



BOYS & GIRLS CLUBS
OF SOUTHERN NEVADA

2019 Membership

Membership expires 12/31/19

\$35 - youth ages 5-12

\$20 - teens ages 13-18

Membership fee is non-refundable

<input type="checkbox"/>	Membership type
<input type="checkbox"/>	Renewal
<input type="checkbox"/>	New Member

Please Select your Clubhouse location

- Andre Agassi Clubhouse: 800 N Martin Luther King
- Boulder Hwy Clubhouse: 3475 S. Mountain Vista St
- Desert Pines Clubhouse: 3750 E Bonanza Rd
- Donald W Reynolds: 2980 Robindale Rd
- Downtown Clubhouse: 2801 E Stewart Ave
- Engelstad Clubhouse: 3540 Cambridge St
- Jackie Gaughan Clubhouse: 920 Cottage Grove Ave

- James Clubhouse: 2530 E Carey Ave
- John C Kish Clubhouse: 401 Drake St
- Lied Memorial Clubhouse: 2850 Lindell Rd
- Mary & Sam Boyd Clubhouse: 1608 Moser Dr
- Natalie Gulbis Clubhouse: 9552 W Tropicana Ave
- Southern Highlands Clubhouse: 10900 Southern Highlands Pkwy

This application must be completed on both sides by a legal guardian in order to join the Boys & Girls Club. The information provided will be kept confidential and will be used for statistics, funding, and grant requirements for the Club.

Member Info	Member First Name _____	Member Last Name _____
	Birthdate _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
	Age _____	Expected Grad. Year _____
	School _____	Grade _____
		Student Number _____

Race & Ethnicity	<input type="checkbox"/> American Indian & Black/African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian & White	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
	<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White/Caucasian
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic	

Medical	Insurance Company _____	Policy Number _____
	Allergies, disabilities, medical issues and medication: _____	

Head of Household	HOH First Name _____	HOH Last Name _____
	Mailing Address _____	City _____ Zip Code _____
	Employer _____	Job Title _____
	Work Phone _____ Cell Phone _____	Home Phone _____
	Email Address _____	Relationship to member _____
	Is this a female headed household? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Other Guardian	First Name _____	Last Name _____
	Mailing Address _____	City _____ Zip Code _____
	Employer _____	Job Title _____
	Work Phone _____ Cell Phone _____	Home Phone _____
	Email Address _____	Relationship to member _____

Administration Office | 2850 Lindell Road | Las Vegas, NV 89146 | Phone 702-367-2582

GREAT FUTURES START HERE.

Military Information

Is any parent/guardian of this child a member of the military? No Yes Branch _____
Name _____ Start _____ End _____

Household Income

\$10,000 or below \$10,001-\$15,000 \$15,001-\$20,000 \$20,001-\$25,000 \$25,001-\$30,000
 \$30,001-\$35,000 \$35,001-\$40,000 \$40,001-\$45,000 \$45,000-\$50,000 Over \$50,000

Household Setting & Type

1 Parent 2 parent Other _____ Household Size _____
Are all adults (over the age of 18) in the household employed? Yes No
 Family Non-Family Extended Family Foster Family

Emergency Contact Information

Contact Name _____ Phone _____ Relationship _____
Contact Name _____ Phone _____ Relationship _____
Contact Name _____ Phone _____ Relationship _____

Programs Utilized (check all that apply)

TANF SNAP/Food Stamps SSDI SSI School Lunch Medicaid Housing

OPEN DOOR POLICY: The Boys & Girls Clubs of Southern Nevada (BGCSNV) operates its program under an Open Door Policy. Members are allowed to come and go as they please. Professionally trained staff will supervise club members inside our facility only. I understand that the Club is not responsible for the time or manner in which my child arrives at or leaves the Club and that he/she may come and go at his/her volition.

BACKPACK/PURSE CHECK: BGCSNV conducts random backpack and purse checks.

WAIVER OF LIABILITY AND DISCLAIMER: In consideration of my child(ren)'s membership and participation in the activities, special programs and/or events of the BGCSNV, I hereby fully waive, release and hold harmless the BGCSNV, together with its agents, employees, representatives, officers, and directors from any and all claims, causes of action, damages, costs, expenses, and other liabilities in any way arising out of or resulting from such membership or participation, including but not limited to, any personal injury, accident, illness, property damage, or any other loss, injury or harm of any nature whatsoever. I attest and verify that I have full knowledge of any and all risks involved in such membership and participation, and that I will, on behalf of the named member(s), assume full responsibility for such risks and pay any and all medical, emergency and other costs and I acknowledge that my child(ren) is/are in good health, physically fit, and sufficiently trained to participate in membership in the programs, activities, and events of the BGCSNV

ACKNOWLEDGEMENT AND CONSENT: For both internal and external use, I acknowledge that the BGCSNV and/or its sponsors may utilize photographs and/or videos of the named child(ren) that may be taken during involvement in the BGCSNV programs or activities. I consent to such uses and hereby waive all rights of compensation.

ACADEMIC DATA: The BGCSNV reserves the right to work with your child's school and/or school district in an effort to ensure your child receives the highest quality of academic instruction. BGCSNV engagement with the school and/or the school district may include submitting your child's name in order to receive academic data. Academic data will be secured by BGCSNV and will not be available to anyone other than BGCSNV staff.

EMERGENCY AUTHORIZATION: I, the undersigned, as a parent/guardian of the named minor child(ren), hereby authorize the staff of the BGCSNV, its sponsors, and vehicle drivers as my agents, to consent to medical, surgical, dental examination or treatment and or care at any hospital or by licensed medical personnel.

Note: Your signature below acknowledges that you have read and accept the policies of the BGCSNV as described above.

Parent/Guardian Signature _____

Date _____

Print Name _____

For Office Use Only

Member # _____ Receipt # _____ Amount Paid _____
Entered into Trax _____ Card Made _____ CCA _____ Gear-Up _____ Amerigroup _____
Received Shirt _____ Received lanyard _____ Silver Summit _____