

# Membership Information Form



Boys & Girls Club of Rusk County  
710 Robertson Blvd.  
Henderson, TX 75652

P: (903) 655-2112

F: (903) 655-2135

**Confidentiality:** Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted with an asterisks(\*)

## Head of Household (Please Print)

**First Name:\***

**Last Name:\***

**Gender:**

Male  Female

**Address:**

  
(Line 1)  
(Line 2)  
(City)  
(State)  
(Zip Code)

**Address Type:**

Home

Work

 \_\_\_\_\_

**Phone Number:**

  
( ) -  
( ) -

**Phone Type:**

Home

Work

 \_\_\_\_\_

Home

Work

 \_\_\_\_\_

**E-Mail Address:**

**E-Mail Type:**

Home

Work

 \_\_\_\_\_

## Parents / Guardian (Please Print)

**First Name:**

**Last Name:**

**Gender:**

Male  Female

**Address:**

  
(Line 1)  
(Line 2)  
(City)  
(State)  
(Zip Code)

**Address Type:**

Home

Work

 \_\_\_\_\_

**Phone Number:**

  
( ) -  
( ) -

**Phone Type:**

Home

Work

 \_\_\_\_\_

Home

Work

 \_\_\_\_\_

## Member Information (Please Print)

**First Name:\***

**Middle Name:**

**Last Name:\***

**Nick Name:**

**Birth Date:**

**Gender:**

- Male  
 Female

**Ethnicity:**

African American     Caucasian     Hispanic  
 Multi-Racial  
 Native American

**Membership Type:\***

- AmeriGroup  
 Girl Strong  
 GUEST  
 MidTerm  
 Northside  
 Passport to Manhood  
 Robertson Blvd  
 Summer  
 TEXSYN Program  
 Wylie

**School:**

**Grade:**

**Household Type:**

- Extended Family     Family     Foster Care  
 Non-Family     Senior Home     Single Family

**Check all that Apply:**

- TANF  
 Food Stamps  
 School Lunch  
 Medicaid  
 Can Swim

**Member Medical Information ( Please Print )****Medications:**

**Medical Problems/Allergies:**

**Physician:**

**Physician Phone:**

**Disabilities:**

**Hospital:**

**Hospital Phone:**

**Pick Up Information ( Please Print )**

Two people authorized to pick up member -

1.) First Name:

Last Name:

( )   Home  Work  
 \_\_\_\_\_

<input type="checkbox"/> Acquaintance <input type="checkbox"/> _____	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Primary Emergency Contact <input type="checkbox"/> Lives With Member
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2.) First Name:

Last Name:

( )   Home  Work  
 \_\_\_\_\_

<input type="checkbox"/> Acquaintance <input type="checkbox"/> _____	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Primary Emergency Contact <input type="checkbox"/> Lives With Member
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**The Boys & Girls Club of Rusk County also uses the following fields to learn more about your child. Please check one item from each group below.**

Gymnastics: \_\_\_ Session 1

I have read the completed application, understand the rules of the Boys & Girls Club of Rusk County and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Boys & Girls Club of Rusk County will not be responsible for any accident to the boy/girl while on the Boys & Girls Club of Rusk County premises or while engaged in any of its activities away from the Boys & Girls Club of Rusk County. I give my consent for photographs, in which my son/daughter may appear, to be used in any way the Boys & Girls Club of Rusk County may care to use them.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date