its officials, and staff Members. Membership may be suspended or cancelled at any time for misbehavior without a refund.

***\*Please Circle One:***

**I DO / I DO NOT**

give permission for my child's picture to be used for any media purposes pertaining to the Boys & Girls Clubs of the Casa Grande Valley.

**\*Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_