

Cliff Hagan Boys & Girls Club
3415 Buckland Square—Owensboro, KY 42301
270-685-4903 office 270-685-0350 fax

Member Information (please print)

| | | | | | |
|---|------------------------|---|------------|---|--|
| First Name:* | | Middle Name: | | Last Name:* | |
| Nick Name: | | Birth Date:*/ / | | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Ethnicity: <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Other | | | | | |
| Household Type: <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Public Housing <input type="checkbox"/> Single Family | | Family Setting: <input type="checkbox"/> Both Parents <input type="checkbox"/> Parent/Step Parent <input type="checkbox"/> Mother Only <input type="checkbox"/> Grand Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Foster Parents <input type="checkbox"/> Group Home <input type="checkbox"/> Guardians | | | |
| Referring Organization: <input type="checkbox"/> Friend <input type="checkbox"/> School <input type="checkbox"/> Another member <input type="checkbox"/> Ad <input type="checkbox"/> Other | | | | School: _____ | |
| Grade: _____ | | | | | |
| Free or Reduced School Lunch <input type="checkbox"/> Yes <input type="checkbox"/> No | Home Address: (Line 1) | | | | |
| | (Line 2) | | | | |
| | (City) | (State) | (Zip Code) | | |
| E-Mail Address: _____ | | | | | |
| Medical Information: | | Medications: | | Medical Problems/Allergies: | |
| | | | | Disabilities: | |
| | | | | | |
| Physician: _____ | | Phone: _____ | | Hospital: _____ | |
| | | | | Phone: _____ | |
| Emergency Contact: | | Name: _____ | | Phone: _____ | |
| | | | | Relationship: _____ | |
| | | Name: _____ | | Phone: _____ | |
| | | | | Relationship: _____ | |
| FOR MEMBER: "I wish to become a member of the Club and promise to take care of the equipment and facilities, to follow Club rules, and be a loyal member". If at any time my membership becomes null and void, I understand no dues will be returned to me. | | | | | |
| Member's Signature _____ | | | | | |
| FOR PARENT: "I hereby give my permission for the above youth to become a member of the Cliff Hagan Boys & Girls Club. I understand that all precautions for safety will be taken and that we will not hold the Club or its officers responsible for any accidents while on the Club premises or while engaged in any of the Club's activities away from the Club. "If necessary and I cannot be contacted, I hereby authorize the Club operator to obtain emergency medical care for my child". "Also, I understand that the Club is not responsible for the time or manner in which he/she may arrive at or leave the club, and I understand that the club will not be held responsible for loss or theft of personal property. Furthermore, I give my consent for any photographs in which my child may appear to be used for marketing/public relation purposes in any way the club may choose to use them. | | | | | |
| Parent/Guardian Signature _____ Date _____ 20__ | | | | | |
| OFFICE USE ONLY: Field Trip <input type="checkbox"/> Yes <input type="checkbox"/> No Tech Permission <input type="checkbox"/> Yes <input type="checkbox"/> No Fitness Rm <input type="checkbox"/> Yes <input type="checkbox"/> No Physical <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| _____ Mike Horn Unit _____ C. Martel Wightman Unit _____ South Spencer Middle _____ Rockport Elementary _____ Luce Elementary | | | | | |

Head of Household (Please Print)

| | | | | | |
|------------------------|--|--|--|--|--|
| First Name:* | | Last Name* | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Yearly Family Income: | | | | | |
| 0—\$20,000 | | Address: (Line 1) | | <input type="checkbox"/> Home | |
| \$20,001— \$30,000 | | (Line 2) | | <input type="checkbox"/> Work | |
| \$30,001— \$40,000 | | (City) | | (State) | |
| \$40,001— \$50,000 | | | | (Zip Code) | |
| \$50,001 + | | | | | |
| Family Size: _____ | | Phone Number: | | <input type="checkbox"/> Home | |
| | | | | <input type="checkbox"/> Work | |
| | | | | <input type="checkbox"/> Cell/Mobile | |
| Employer: _____ | | Occupation: _____ | | | |
| E-Mail Address: _____ | | E-Mail Type: <input type="checkbox"/> Home <input type="checkbox"/> Work | | | |
| Military Branch: _____ | | Status: _____ | | Start Date: _____ | |
| | | | | End Date: _____ | |

Parents/Guardian (Please Print)

| | | | | | |
|------------------------|--|--|--|--|--|
| First Name:* | | Last Name:* | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Address: (Line 1) | | | | | |
| (Line 2) | | | | <input type="checkbox"/> Home | |
| (City) | | (State) | | (Zip Code) | |
| | | | | <input type="checkbox"/> Work | |
| Phone Number: | | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell/Mobile | | | |
| | | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell/Mobile | | | |
| | | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell/Mobile | | | |
| Email Address: _____ | | E-mail Type: <input type="checkbox"/> Home <input type="checkbox"/> Work | | | |
| Employer: _____ | | Occupation: _____ | | | |
| Military Branch: _____ | | Status: _____ | | Start Date: _____ | |
| | | | | End Date: _____ | |