

**Boys & Girls Clubs Of Northeast Alabama Inc.**

**Membership Application**

Gilchrist Unit  Daugeette Unit  Gaston Unit  Sanford Unit

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**Please fill out both pages of the application. All information is kept confidential and used only for our organization.**

Name: \_\_\_\_\_ Goes by: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Ethnicity: \_\_ African Amer. \_\_ Native Amer. \_\_ Asian \_\_ Hispanic \_\_ Caucasian \_\_ Other \_\_\_\_\_

Phone number where parents/guardian can be reached during operational hours: \_\_\_\_\_

Emergency number, in case parents/guardian can not be reached: \_\_\_\_\_

.....  
Name of person responsible for daily care of the child named above: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

Is your address the same as above? \_\_\_\_\_

If not supply adress: \_\_\_\_\_

Is your phone number the same as home phone above? \_\_\_\_\_

If not, supply home phone number: \_\_\_\_\_

Are you employed? \_\_\_\_\_ Where? \_\_\_\_\_

Work Phone: \_\_\_\_\_

.....  
**Medical Information:**

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Hospital Preferred \_\_\_\_\_ Gadsden Regional \_\_\_\_\_ Riverview Regional \_\_\_\_\_ other \_\_\_\_\_

Insurance? \_\_\_\_\_

Medical Problems? \_\_\_\_\_

Allergies? \_\_\_\_\_

Handicaps? \_\_\_\_\_

Is child on regular medication? \_\_\_\_\_ if so, please list: \_\_\_\_\_

Date of last tetanus \_\_\_\_\_

.....  
**DO NOT WRITE BELOW THIS LINE. STAFF USE ONLY.**

Application date: \_\_\_\_\_

New \_\_\_\_\_ Renewal \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Card # \_\_\_\_\_

**ADDITIONAL MEMBER INFORMATION:**

Please list hobbies: \_\_\_\_\_

Does child participate in any organized youth sports? \_\_\_\_\_ If so, what? \_\_\_\_\_

Is child a member of any other youth organization? \_\_\_\_\_ If so, what? \_\_\_\_\_

Has child been a member of another Boys & Girls Club? \_\_\_\_\_ If so, where? \_\_\_\_\_

**FAMILY INFORMATION:**

Child lives with: \_\_\_Mother \_\_\_Father \_\_\_both parents \_\_\_Related Guardian \_\_\_Non related guardian

Foster Parents: \_\_\_\_\_

If child lives with related guardian, what is the relationship? \_\_\_\_\_

How many children, ages 6 – 18, are in the home counting the member and what are their ages:

\_\_\_\_Girls, Ages \_\_\_\_\_ Boys, Ages \_\_\_\_\_

Total number in household: \_\_\_\_\_

Total family income: \_\_\_\_\_ per \_\_\_\_\_ week \_\_\_\_\_ month \_\_\_\_\_ year

Does any member of your household receive any of the following?

\_\_\_\_SSD \_\_\_SS \_\_\_VA \_\_\_ADC \_\_\_Food Stamps \_\_\_WIC \_\_\_Free Lunch

**Please use the space below to provide us with any other pertinent information regarding your child.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 Northeast Alabama, 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 owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.**

Medical Treatment

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

School Information

I give my permission to the Boys & Girls Clubs of Northeast Alabama and Gaston School to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student 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 Gaston School or the Boys & Girls Club in writing.

Surveys and Questionnaires

I the parent/guardian of the minor child listed on this application, give permission for Boys & Girls Clubs of Northeast Alabama 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, your child will have access to the Internet. While precautions are being taken, it is possible that s/he may access inappropriate sites. Boys & Girls Club will have rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access.

Miscellaneous

I understand that the Boys & Girls Club is not responsible for lost or stolen items.

Parents and Club members are responsible for their own transportation to and from the club. As a drop-in facility, we are not responsible for Club members' whereabouts.

I give permission for my child's picture, moving pictures, or any other graphic depiction of likeness, to be used by the Boys & Girls Club and its activities.

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

I have read the completed application and this form, understanding the rules of the Boys & Girls Club and request that my child be admitted into membership.

Person(s) WHO MAY TAKE RESPONSIBILITY For Your Child if guardian cannot be reached.

- 1 \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_
- 2 \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_
- 3 \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_
- 4 \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Club Member's Signature

Date: \_\_\_\_\_