

**DUQUESNE WEST MIFFLIN MEMBERSHIP APPLICATION**  
**Boys & Girls Clubs of Western Pennsylvania**

**Member Info.**

First Name	Middle Name	Last Name
Gender M _____ F _____	Ethnicity	DOB
Address	City	State & Zip
Phone Number	Email	Other Phone
School	Grade Level	<b>Parent Info</b>
Fee Level: Free Lunch _____ Reduced Lunch _____		Parent Social Security #
Member Social Security #		Parent DOB
Age Group		Parent Ethnicity

**Contacts**

Primary Contact	Other Contact
Relationship to Member _____	Relationship to Member _____
Name _____ Cell Phone: _____	Name _____ Cell Phone _____
Phone: _____ Emergency: _____	Phone: _____ Emergency: _____
Relationship to Member _____	Relationship to Member _____
Name _____ Cell Phone: _____	Name _____ Cell Phone _____
Phone: _____ Emergency: _____	Phone: _____ Emergency: _____
Is person Authorized to Pickup Member _____	Is person Authorized to Pickup Member _____

**Medical**

Does your child have any behavioral disabilities? Yes No (Any Medication)
Does your child have any other serious health problems, allergies or need medications? Yes No
If Yes to any above explain:

**General**

As a parent or guardian of the above child, I approve of his/her joining the Boys & Girls Clubs of W. PA, and agree not to hold its Board of Directors, staff or volunteers liable for injuries and accidents in connections with his/her membership or participation in the Boys & Girls Club activities. Please Initial _____
Member has permission to be used in public relations materials. Yes No Please Initial _____
In the event I cannot be reached in an EMERGENCY, I hereby give permission to the Physician selected by the Boys & Girls Club to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above. Please Initial _____
Parent/Guardian Signature: _____ Date: _____

**Household**

Member Lives With: (check all that apply)	Brothers and Sisters Names:
Mother ___ Step Mother ___ Name	Name Brother ___ Sister ___
Father ___ Step Father ___ Name	Name Brother ___ Sister ___
Grand Parent ___ Foster Parent ___ Name	Name Brother ___ Sister ___

**Custom**

Did member advance to the next school grade?	Did member move out of school district?
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**Charges/Payments**

Date	Account	Comments	Charge	Payment	MOP	Check #	Int.	Receipt #

<b>FOR OFFICE USE ONLY: Membership #:</b> _____ <b>Entry Date:</b> _____ <b>Expiration Date:</b> _____
<b>Membership Type:</b> _____ <b>New/Renewal Member:</b> _____ <b>Processed by:</b> _____