

Only complete forms will be processed



<u>For Office Use Only</u>	
<input type="checkbox"/> Fee Received	
Date: _____ / _____ / _____	
Fee Plan: _____	
Membership #: _____	

Membership Application

Type of Membership (Check one):

- New Membership
- Renewal Membership

Date: _____

Member Information:

First Name: _____		Last Name: _____	
Birth Day: _____ / _____ / _____	Age: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<small>month day year</small>			
Phone (home): _____	Cell: _____		
Address: _____			
City: _____		Zip: _____	
School: _____	Grade: _____	Teacher: _____	
Email: _____			

Sibling Information:

Do you have any other children that attend the Boys & Girls Club of Assabet Valley? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, could you please provide their names: _____

Transportation and Authorization

My child will depart from the Boys & Girls Clubs by:	
<input type="checkbox"/> Unsupervised Walk	
<input type="checkbox"/> Parent Pick Up	
<input type="checkbox"/> Supervised Walk By: _____	Relationship to Member: _____ Phone: _____
<input type="checkbox"/> Other Authorized Contact for Pick-up:	
Name: _____ Relationship to Member: _____ Phone: _____	
Name: _____ Relationship to Member: _____ Phone: _____	
<ul style="list-style-type: none"> • A password of your choice can be kept on file to be given at pick-up time for release of your child. • Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. Please inform program staff of any changes. Verbal or written permission and picture ID is required for anyone not included on the list above. • Parent and Club members are responsible for their own transportation to and from the Club. • As a drop-in facility, the Boys & Girls Club of Assabet Valley is not responsible for Club members' whereabouts. 	
Parent/Guardian Signature: _____	Date: _____

Demographic Information:

All information provided will remain confidential. This information is used for funding purposes to keep costs affordable.

Ethnicity: (check all that apply) <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Brazilian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Haitian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____	Member lives with... (check all that apply) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparent/s <input type="checkbox"/> Guardian <input type="checkbox"/> Brother/s: How many? _____ <input type="checkbox"/> Sister/s: How many? _____	Total # of People in Household: (check one) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 or more	Assistance Programs: (check all that apply) <input type="checkbox"/> Food Stamps <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TANF <input type="checkbox"/> General Assistance <input type="checkbox"/> Veterans Compensation <input type="checkbox"/> Other _____	School Lunch Program: (check one) <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable Public Housing? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary language spoken at home: (check one) <input type="checkbox"/> English <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Hindi <input type="checkbox"/> Portuguese <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	Single Parent? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	Household Annual Income: (check one) <input type="checkbox"/> \$0 - \$9,999 <input type="checkbox"/> \$10,000 - \$14,999 <input type="checkbox"/> \$15,000 - \$24,999 <input type="checkbox"/> \$25,000 - \$34,999 <input type="checkbox"/> \$35,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$74,999 <input type="checkbox"/> Over \$74,999	Child of military? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Member have a history with Juvenile Justice? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No

Parent Information:

Parent/Guardian #1 _____ Relationship to Member: _____

Phone (home): _____ Cell: _____ Work: _____

Home Address (If Different than Member): _____

City: _____ State: _____ Zip: _____

Employer: _____ Title: _____

Email: _____

Parent/Guardian #1 _____ Relationship to Member: _____

Phone (home): _____ Cell: _____ Work: _____

Home Address (If Different than Member): _____

City: _____ State: _____ Zip: _____

Employer: _____ Title: _____

Email: _____

Emergency Contacts (in addition to parents/guardians above):

Name: _____	Relationship to Member: _____	Phone: _____
Name: _____	Relationship to Member: _____	Phone: _____

Emergency Medical Information:

Insurance Carrier: _____	Policy #: _____	
Doctor's Name: _____	Phone #: _____	
Doctor's Address: _____	City: _____	Zip: _____
Dentist's Name: _____		
Allergies: _____	Current Medications: _____	
Emergency Hospital: _____		
I authorize the Boys & Girls Club Staff that are trained in the basics of first aid and/or CPR to give my child(ren) first aid when appropriate and I give permission to the Boys & Girls Club of Assabet Valley to seek emergency medical treatment for my minor child(ren) if I cannot be reached. I will be responsible for any and/or all costs of medical attention and treatment.		
Parent/Guardian Signature: _____	Date: _____	
Print Name: _____		

Consents:

My child has permission to leave the building with staff on field trips. (ex: Parks, playgrounds): <input type="checkbox"/> Yes <input type="checkbox"/> No	My child has permission to watch PG-13 movies: <input type="checkbox"/> Yes <input type="checkbox"/> No	My child has permission to be used in public relation materials for the Boys & Girls Club of Assabet Valley: (that is, to have their picture or name in newspapers, newsletters, and/or any other promotional materials) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Parent Release Form:

I, the parent/guardian of the minor child listed on the application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Assabet Valley, and the 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 owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

School Information:

I give my permission to the Boys & Girls Club of Assabet Valley and _____ School to exchange information regarding my child, _____. The purpose of the exchange is to help both organizations do a better job of helping my child be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting my child's School or the Boys & Girls Clubs in writing.

Surveys and Questionnaires:

I, the parent/guardian of _____, give permission for Boys & Girls Club of Assabet Valley to survey 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.

Technology:

As a member of the Boys & Girls Club, my child will have access to the Internet. While precautions are taken by the Boys & Girls Club of Assabet Valley, it is possible that s/he may access sites inappropriate for him/her. The Boys & Girls Clubs will have rules and consequences for such behavior. However, I will not hold the Boys & Girls Club of Assabet Valley or their staff, employees, volunteers, or directors responsible for the consequences of any such access by my child.

Miscellaneous: I also understand that the Club is not, nor claims to be, a licensed day care center.

Disclaimer

I hereby give permission for my child to become a member of the Boys & Girls Club of Assabet Valley. I understand that the Club I not responsible for personal injury or loss of personal property and that I will be financially responsible for any intentional damage or vandalism to the Club caused by my child.

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____