

Date \_\_\_/\_\_\_/16

**MEMBERSHIP APPLICATION**  
**Boys & Girls Clubs**  
**Of the Prairie Band Potawatomi Nation**  
*Please fill out completely and write legibly*

**Participant's Information:**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Nickname: \_\_\_\_\_  
Gender: \_\_\_ M \_\_\_ F Ethnicity: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**School Information:**

Current Teacher: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Medical Information:**

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_  
Date of Last Medical Exam: \_\_\_\_\_  
Permission for Treatment by Doctor/Hospital: \_\_\_ Yes \_\_\_ No Medicaid: \_\_\_ Yes \_\_\_ No  
Does your family have health and/or accident insurance: \_\_\_ Yes \_\_\_ No  
Insurance Carrier: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Group#: \_\_\_\_\_  
Serious Health Problems: \_\_\_ Yes \_\_\_ No If Yes, explain: \_\_\_\_\_  
Medications: \_\_\_ Yes \_\_\_ No If Yes, explain: \_\_\_\_\_  
Preferred Hospital: \_\_\_ Holton Community Hospital \_\_\_ Stormont-Vail \_\_\_ St. Francis

**Family Participation in Assistance Programs: Confidential**

\_\_\_ SSI \_\_\_ TANF \_\_\_ Food stamps \_\_\_ General Assistance \_\_\_ Free or Reduced School Lunch Program  
\_\_\_ Other: \_\_\_\_\_

**Household:**

*NOTE: This information is collected for Grant writing purposes ONLY*

Member lives with: \_\_\_ Mom \_\_\_ Step Mom \_\_\_ Dad \_\_\_ Step Dad \_\_\_ Grandparent  
\_\_\_ Foster parent(s) \_\_\_ Other: \_\_\_\_\_  
Annual Income Level: \$ \_\_\_\_\_  
Total Number in Household: \_\_\_\_\_ Children under 18 \_\_\_\_\_  
Is there a Member of the Household 65 years old or older: \_\_\_ Yes \_\_\_ No  
Is there a Member of the Household Handicapped: \_\_\_ Yes \_\_\_ No  
Current Head of Household: \_\_\_ Female \_\_\_ Male \_\_\_ Both  
Current Single Parent: \_\_\_ Yes \_\_\_ No

**FOR OFFICE USE ONLY**

Membership # \_\_\_\_\_ Status Not Paid / Paid Amount paid: \$ \_\_\_\_\_  
Date Received \_\_\_/\_\_\_/16 Date Entered \_\_\_/\_\_\_/16 Renewal Member / New Member  
Expiration Date \_\_\_/\_\_\_/16 PRD/Student Services/Cash/Check/Other \_\_\_\_\_ Processed By \_\_\_\_\_

# MEMBERSHIP APPLICATION

## Boys & Girls Club

### Of the Prairie Band Potawatomi Nation

Please fill out completely and write legibly

#### Authorized to Pick-Up and Emergency Contact Form

PRIMARY CONTACT	
Relationship to Member: _____ Parent/Guardian: _____ Emergency Contact: _____ Name: _____ DOB: _____ Occupation: _____ Address H: _____ Employer: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____	Relationship to Member: _____ Parent/Guardian: _____ Emergency Contact: _____ Name: _____ DOB: _____ Occupation: _____ Address H: _____ Employer: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____
Relationship to Member: _____ Parent/Guardian: _____ Emergency Contact: _____ Name: _____ Address: _____ Phone: _____ Type: _____ Phone: _____ Type: _____	Relationship to Member: _____ Parent/Guardian: _____ Emergency Contact: _____ Name: _____ Address: _____ Phone: _____ Type: _____ Phone: _____ Type: _____
Relationship to Member: _____ Parent/Guardian: _____ Emergency Contact: _____ Name: _____ Address: _____ Phone: _____ Type: _____ Phone: _____ Type: _____	Relationship to Member: _____ Parent/Guardian: _____ Emergency Contact: _____ Name: _____ Address: _____ Phone: _____ Type: _____ Phone: _____ Type: _____
<b>Disclaimer:</b> I have read the completed application, understand the rules of the Boys & Girls Club of the Prairie Band Potawatomi Nation and request that my son/daughter to be admitted into membership. I have explained the rules to my son/daughter and agree that the Boys & Girls Club of the Prairie Band Potawatomi Nation will not be responsible for any accidents to my son/daughter while on the Clubs premises or while engaged in any of the Clubs activities away from the Club. I hereby authorize Medical examination and emergency treatment for my son/daughter by a qualified licensed physician in the event of an accident. <u>I also give my consent for photographs, in which my son/daughter may appear, to be used in any way the Boys &amp; Girls Club of the Prairie Band Potawatomi Nation may care to use them.</u> <u>*Newspaper, Tribal Website, Facebook, etc.....</u>	
<b>Parent's comments or concerns:</b> _____ _____ _____ _____	

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_