

MEMBERSHIP APPLICATION

Chickasaw Nation Boys & Girls Clubs, Inc.

A completed membership application and annual fee must be returned for processing to become a member.



BOYS & GIRLS CLUBS

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Unit name: (please check appropriate box) Sulphur – Phone: (580) 622-8302
 Tishomingo - Phone: (580) 371-0153

First name: _____ Middle: _____ Last name: _____

Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Birth date: _____ Gender: Male Female

Chickasaw Other Native American tribe: _____ (please provide documentation for all tribal affiliations)

Caucasian Other: _____

School Information:

Current school: _____ Current grade: _____

Food program: Free Reduced None

Medical Information:

Doctor name: _____ Doctor phone: _____

Permission for doctor/hospital: Yes No

Does your family have health and/or accident insurance: Yes No

Insurance carrier: _____

Policy #: _____ Group #: _____

Date health info received: ____/____/____ Date medical info received: ____/____/____

Serious health problems: Yes No If yes, explain: _____

Medications: Yes No If yes, explain: _____

Immunization records on file at school? Yes No If homeschooled, documentation required

General:

Birth city: _____ Birth state/country: _____

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

My child may participate in all Boys & Girls Clubs: Yes No

Activities in or adjacent to the club building: (local trips)

FOR OFFICE USE ONLY: Membership #: _____ Locker #: _____

Entry date: _____ Expiration date: _____ Status: _____

Type: _____ New or renewal member: _____ Processed by: _____

Do you belong to:

Boy Scouts or Girl Scouts School club YMCA or YWCA Church group

Religion: _____ Other: _____

Will you attend club:

Year-round Only during school year Only during holidays or summer

How long a member in years: _____ Club member since: _____

Reason(s) for joining: Fun Learning Sports Other: _____

Household: (Need information due to grant purposes)

Annual	\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
Gross	\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
Household	\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
Income:	\$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+ _____

Do you live with your: Mom Step mom Dad Step dad Grandparent Other: _____

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

Current housing area: _____

Current single parent: Yes No Current number in household: _____

Number of brothers: _____ Ages: _____ Number of sisters: _____ Ages: _____

Physical:

Eye color: _____ Hair color: _____ Skin color/features: _____

Height: _____ Weight: _____

Disclaimer:

"I, _____, do hereby give my son/daughter, _____, permission to attend and participate in activities/programs sponsored by the Chickasaw Nation Boys & Girls Clubs, Inc. (CNB&GC). I hereby release the CNB&GC, its employees, associates and contributors from any liability from any injury, loss or theft incurred by my son/daughter while participating. Furthermore, I understand that the CNB&GC has an open door policy in which club members may come and go at will with the parent/guardian responsible for member understanding if they are restricted to premises. I agree to abide by and cooperate with the rules and regulations of the CNB&GC and understand that failure to accept responsibility for inappropriate action either by me or my child may result in corrective action including suspension or termination of membership with no refund of membership fees."

Parent's signature: _____ Child's signature: _____

MEMBERSHIP APPLICATION - CONTACTS

Chickasaw Nation Boys & Girls Clubs, Inc.



Childs Name: _____

Need at least three (3) contacts listed below:

Parent/Guardian: ____ Emergency: ____ Person Authorized to Pick up Child: ____ Name: _____ Employer: _____ Occupation: _____ Address (H): _____ Address (W): _____ Relationship: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____	Parent/Guardian: ____ Emergency: ____ Person Authorized to Pick up Child: ____ Name: _____ Employer: _____ Occupation: _____ Address (H): _____ Address (W): _____ Relationship: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____
Parent/Guardian: ____ Emergency: ____ Person Authorized to Pick up Child: ____ Name: _____ Employer: _____ Occupation: _____ Address (H): _____ Address (W): _____ Relationship: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____	Parent/Guardian: ____ Emergency: ____ Person Authorized to Pick up Child: ____ Name: _____ Employer: _____ Occupation: _____ Address (H): _____ Address (W): _____ Relationship: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____
Parent/Guardian: ____ Emergency: ____ Person Authorized to Pick up Child: ____ Name: _____ Employer: _____ Occupation: _____ Address (H): _____ Address (W): _____ Relationship: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____	Parent/Guardian: ____ Emergency: ____ Person Authorized to Pick up Child: ____ Name: _____ Employer: _____ Occupation: _____ Address (H): _____ Address (W): _____ Relationship: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____

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MEDICAL AUTHORIZATION & PERMISSION STATEMENT

I, _____, declare that I am the parent or legal guardian of the minor child, _____. I have custody and control of this child. I realize that participation in activities carries the possibility of severe or permanent injury. In the event my child is injured or should require medical attention, I hereby authorize you to contact our family doctor. In the event that the doctor cannot be reached, I hereby authorize the supervisor or other Boys & Girls Clubs volunteer or employee to secure necessary medical treatment for my child. I further acknowledge that I shall be responsible for any medical or hospital fees or costs associated with my child's medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment. In case I cannot be reached, or in case of emergency, medical treatment may proceed without further authorization.

Parent/legal guardian signature

Date



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Part II:

Photograph Consent and Release Form

1. I hereby grant the Boys and Girls Clubs, Chickasaw Nation, its agents and others working for it or on its behalf and their respective licensees, successors and assigns (herein referred to as the "tribe") the absolute right and permission to use, publish, reproduce, broadcast and copyright my name, picture, likeness or any material based upon or derived therefrom, or to refrain from so doing, in any manner or media whatsoever for purposes of advertising or trade in promoting and publicizing the tribe.
2. I agree that my picture or likeness or anything derived therefrom created by the tribe is owned by it. If I should receive any print, negative or other copy, I shall not authorize its use by anyone else.
3. I shall have no right of approval, no claim to additional compensation and no claim (including without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any uses, alteration, distortion or illusionary effect or use in any composite form.
4. I agree that this release does not in any way conflict with any existing commitment on my part.

Participant name (print)

Participant signature

Date

Parent/legal guardian (print)

Parent/legal guardian signature

Date



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