

**BOYS & GIRLS CLUB OF ZIONSVILLE**  
**MEMBERSHIP / SPORTS APPLICATION**

CLUB EAST

CLUB WEST

MEMBERSHIP    KINDERCLUB    BASKETBALL    TBALL    FLAG FOOTBALL    SAFE CHILD    OTHER  
(Please circle all that apply at this time)

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

Gender: \_\_\_M \_\_\_F    Ethnicity: \_\_\_\_\_    DOB: \_\_\_\_\_    Shirt Size \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_    State: \_\_\_\_\_    Zip: \_\_\_\_\_

Phone: \_\_\_\_\_    Email: \_\_\_\_\_

**School Information:**

Current Teacher: \_\_\_\_\_    Sub division \_\_\_\_\_

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

**Contact Information:**

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

Mother's Employer \_\_\_\_\_    Work Phone \_\_\_\_\_

Mother's Cell \_\_\_\_\_    Mother's Email \_\_\_\_\_

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

Father's Employer \_\_\_\_\_    Work Phone \_\_\_\_\_

Father's Cell \_\_\_\_\_    Father's Email \_\_\_\_\_

**Medical Information:**

Doctor Name: \_\_\_\_\_    Doctor Phone: \_\_\_\_\_

Permission for Treatment by Doctor/Hospital: \_\_\_Yes \_\_\_No

Does your family have health and/or accident insurance: \_\_\_Yes \_\_\_No

Serious Health Problems: \_\_\_Yes \_\_\_No    If Yes, explain: \_\_\_\_\_

Medications: \_\_\_Yes \_\_\_No    If Yes, explain: \_\_\_\_\_

**Sports Information**

This section is for sports sign up only!!

I would like to coach my child (name) \_\_\_\_\_ in \_\_\_\_\_ Tball \_\_\_\_\_ Bball \_\_\_\_\_ Football

I would like to sponsor my child's team \_\_\_\_\_ Yes \_\_\_\_\_ No

Name on shirt \_\_\_\_\_

Special notes or requests:

**Household:****NOTE: This information is collected for Grant writing purposes ONLY**

Member lives with:  Mom  Step Mom  Dad  Step Dad  Grandparent  
 Foster parent(s)  Other: \_\_\_\_\_

Housing Development: \_\_\_\_\_

Annual	\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
Income	\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
Level:	\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
	\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	\$75,001 - \$80,000 _____
	\$20,001 - \$25,000 _____	\$50,001 - \$55,000 _____	\$80,001 - \$85,000 _____
	\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	\$85,001 - \$90,000+ _____

Number in Household: \_\_\_\_\_

Is there a Member of the Household 65 years old or Older:  Yes  No

Is there a Member of the Household Handicapped:  Yes  No

Current Head of Household:  Female  Male  Both

Current Single Parent:  Yes  No

**Physical:**

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color/Features: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Do you Belong to other Groups:**

Boys Scouts or Girl Scouts  School Club  YMCA or YWCA  Church Group

Other: \_\_\_\_\_

Reason(s) for joining:  Fun  Learning  Sports  Other: \_\_\_\_\_

**Forms on File:**

The Facility Use/Athletic Activity/Event Child Participation/Release of Liability/Agreement to Indemnify form signed by \_\_\_\_\_ Member \_\_\_\_\_ Mother/Guardian \_\_\_\_\_ Father/Guardian

Member/Contacts have signed the Code of Conduct/Discipline Policy  Yes  No

Member/Contacts Understood Signed Insurance Disclaimer and Permission Statement:  Yes  No

Member has permission to be used in public relations materials:  Yes  No

Member may participate in all Club activities in or adjacent to the Club building:  Yes  No

Member parent permission to leave the Club  Yes  No

**Contact's Signature:** \_\_\_\_\_ **Member's Signature:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_

Check Number \_\_\_\_\_

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

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

Amount Received \_\_\_\_\_

Card Printed \_\_\_\_\_

New/Renewal Member: \_\_\_\_\_

Processed by: \_\_\_\_\_