



BOYS & GIRLS CLUB
AND FAMILY CENTER OF BRISTOL, CT

Membership Information Form

Boys & Girls Club and Family Center of Bristol
105 Laurel Street
Bristol CT 06010

P: 860.583.4734

F: 860.583.2841

Non-Refundable

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 asterisk (*).

Head of Household (Please Print)

First Name*		Last Name*		Gender	
<input type="text"/>		<input type="text"/>		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:*				Address Type:*	
(Line 1)				<input type="checkbox"/> Home	
(Line 2)				<input type="checkbox"/> Work <input type="checkbox"/> _____	
(City)		(State)		(Zip Code)	
Phone Number:*			Phone Type:*		
()	-	X	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____		
()	-	X	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____		
Email Address:				Email Type:	
<input type="text"/>				<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____	
Employer:		Job Title:		Occupation:	
<input type="text"/>		<input type="text"/>		<input type="text"/>	

Other Parent/Guardian (Please Print)

First Name*		Last Name*		Gender*	
<input type="text"/>		<input type="text"/>		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Please Check Box if address is same as above		Address:*			
<input type="checkbox"/>		(Line 1)			
		(Line 2)			
(City)		(State)		(Zip Code)	
Phone Number:*			Phone Type:*		
()	-	X	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____		
()	-	X	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____		
Email Address:				Email Type:	
<input type="text"/>				<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____	
Employer:		Job Title:		Occupation:	
<input type="text"/>		<input type="text"/>		<input type="text"/>	



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Member Information (Please Print)

First Name*

Middle Name:

Last Name:*

Nick Name:

Birth Date:*

Gender*

Ethnicity:

- Male
- Female

- Asian
- Black
- Caucasian
- Hispanic
- Multi-racial
- Other

School Name:*

Grade:*

Membership Site:*

- | | |
|--|---|
| <input type="checkbox"/> Cambridge Park Unit | <input type="checkbox"/> Lake Garda CC |
| <input type="checkbox"/> Laurel Street Unit | <input type="checkbox"/> Senior Center CC |
| <input type="checkbox"/> Greene Hills CC | <input type="checkbox"/> Family Center |
| <input type="checkbox"/> Hubbell CC | <input type="checkbox"/> Mt. View CC |
| <input type="checkbox"/> Ivy Drive CC | <input type="checkbox"/> Stafford CC |
| <input type="checkbox"/> Jennings CC | <input type="checkbox"/> Edgewood CC |
| <input type="checkbox"/> Bingham CC | <input type="checkbox"/> South Side CC |

Shirt Size:*

- CM (10-12)
- CL (14-16)
- AS (32-34)
- AM (36-38)
- AL (40-42)
- AXL

Wrestling Singlet Size:

- xxxs
- xxs
- xs
- Small
- Medium
- Large
- XLarge
- XXLLarge

Household Type:

- Homeless Shelter
- Owner, Multi-Family Unit
- Owner, Single Family Unit
- Renter, Multi-Family Unit
- Renter, Single Family

Family Setting:

- Blended Family
- Extended Family
- Legal Guardian
- Relative
- Both Parents
- Group Home
- Foster Home
- Single Parent

Check all that Apply

- TANF
- Food Stamps
- Gen Asst
- SSDI
- SSI
- Vet Compen.
- Day Care Voucher
- School Lunch
- Medicaid
- Can Swim

Address:*

(Line 1)
 (Line 2)
 (City) (State)

Address Type:*

Home
 Work _____
 (Zip Code)

Phone Number:*

() - x

Phone Type:*

Home Work

Email Address:

Email Type:



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Member Medical Information (Please Print)

Insurance Company:

Medications:

Medical Problems/Allergies:

Insurance Policy Number:

Physician:*

Physician Phone:*

Disabilities:

Hospital:

Hospital Phone:

Emergency Information – Other than Parents (Please Print)

1) First Name:*

Last Name:*

2) First Name*

Last Name*

()

-

Home Work

()

-

Home Work

Parent
 Guardian

Emergency Contact
 Primary Emerg. Contact
 Lives with Member

Parent
 Guardian

Emergency Contact
 Primary Emerg. Contact
 Lives with Member

The information below will be kept confidential and enables the Boys & Girls Club to seek out and retain grants to keep our membership & program fees affordable for everyone. Please check one item from the appropriate group below.

Based on the Number of People Living in the household; in a given year, do you earn (please check)	Number Living in Household						
	(Please circle # in household)						
	2	3	4	5	6	7	8
<input type="checkbox"/> Less than	\$19,800	\$24,900	\$30,000	\$35,100	\$40,200	\$45,300	\$50,400
<input type="checkbox"/> Less than	\$24,420	\$30,710	\$37,000	\$43,290	\$49,580	\$55,870	\$62,160
<input type="checkbox"/> Less than	\$33,000	\$41,500	\$50,000	\$58,500	\$67,000	\$75,500	\$84,000
<input type="checkbox"/> Greater than	\$33,000	\$41,500	\$50,000	\$58,500	\$67,000	\$75,500	\$84,000

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

Parent or Guardian Signature

Member's Signature

Date



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OFFICE USE ONLY

STAFF MUST FULLY COMPLETE THIS SECTION

Staff Member Initials :

Membership Type:

- Pre-School (3-5)
- Biddy (6-9)
- Cadet (10-13)
- Junior (13-15)
- Senior (16-18)
- Young Adult (18-22)
- Year 3 Month
- Adult (22 & Up)
- Year 3 Month

- Orientation Complete
- Info entered into Kidtrax
- Yellow Card
- White card
- Info entered into Kidtrax
- Card Made by staff

Membership Fee Due: \$

Adult Locker Fee (optional): \$

Total Due: \$

Amount Subsidized: \$

By Who: OMS BYS OTHER: _____

Total Paid: \$

Date Paid:

Rcpt #:

Membership Expiration Date:

08	31	
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