

**FOR OFFICE USE ONLY:**

Division: \_\_\_\_\_ Dues Paid: \_\_\_\_\_ Date Registered: \_\_\_\_\_ Interview By: \_\_\_\_\_

Entered in Vision: \_\_\_\_\_ Vision Entry Completed: \_\_\_\_\_ Card Made \_\_\_\_\_ Memb. #: \_\_\_\_\_

New Member (never in membership)  Same division as last year  Changed Division  Previous Member...  
Did not join last year

Demo Form signed and re'd

C.Sub \_\_\_\_\_  Approved By \_\_\_\_\_

2009

**Sarah Heinz House Membership Application**

2010

**START HERE**

**\*\*PLEASE PRINT CLEARLY\*\***

**General Information**

Member's Name: (First, Middle Last,)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
	Racial/Ethnic Background:	
Address:	Birth Date:	Grade:
City: State: Zip:	What school do you attend/ (also list) School District: /	
Home Phone Number:	Primary Contact (Full Name):	
Parent Cell: Member Cell:		
Parent's Email :	Member's Email:	
How would you like to receive your monthly bulletin? <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail <input type="checkbox"/> Both		

**Family Information**

**Parents Marital Status-** (check one)  Married  Separated  Divorced  Single Parent  
 Mother Deceased  Father Deceased  Other...specify

Full Name of Father:	Father's Occupation/Company:
Father's Phone Number: (check if same as above <input type="checkbox"/> )	Work Phone Number:
Was your Father a member: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of Mother:	Mother's Occupation/Company:
Mother's Phone Number: (check if same as above <input type="checkbox"/> )	Work Phone Number:
Was your Mother a member: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mother's Maiden Name:

**Member Lives With:** (check those which apply)  Mom  Step Mom  Dad  Step Dad  
 Grandparent  Foster Parent  Other...specify

**Emergency Contact Information (Contact Must be 18 years of age or older)**

Name:	Phone Number: (home/cell)	Relationship to Member:
Name:	Phone Number: (home/cell)	Relationship to Member:

(Continue on back of page)

Any personal information, allergies, limitations, learning disabilities, special needs, or any additional information that the staff should know about your child? Yes No If yes, please indicate below:

I have been a member of SHH since (about): \_\_\_\_\_. This is my \_\_\_\_\_ year of membership!

Do you have any siblings in membership? Yes No

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_  Brother  Sister Are they a member? Yes No

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_  Brother  Sister Are they a member? Yes No

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_  Brother  Sister Are they a member? Yes No

4. Name: \_\_\_\_\_ Age: \_\_\_\_\_  Brother  Sister Are they a member? Yes No

What two members your age and gender do you know best?

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Sarah Heinz House's Attendance and Open Campus Policy:**

Membership is open to children from the ages of six (6) through eighteen (18), without regard to gender, race, religion, or national origin. All members are entitled to come to the House during regular operating hours and to participate in all of the House's programs, subject to restrictions, which may limit age groups or hours of specific programs. All members are required to complete a membership agreement and to present membership ID upon entering. Sarah Heinz House Boys & Girls Clubs is not a custodial care agency, does not have the right or responsibility to keep a child at the club, and does not assume responsibility for members if or when they leave the Club.

**Emergency Treatment Permission**

I authorize Sarah Heinz House to act on my behalf in case my child is a victim of an accident, injury or illness when immediate medical care is needed; provided a member of Heinz House staff make a diligent effort to first notify me of the situation and obtain my preferences. If efforts to get in touch with me are unsuccessful, I authorize licensed medical personnel to take such action as his/her judgment dictates. I further agree that Sarah Heinz House, nor any person associated with them, has any responsibility of any kind to me or my child from any claims arising from any accident, injury or illness, which my child may suffer as a result of any such health care or medical treatment.

**Publicity and School Record Permission**

I agree that my child's photograph (likeness), if it should appear in any form of media coverage or promotional brochures of Sarah Heinz House, may be used without any further authorization or any reimbursement to my child or me from Heinz House.

To further enable my child's development, partnerships between Sarah Heinz House and the schools, and possible fundraising opportunities, I authorize the release of academic and personal information from my child's school to Sarah Heinz House.

Throughout the course of my child's time spent at Sarah Heinz House, I understand that any reproduction of work(s) created by my child (prints, artwork, performances, etc.) while participating in a Sarah Heinz House activity or program is a possession of Sarah Heinz House to be used at their discretion, without any further compensation or permission.

\*\*\*Membership is a privilege. All members of the Sarah Heinz House are active members. To keep your membership, you are expected to attend all activities of your division regularly, and follow the rules and guidelines of Sarah Heinz House. **No refunds are given to individuals who withdraw, or are dropped or suspended from membership, because of attendance or behavior.**

I understand that I must sign and submit an application and **Member Demographic Form** as part of registration, before I may participate in membership. I understand that the application will be kept for records, but that the demographic form will be used for group average statistics only, then it will be shredded after the data is entered into the computer.

Do you agree to this?  Yes  No

Disagreement with any of the above policies must be presented in writing, to Sarah Heinz House staff, and may result in declined membership.

By signing below, I (we) are stating that we understand and we agree to the policies and guidelines listed above.

**Member's Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ (if member is younger than 9<sup>th</sup> grade) 09-10 mem app

**END of APPLICATION**

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*Add'l Staff Notes:*