Only complete forms will be processed

For Office Use Only
□ Fee Received
Date: ____/____/____
Fee Plan:_____
Membership #_____

BOYS & GIRLS CLUB
OF ASSABET VALLEY

Membership Application

Type of Membership (Check one):

□ New Membership

□ Renewal Membership

Date: _____

Member Information:

First Name: _____ Last Name: _____

Birth Day:_____/_____/_____ Age:_____ Gender: □ Male □ Female
month day year

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? □ Yes □ No

If yes, could you please provide their names:_____

Transportation and Authorization

My child will depart from the Boys & Girls Clubs by:
□ Unsupervised Walk
□ Parent Pick Up
□ Supervised Walk By: _____ Relationship to Member:_____Phone: _____
□ Other Authorized Contact for Pick-up:

Name: _____ Relationship to Member: _____Phone: _____

Name: _____Relationship to Member: _____Phone: _____

- 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:**_____

FUTURES START HERE

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Demographic Information:

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

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

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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)**:** □ Yes □ No	**My child has permission to watch PG-13 movies:** □ Yes □ 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) □ Yes □ 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:_____