



**BOYS & GIRLS CLUB**  
OF THE OZARKS

# Membership Information

In Branson :  
1460 Bee Creek Road  
Branson, MO 65616  
(417) 336-2420

In Forsyth:  
501 Panther Road  
Forsyth, MO  
(417) 546-6299

In Reeds Spring:  
300 Wolves Lane  
Reeds Spring, MO  
(417) 294-2467

Please Print or Type

Office Use Only:

KidTrax ID Number: \_\_\_\_\_

Club Member Number: \_\_\_\_\_

Comments: \_\_\_\_\_

Membership Fee Paid: \_\_\_\_\_

Bus Fee Paid: \_\_\_\_\_

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

Form Version: 7/21/08

**This form must be completed in its entirety. We require 3 contact phone numbers at all times. Please update contacts regularly.**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Name of Person Member Lives With \_\_\_\_\_ Home Phone \_\_\_\_\_ Emergency Contact (Other Than Parent/Guardian) \_\_\_\_\_

Home Address \_\_\_\_\_ Emergency Phone & Extension \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Member Status (Check One)    Gender:    Birth Date    Ethnicity: (Circle One)

New Member     Male    \_\_\_\_\_    Caucasian    American Indian    Hispanic    Multi-Racial

Renewing Member     Female    \_\_\_\_\_    Asian    African American    Other: \_\_\_\_\_

Former Member

Non-Member

School \_\_\_\_\_ Grade \_\_\_\_\_

Branson    Hollister    Kirbyville    Forsyth    Taneyville    Bradleyville    Other: \_\_\_\_\_

Family Totals    Sisters    Brothers    Household    Member Lives With: (Circle One)

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    Both Parents    Mother    Father    Sister/Brother

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    Aunt/Uncle    Grandparent    Guardian    Other: \_\_\_\_\_

Has your child(ren) been a member(s) of a different Boys & Girls Club ?     Yes     No

If Yes, Where? \_\_\_\_\_ # of Years \_\_\_\_\_

Father's First Name \_\_\_\_\_ Father's Last Name \_\_\_\_\_ Father's Contact Number \_\_\_\_\_

Father's Employer \_\_\_\_\_ Father's Occupation \_\_\_\_\_ Father's Work Number \_\_\_\_\_

Mother's First Name \_\_\_\_\_ Mother's Last Name \_\_\_\_\_ Mother's Contact Number \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Mother's Occupation \_\_\_\_\_ Mother's Work Number \_\_\_\_\_

Guardian's First Name	Guardian's Last Name	Guardian's Contact Number

Guardian's Employer	Guardian's Occupation	Guardian's Work Number

**Medical Problems/Allergies (Please Print)**

**List all Medications Your Child Is Currently Taking:**

Physician:

Physician's Phone

Hospital Or Clinic:

Hospital/Clinic Phone

Do You Have  Yes  No Insurance Company:

Policy Number

Does Your Child Know How To Swim?  Yes  No

Person's Authorized To Pick-Up My Child Other Than Parents/Guardians

Name	Name	Name	Name

Because the club is continually growing we want to know what your child is interested in Please Circle the activities that your child is interested in or actively participates in

Annual Household Income: (Statistical Use Only)

\$0-\$18,000	\$18,000-\$25,000	\$25,000-\$35,000	\$35,000-\$45,000	\$45,000+
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<input type="checkbox"/> Honor Roll	<input type="checkbox"/> Football	<input type="checkbox"/> Tennis	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Boy/Girl Scouts	<input type="checkbox"/> Baseball/Softball	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Dance
<input type="checkbox"/> Choir	<input type="checkbox"/> Soccer	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Other Sports
<input type="checkbox"/> Basketball	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Golf	

Parent Info

Veteran (Father)  
 Veteran (Mother)  
 Elk's Club  
 Lion's Club

Rotary  
 B&G Club Alumni  
 Other Clubs  
 Active Volunteer  
 Future Volunteer

Circle All Programs Which Apply: (Statistical Use Only)

FOOD STAMPS  
 GENERAL ASSISTANCE  
 SCHOOL LUNCH PROGRAM  
 VETERANS COMPENSATION

Emergency Contact Name  Emergency Contact Phone Number

In case of injury, the Club policy is to call parents and contact 911 to seek medical advise. If child needs transported to emergency room, an ambulance will be dispatched. If emergency arises staff will try all means of contacting parent/guardian to inform of situation.

**If I cannot be reached I give Permission for the Staff of the Boys & Girls Club of the Ozarks to seek medical attention for my child while my child is attending the Club or a Club function.**  Yes  No **Parent/Guardian Initials** \_\_\_\_\_

I have read and completed this application, Parent Handbook and Responsible Computer Use Guidelines and know that I am responsible for knowing the Boys & Girls Club of the Ozarks guidelines for membership. I request that my son/daughter be admitted for membership. I will explain the guidelines to my child and agree that the Boys & Girls Club of the Ozarks will not be responsible for any accident to my child while on the premises or while engaged in any of its activities away from the Club. I give my consent for the Boys & Girls Club of the Ozarks to use photographs taken of my child for promotional/marketing purposes. I agree to let me child participate in non-denominational, religious oriented classes that take place each year, as well as Boys & Girls Clubs of America programs , testing and surveys. I also understand that my membership may be revoked if fees are not paid in a timely manner.

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