

ANNUAL CLUB MEMBERSHIP 2025-2026

APPLICATION

(VALID FROM 1ST DAY OF SCHOOL TO LAST DAY OF SUMMER PROGRAMMING)

FULL NAME: _____ GENDER: _____
ETHNICITY: _____ DOB: _____ AGE: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHYSICAL ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ CELL PHONE: _____
NAME OF SCHOOL: _____ GRADE: _____

PARENT/ GUARDIAN #1 FULL NAME: _____
RELATIONSHIP TO MEMBER: _____
HOME/CELL PHONE: _____ WORK: _____
EMPLOYER: _____

PARENT/GUARDIAN #2 FULL NAME: _____
RELATIONSHIP TO MEMBER: _____
HOME/CELL PHONE: _____ WORK: _____
EMPLOYER: _____

EMERGENCY CONTACT: _____
RELATIONSHIP TO MEMBER: _____
HOME/CELL PHONE: _____ WORK: _____

CHILD LIVES WITH: _____
NUMBER OF PEOPLE LIVING IN THE HOUSEHOLD: _____
IS THIS A SINGLE PARENT HOUSEHOLD: _____

DOES THE YOUTH/FAMILY RECEIVE: (CHECK ALL THAT APPLY)

- KANCARE
- FREE/ REDUCED LUNCH
- KS FOOD ASSISTANCE PROGRAM
- CHILDCARE ASSISTANCE PROGRAM
- LIEAP (LOW INCOME ENERGY ASSISTANCE PROGRAM)



ROLE OF PARENT/GUARDIANS

PARENTS AND GUARDIANS PLAY A VITAL ROLE AT THE BOYS & GIRLS CLUB OF THE IOWA TRIBE OF KS & NE. IT IS IMPORTANT THAT PARENTS AND GUARDIANS BE INVOLVED WITH THE GROWTH AND DEVELOPMENT OF EACH MEMBER. BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU UNDERSTAND THE RULES AND POLICIES OF THE BOYS AND GIRLS CLUB OF THE IOWA TRIBE OF KS & NE. YOU ACKNOWLEDGE THAT YOU WILL EXPLAIN THE RULES TO YOUR CHILD IF ANY QUESTIONS ARISE. YOU MAY CONTACT PAULA WALKER IF YOU REQUIRE EXPLANATION.

PARENT/GUARDIAN SIGNATURE

DATE

ROLE OF MEMBER

I UNDERSTAND THAT BY BREAKING THE RULES AND POLICIES OF THE BOYS & GIRLS CLUB OF THE IOWA TRIBE OF KS & NE MAY BE GROUNDS FOR SUSPENSION OR LOSS OF MEMBERSHIP PRIVILEGES. I ALSO AGREE TO ACT LIKE A PRODUCTIVE, RESPONSIBLE, AND CARING CITIZEN. BY SIGNING THIS YOU AGREE TO HONOR THE CLUB RULES AND POLICIES DURING ACTIVITIES WHETHER AT THE CLUB, ON A FIELD TRIP, IN A CLUB VEHICLE, OR AT A CLUB SPONSORED EVENT.

MEMBER SIGNATURE

DATE

