

GREAT FUTURES START HERE.



Received by: _____	Date: _____
Money Order #: _____	Date: _____
Info Entered by: _____	Date: _____
Filed by: _____	Date: _____

Please include \$5.00 check or money order. / / **Lame Deer** / / **Ashland** / / **Busby**

MEMBERSHIP APPLICATION		
APPLICANT INFORMATION		
Name: (First) _____	(Middle) _____	(Last) _____
Native American Name: (English) _____		(Native Spelling, if known) _____
Date of birth: _____		Phone: _____
Head of Household: _____		Relationship: _____
Current Address: _____		County: _____
City: _____	State: _____	ZIP Code: _____
BACKGROUND INFORMATION		
Name of School: _____		Grade: _____
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Age: _____
Ethnicity: (Circle one)		
African American Native American Caucasian Hispanic Multiracial Other: _____		
Lives with: (Circle all that applies to your residence)		
Aunt/Uncle Both Parents Father Mother Grandparent(s) Foster Parent(s) Other: _____		
Number living in household: _____ Number under 18 years of age: _____		
PARENT/GUARDIAN INFORMATION		
Father's First & Last Name: _____		Cellphone: _____
Father's Employer: _____	Occupation: _____	Work Phone: _____
Father's Email Address: _____		
Mother's First & Last Name: _____		Cellphone: _____
Mother's Employer: _____	Occupation: _____	Work Phone: _____
Mother's Email Address: _____		
Guardian's First & Last Name: _____		Cell Phone: _____
Guardian's Employer: _____	Occupation: _____	Work Phone: _____
Guardian's Email Address: _____		
EMERGENCY CONTACT		
Name of a relative not residing with you: _____		
Address: _____		Phone: _____
City: _____	State: _____	ZIP Code: _____
Relationship: _____		

MEDICAL INFORMATION

Medical Problems/Allergies:	Medications: (May attach medication list)
Preferred Hospital/Clinic:	Hospital Phone:
Insurance Company:	Can Member Swim? <input type="checkbox"/> Yes <input type="checkbox"/> No
Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No
	Please list:

HOUSEHOLD INFORMATION

Annual Household Income: *(Circle One)*

\$10,000 or below	\$10,001 - \$15,000	\$15,001 - \$24,900	\$24,901 - \$28,500	\$28,501 - \$32,050
\$32,051 - \$35,600	\$35,601 - \$38,450	\$38,451 - \$41,300	\$41,301 - \$44,150	\$44,151 - \$47,000
Over \$47,000				

Circle all that apply:

SSDI	SSI	TANF	Day Care Voucher	Food Stamps
General Assistance	School Lunch	Veteran Compensation		

Member lives in a HUD House: Yes No

If HUD Housing, please indicate location (Please Circle)

East Side West Side Sweet Medicine Wilbur Street/Post Office Ashland Busby Homesite Lease

GRADE RELEASE WAIVER

I allow the (Name of School) _____ to release grades and attendance records for my child to the Boys and Girls Clubs of Northern Cheyenne Nation in order to ensure student/child academic success through a continued partnership between said school.

Print Parent/Guardian Name:	Signature:
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AUTHORIZED FOR MEMBER PICK UP

First Name:	Last Name:
First Name:	Last Name:

It is Parent(s)/Guardian(s) responsibility to inform The Boys & Girls Club of the Northern Cheyenne Nation of any changes in who is authorized to pick up club member listed in this application. The Boys and Girls Club cannot be held responsible for unauthorized pick up, and/ or contact due to failure to provide proper information.

NOT AUTHORIZED FOR PICK UP

First Name:	Last Name:
First Name:	Last Name:

SIGNATURES

I have read the completed application, understand the rules of the Boys & Girls Clubs and request that my child be admitted into membership. I have explained the rules to my child and agree that the Boys & Girls Club will not be responsible for any accident to the child while on Club premises or while engaged in any of its activities away from the Club. I give consent for photographs and videos in which my child may appear in and which may be used in any way the Club chooses. I give permission for my child to participate in activities involving internet usage under the policies adopted by the Board of Directors. If I chose not to allow internet usage, I will submit a written notice indicating such decision.

Signature of parent/guardian:	Date:
Signature of member:	Date:

8/28/2018