

411 Superior St  
 Antigo WI 54409  
 Phone: 715-627-1389  
 Fax: 715-627-0929  
 Facebook.com/BGCLangladeCo



**BOYS & GIRLS CLUB**  
 OF LANGLADE COUNTY

**All youth must be in 1st grade to attend the Club**

For Office Use Only

Date Received	Staff Initial
<input type="text"/>	<input type="text"/>
Date Entered	Staff Initial
<input type="text"/>	<input type="text"/>
Cash or Check	<input type="text"/>
Membership #	<input type="text"/>

MEMBER INFORMATION #1—Member Status (circle one):    New                      Renewing

Child's First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Birthdate	Age	Gender
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
Race/Ethnicity		<input type="checkbox"/> African American <input type="checkbox"/> Multi-Racial
		<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/>
		<input type="checkbox"/> Latino/Hispanic Other : _
School	Teacher/Grade	IEP/504 Plan: No/Yes (explain)
<input type="text"/>	<input type="text"/>	<input type="text"/>

MEMBER INFORMATION #2—Member Status (circle one):    New                      Renewing

Child's First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Birthdate	Age	Gender
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
Race/Ethnicity		<input type="checkbox"/> African American <input type="checkbox"/> Multi-Racial
		<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Latino/Hispanic
		<input type="checkbox"/> Other : _
School	Teacher/Grade	IEP/504 Plan: No/Yes (explain)
<input type="text"/>	<input type="text"/>	<input type="text"/>

MEMBER INFORMATION #3—Member Status (circle one):    New                      Renewing

Child's First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Birthdate	Age	Gender
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
Race/Ethnicity		<input type="checkbox"/> African American <input type="checkbox"/> Multi-Racial
		<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Latino/Hispanic
		<input type="checkbox"/> Other : _
School	Teacher/Grade	IEP/504 Plan: No/Yes (explain)
<input type="text"/>	<input type="text"/>	<input type="text"/>

**HOUSEHOLD INFORMATION**

Home Address:	City, State, Zip
<input type="text"/>	<input type="text"/>

**Authorized Person Information (persons listed here may receive information and pick-up member from Club) \***

Primary Contact	Relationship	Home Phone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation/Employer	Work Phone	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Secondary Contact	Relationship	Home Phone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation/Employer	Work Phone	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Emergency Contact	Home Phone	Cell Phone	Work Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional Contact	Home Phone	Cell Phone	Work Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Medical / Other Information: Failure to disclose information can result in revoking membership privileges

Medical Needs/Allergies/Special Needs:	Medications & Dosages*:
Member 1:  Member 2:  Member 3:	Member 1:  Member 2:  Member 3:
PLEASE PROVIDE ANY & ALL INFORMATION NEEDED FOR YOUR CHILD'S SAFETY & WELL-BEING. *If you need medication dispensed to your child you must fill out a Permission to Dispense Medication form. Form is available at the Front Desk	

Does child have insurance? Y <input type="checkbox"/> N <input type="checkbox"/>	Insurance Carrier <input style="width: 100%;" type="text"/>	Physician <input style="width: 100%;" type="text"/>
	Primary Hospital <input style="width: 100%;" type="text"/>	Physician Phone Number <input style="width: 100%;" type="text"/>

**IMPORTANT:** The following information is necessary for our records and the **funding our Organization receives**. The answers you provide will remain completely confidential. Failure to answer truthfully can disqualify a child from membership.

**Total Income in the household—please write in number**

**Total People Living in the Home**

**Total Children Living in the Home**

Are you currently receiving government assistance? Please check all that apply

	Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SSDI
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SSI
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TANF
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DAY CARE VOUCHER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FOOD STAMPS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GENERAL ASSISTANCE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FREE/REDUCED PRICE LUNCH
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VETERAN COMPENSATION

**LIABILITY**—I, the parent/guardian, of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Langlade County, Boys & Girls Clubs of America, their representatives, successors, insurers, assigns, or any other person or entity associated with any of the above listed organizations, such as staff, directors, or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, and injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

**MEDICAL TREATMENT**—I give permission to the Boys & Girls Club to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any and all costs of medical attention and treatment.

**ACADEMIC RELEASE**—I give my permission to the Boys & Girls Club of Langlade County and to the Unified School District of Antigo to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting the Unified School District of Antigo or Boys & Girls Clubs in writing.

**PHOTO RELEASE**—I give my consent for photographs in which my child may appear, for any use needed by the Boys & Girls Clubs.

**SURVEYS**— I consent for my child to participate in surveys conducted by the Club staff.

**LOST OR STOLEN ITEMS**—I understand that the Boys & Girls Club is not responsible for lost or stolen items.

**PARENT HANDBOOK**—I will read and sign a parent handbook to better understand rules, policies, and procedures.

**I have read the completed application, understand the rules of the Boys & Girls Club and request my child(ren) be admitted into membership. All information is true to the best of my knowledge and any false information may bar my child(ren) from membership FURTHERMORE, I UNDERSTAND MEMBERSHIP IS A PRIVILEGE AND MAY BE REVOKED FOR A VARIETY OF REASONS AND MEMBERSHIP DUES ARE NONREFUNDABLE.**

\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_