



Member#: _____
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Location _____
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**FOR ADMIN USE ONLY**  
**Membership Entered**  
 Staff \_\_\_\_\_ Date \_\_\_\_\_

MEMBERSHIP APPLICATION			
Membership fees are \$20.00 per calendar year. After-school fees are \$25.00 per calendar month. All payments are due at the beginning of each month. After 5 days without payment, a \$5.00 Late Payment Fee will be added to your account. Non-school full day fees are \$12 per day and are non-refundable if member does not attend and are payable in advance. Summer fees are separate.			
Child's First Name:		Middle:	Last:
Date of birth:	Gender: M F		Age:
Is your child allowed to leave the Club on their own? Yes No		Home Phone #:	
Physical Address:		Mailing Address:	
City:	State:	Zip:	
Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Arab <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____			
CONTACT/FAMILY INFORMATION			
<b>Parent Guardian (circle one) Name:</b>			
Employer:	Title		Work Phone:
Cell Phone:	E-mail:		Home Phone:
<b>Parent Guardian (circle one) Name:</b>			
Employer:	Title		Work Phone:
Cell Phone:	E-mail:		Home Phone:
CONTACTS			
<b>Name:</b>		Cell Phone:	
Relationship to child:		Other Phone:	
<input type="checkbox"/> Authorized to pick up <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Parent/Guardian			
<b>Name:</b>		Cell Phone:	
Relationship to child:		Other Phone:	
<input type="checkbox"/> Authorized to pick up <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Parent/Guardian			
<b>Name:</b>		Cell Phone:	
Relationship to child:		Other Phone:	
<input type="checkbox"/> Authorized to pick up <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Parent/Guardian			
<b>Name:</b>		Cell Phone:	
Relationship to child:		Other Phone:	
<input type="checkbox"/> Authorized to pick up <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Parent/Guardian			
<b>Name:</b>		Cell Phone:	
Relationship to child:		Other Phone:	
<input type="checkbox"/> Authorized to pick up <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Parent/Guardian			

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## MEMBERSHIP APPLICATION

### ANYONE NOT AUTHORIZED TO PICK-UP CHILD

Name:	Relationship to Child:
Name:	Relationship to Child:
Name:	Relationship to Child:
Name:	Relationship to Child:

### MULTIPLE CHILDREN INFORMATION

Child's First Name:	Middle:	Last:
Date of Birth:	Gender: M F	Age:
Child's First Name:	Middle:	Last:
Date of Birth:	Gender: M F	Age:
Child's First Name:	Middle:	Last:
Date of Birth:	Gender: M F	Age:

### FAMILY INFORMATION

Number of Brothers/Step Brothers:	Names/Ages:
Number of Sisters/Step Sisters:	Names/Ages:
Are parent/guardian Active Military, Reserves or Veteran: Yes No	

### OTHER IMPORTANT INFORMATION AND SAFEWORD

A safe word is a word or phrase containing letters or numbers that allows the Front Desk at BGCCLC to change, add or remove any information on your account. This phrase will remain in confidence unless you share this phrase with people of your choosing.

### MEDICAL INFORMATION

Permission for treatment by Doctor/Hospital: Yes No	
Allergies:	Physical Limitations:



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## MEMBERSHIP APPLICATION

### RELEASE STATEMENTS

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Chaves and Lincoln Counties (BGCCCLC), and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns, or any other person or entity associated with any of the above organizations such as staff, directors, or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury, or death and any claim of damages resulting from use of facilities and or vehicles owned or controlled by BGCCCLC, or participation in activities of said organizations either at or away from the Club.

\_\_\_\_\_ Initial

#### **Statement of Understanding**

I understand that The Club is not, nor does it claim to be, a licensed day care center.

\_\_\_\_\_ Initial

#### **Medical Treatment**

I give permission to the Boys & Girls Clubs of Chaves and Lincoln Counties to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any and all costs of medical attention and treatment.

\_\_\_\_\_ Initial

#### **Surveys and Questionnaires**

I, the parent/guardian of the minor child listed on this application, give permission for the Boys & Girls Clubs of Chaves and Lincoln Counties to survey me and my child about his or her Club experience and behaviors, skills, and attitudes using Boys & Girls Clubs of America's Youth Development Outcome Measurement Tool Kit surveys or other survey instruments for use to measure and improve the impact of staff, programs, classes, and activities.

\_\_\_\_\_ Initial

#### **Technology**

As a member of the Boys & Girls Clubs of Chaves and Lincoln Counties, your child may have access to the Internet. While precautions are being taken, it is possible that he/she may access inappropriate sites. Boys & Girls Clubs of Chaves and Lincoln Counties has rules and consequences at the Club for such behavior; however, we will not be responsible for the consequences of such access.

\_\_\_\_\_ Initial

#### **Member's Property**

I understand that the Boys & Girls Clubs of Chaves and Lincoln Counties is not responsible for lost or stolen items. We recommend that items of value not be brought to the Club including cell phones, electronic devices, toys, etc.

\_\_\_\_\_ Initial

#### **Photo/Video/Audio Release**

I hereby grant permission to the Boys & Girls Clubs of Chaves and Lincoln Counties the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of my child, without compensation or approval rights, for use in the materials created for purposes of promoting the activities of the Boys & Girls Clubs of Chaves and Lincoln Counties.

\_\_\_\_\_ Initial



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**CONFIDENTIAL INFORMATION**

All member information is securely stored. The following information is necessary for our records and the funding our organization receives, and may help us serve you and your child better. The answers you provide are confidential. Your cooperation in providing this information is both appreciated and necessary. **Without the information, we may not qualify for some funding sources.**

Do you live in a Public Housing Property? ☐ Yes ☐ No

Household Income: ☐ \$0 - \$23,107 ☐ \$23,108 - \$31,284 ☐ \$31,285 - \$39,461 ☐ \$39,462 - \$47,638 ☐ \$47,369 - \$55,815 ☐ \$55,816 - \$63,992 ☐ \$63,992 - \$72,169 ☐ \$72,170 - \$80,346 ☐ Over \$80,347

Household Size: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

Check all that apply: ☐ SSDI ☐ SSI ☐ TANF ☐ Day Care Volunteer ☐ Food Stamps  
☐ Free/Reduced School Lunch

Child's Family Setting: ☐ Mother Only ☐ Father Only ☐ Foster Care ☐ 1 Parent/1 Step-Parent  
☐ 2 Parent Family ☐ Grandparents ☐ Other \_\_\_\_\_

**SIGNATURES**

I have read the completed application and this form, and I understand the rules of the Boys & Girls Clubs of Chaves and Lincoln Counties. I request that my child be admitted into membership.

<hr/>	Date:	<hr/>
Parent/Guardian Signature		Parent/Guardian Printed Name
<hr/>	Date:	<hr/>
Parent/Guardian Signature		Parent/Guardian Printed Name