



**Boys & Girls Clubs of Osage Nation
2011- Summer Camp/ Membership Application**

Staff Use Only: Paid Membership Fees Cash Check Money order
 CDIB Birth Certificate

Member Information

First Name: _____ Last Name: _____

Address: _____ City: _____ State _____

Date of Birth(mm/dd/yyyy): _____ Gender: male female

School: _____ Grade: _____

Child Lives with both parents mother only father only aunt/uncle
 grandparent guardian foster parent step parent other _____

Child will be: picked up by adult walk home family member/ friends / alone
(please specify)

Parent/ Guardian Information

Name: _____

Address: _____

City: _____

Home Phone: _____

Work Phone: _____ Ext: _____

Cell Phone: _____

Email Address: _____

Occupation: _____

Employer: _____

Name: _____

Address: _____

City: _____

Home Phone: _____

Work Phone: _____ Ext: _____

Cell Phone: _____

Email Address: _____

Occupation: _____

Employer: _____

Emergency Contact Information Two people who can be contacted if you cannot be reached.

Name: _____	Name: _____
Relationship to member: _____	Relationship to member: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

Medical Information

Health Insurance Company: _____

Name of policy Holder: _____ Policy Number: _____

Primary Care Physician: _____ Phone Number: _____

<p>Please check all that apply:</p> <p>___ Allergies-Food _____</p> <p>_____</p> <p>___ Allergies-Medicine _____</p> <p>_____</p> <p>___ Allergies-Environmental _____</p> <p>_____</p> <p>___ Physical Restrictions _____</p> <p>_____</p> <p>___ Asthma _____</p> <p>_____</p>	<p>___ Medications _____</p> <p>_____</p> <p>___ Other Medical Concerns (please be specific): _____</p> <p>_____</p> <p>_____</p> <p>___ Physical Restrictions (please be specific): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Demographic Information

Ethnicity: Osage Native American Multi-Racial Hispanic
 African American Other _____

Housing: Rent Own Public Housing Shelter Foster Care
 Other _____

Annual Household Income: below \$13,000 \$17,001-\$23,000 \$23,001-\$27,000
 \$27,001-\$33,000 \$33,001-\$37,000 437,001-\$42,999 Above \$43,000

Assistance Programs (please check all that apply):

Temporary Assistance for needy Families(TANF) Food Stamps SSI
 Day Care Voucher Medicaid

Does your child receive: Reduced Price Lunch Free Lunch Neither

The application is factual and complete to the best of my ability. I understand that participation is contingent upon acknowledging receipt of BGC of Osage Nation parent handbook and a commitment to attend an orientation session prior to participation. **A birth certificate is required for all six year olds.**

All information collected in this form is **confidential** and will only be seen by specifically-designated **adult staff**. This information is essential for BGC of Osage Nation funding purpose and to assist in better serving your child.

I give my consent for photographs, audiotapes, and video records, of my son/daughter to be used by BGC of Osage Nation for publicity purposes. I also agree to allow BGC of Osage Nation to use photographs, audiotapes, video records or other work produced by my son/daughter for publicity purposes.

I give my consent for my son/daughter to be transported by the BGC of Osage Nation to any activities such as community service projects, field trips, city pool, sports events, etc.

In the event of injury, or should emergency care be required and I cannot be reached, I authorize staff from BGC of Osage Nation to sign for emergency medical attention for my child. I hereby give permission for program staff to administer first aid to my child and seek the medical attention necessary for my son/daughter.

By signing below, it is understood that the code of conduct will be adhered to. Failure to comply with club rules and expectations can lead to termination of membership.

Signature of Parent/Guardian

Date

Signature of Club Member

Date