BOYS & GIRLS CLUBS OF THUNDER BAY MEMBERSHIP FORM
270 WINDSOR STREET THUNDER BAY, ON P7B 1V6
PHONE: 623-0354 FAX: 622-5000 www.tbayboysandgirlsclub.org
Please print all information clearly

Fee: $10 year per first 2 siblings. $5 year each remaining siblings

Head of Household Information (Parent or Guardian)

Parent Name:		**Gender:** ☐ **Male** ☐ **Female**
This is the person who will have the most contact with the Boys & Girls Club Staff	**Address:**	**Marital Status:**
		Home Phone:
		Cell Phone:
	Email:	**Work Phone:**
Employer:	**Occupation:**	

Other Parent / Guardian Information

Parent Name:		**Gender:** ☐ **Male** ☐ **Female**
Address: ☐ **(as above)**	**Marital Status:**	**Home Phone**
	Email:	**Cell Phone:**
	Employer:	**Work Phone:**
	Occupation:	

Member Information (Child)

Member Name:		**Gender:** ☐ **Male** ☐ **Female**
Nick Name:	**Birth Date:** mm / dd / yy	**Ethnicity:**
Emergency Contact:		**Phone:**
Authorization Password:	**School:**	**Grade:**
Family Dr:		**Phone:**
Please list all Medications, Allergies and Medical issues (if any):		**Health Card #**
Behavioral Problems (if any):		

This information is treated as confidential and will greatly assist us in statistical data for funding purposes.	**Do you receive Social Assistance** ☐ **Yes** ☐ **No**
	Are you currently receiving Employment Insurance ☐ **Yes** ☐ **No**
	Are you currently receiving Disability Insurance ☐ **Yes** ☐ **No**
	Family Income: ☐ **under $25,000** ☐ **25,001-$40,000** ☐ **40,001-$55,000** ☐ **over 55,000**

I have read the completed application, understand the rules of the BGCs of Thunder Bay and request that my son/daughter be admitted into membership. I have explained the Code of Behaviour to my child and agree that the BGCs of Thunder Bay will not be responsible for any accident to the boy/girl while on the BGCs of Thunder Bay premises or while engaged in any of its activities away from the BGCs of Thunder Bay. I give my consent for photographs, in which my son/daughter may appear, to be used for promotional purposes for the BGCs of Thunder Bay. Violations of the Code of Behaviour may result in loss of membership.

Signature of Member _____ Signature of Parent or Guardian _____ Date _____

☐ **I am interested in volunteering and request more information**

Staff Use Only	☐ **Main Club** ☐ **Vale** ☐ **Outreach** ☐ **Breakfast Club** ☐ **Summer Program**		
Expiry date: mm / dd / yy	Start date: mm / dd / yy	Paid: ☐ Staff Signature:	Entered in Database ☐