

# SHIPPENSBURG CLUB

Renewal Application



Date Received: \_\_\_\_\_  
 Payment: Cash / Check # \_\_\_\_\_  
 Member ID # \_\_\_\_\_

**BOYS & GIRLS CLUB**  
 OF CHAMBERSBURG AND SHIPPENSBURG  
 MEMBERSHIP APPLICATION

<b>Chambersburg Clubhouse</b> 440 W. Washington Street Chambersburg, PA 17201 717-261-5761 Office 717-264-8761 Fax	<b>Shippensburg Middle School Clubhouse</b> Shippensburg, PA 17257  717-261-5761 Office 717-264-8761 Fax	<b>Shippensburg Elementary Clubhouse</b> Shippensburg, PA 17257 717-530-2770 Ext. 2634 717-261-5761 Office 717-264-8761 Fax
<b>Club Hours:</b> Winter: Monday-Friday 2:45-6:45pm Annual Membership Fee \$10.00	<b>Club Hours:</b> Winter: Monday-Thursday 2:30-5:30pm Annual Membership Fee \$10.00	<b>Club Hours:</b> Winter: Monday-Friday 3:15-6:15pm Annual Membership Fee \$10.00

**For Membership:**

1. Fill out Application
2. Submit form along with \$10 membership fee. Form and fee may be left in our mailbox in front of the clubhouse, or the member may bring it to club, or mail it to the Chambersburg address above.

**Member Information:**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: M/F Eye Color: \_\_\_\_\_  
 Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

**School Information:**

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 Reduced Lunch Program? Yes \_\_\_\_\_ No \_\_\_\_\_

**Medical Information:**

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_  
 Permission for Emergency Room/Ambulance if necessary? Yes \_\_\_\_\_ No \_\_\_\_\_ (All attempts would be made to notify you first)  
 Health Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ Health Insurance Carrier: \_\_\_\_\_  
 Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
 Health issues/special needs? Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain: \_\_\_\_\_  
 Food, Medicine, or other Allergies: \_\_\_\_\_

**General :**

Birth City: \_\_\_\_\_ Birth State/Country: \_\_\_\_\_

**Permissions:**

- \* I give permission for my child to be used in public relations materials, promotional materials, or on our website. Yes \_\_\_\_\_ No \_\_\_\_\_
- \* I give permission for my child to go for walks through the neighborhood and downtown with the club staff. Yes \_\_\_\_\_ No \_\_\_\_\_
- \* I give permission for my child to access the internet and computers with supervision during club hours. Yes \_\_\_\_\_ No \_\_\_\_\_

# SHIPPENSBURG CLUB



## BOYS & GIRLS CLUB

### OF CHAMBERSBURG AND SHIPPENSBURG MEMBERSHIP APPLICATION

*The information below helps us to apply for grants and other monetary awards. We will keep your personal information confidential. This information is always requested on applications by the Boys and Girls Club of America.*

#### Household:

Annual Gross Household Income: (Please check one)

\$0 - \$5,001 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
\$5,001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
\$15,000 - \$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 in the household 65 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a member of the household handicapped? Yes \_\_\_\_\_ No \_\_\_\_\_ Current heal of household: Female \_\_\_\_\_ Male \_\_\_\_\_ Both \_\_\_\_\_

Current Single Parent? Yes \_\_\_\_\_ No \_\_\_\_\_ Current number in household: \_\_\_\_\_

# of Brothers: \_\_\_\_\_ Ages: \_\_\_\_\_ # of Sisters: \_\_\_\_\_ Ages: \_\_\_\_\_

#### \*\*\*Parent/Guardian Information:

Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Emergency Contact - Yes \_\_\_\_\_ No \_\_\_\_\_  
Authorized to pick up child? Yes \_\_\_\_\_ No \_\_\_\_\_

#### \*\*\*Parent/Guardian Information:

Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Emergency Contact - Yes \_\_\_\_\_ No \_\_\_\_\_  
Authorized to pick up child? Yes \_\_\_\_\_ No \_\_\_\_\_

#### \*\*\*Other person authorized to pick child up from club:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Child's Signature: \_\_\_\_\_