



MEMBERSHIP APPLICATION

2016-2017 School Year



NEWMAN FAMILY CLUB HOUSE

____ Flag Football ____ Basketball ____ Soccer ____ Floor Hockey
____ Middle School Floor Hockey ____ Baseball ____ Lights on After Supper ____ Teen Night

Child Information

First Name: _____ **Middle:** _____ **Last:** _____

Gender: M ____ F ____ **Date of Birth:** ____/____/____ **Current Age:** _____

Ethnicity: *(Please check all that apply)* White: ____ Black: ____ Hispanic: ____ Native American: ____ Other: ____

Address: _____ **City:** _____ **Zip Code:** _____

Home Phone: (____) _____

School Information

Current School: _____ **Grade Level:** _____ **Teacher:** _____

School Child ID# _____

Does your child qualify for: Free ____ or Reduced lunches ____?

(This information is important for grant purposes and is kept confidential)

Primary Parent/Guardian Contact

Relationship To Member: _____

First Name: _____

Last Name: _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

Employer: _____

Email Address Please print: _____

Able to Pick up? ____ YES ____ NO

Parent/Guardian

Relationship To Member: _____

First Name: _____

Last Name: _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

Employer: _____

Email Address Please print: _____

Able to pick up? ____ YES ____ NO

FOR OFFICE USE ONLY:

Membership Type: ☐ Renewal for Member Number: _____ ☐ New Membership

Membership Payment Info: Date Received: _____ Receipt Number: _____ STAFF INT: _____

☐ Cash ☐ Check # _____ ☐ Credit Card ☐ Money Order # _____ ☐ PPP

Designated Pick-Up/Emergency Contacts

It is a requirement of the Northtowns Boys & Girls Club that each parent/guardian provide the names of authorized persons that can pick up their child. If the person's name is not listed below they will not be allowed to pick up the member. Any changes must be addressed with the Club Director immediately. **These people will also be classified as Emergency Contacts. Please put in desired order of calls to be made in case of an emergency if the primary contact is unavailable.**

	Name:	Phone Number:	Relationship to Member:
1			
Address:		City:	State:
2			
Address:		City:	State:
3			
Address:		City:	State:
4			
Address:		City:	State:

Not able to pick up child:

Please designate if anyone is not able to pick up child. If listed person attempts a pick up the primary contact will be immediately notified by a club staff.

	Name	Relationship to Member
1		
2		

PERMISSION TO LEAVE THE CLUB

If your child will always be picked up please DO NOT fill out this section

PHONE CALL RELEASE:

_____(Initial) I give my son/daughter permission to be released from the club after a **phone call** to the **front desk** from an authorized pick up person. **I understand that a cell phone call to the child is unacceptable.**

WALKING RELEASE:

I give my Daughter/Son _____ permission to leave the Boys & Girls Club to go _____ (location) at _____ (time). My signature constitutes permission by the parent/guardian for their child to leave the Club without a parent/guardian pick-up. Without this completed form the child will be required to be picked up daily at the Boys & Girls Club by designated closing time. Any changes to the agreement must be brought to the Club Director's attention immediately.

Thank You,

Please print parent/guardian name

Signature of Parent/Guardian

Date

Member Health/Medical Information

Student Name: _____ Date: _____

Parent/Guardian: _____ Date: _____

Phone Number: _____

HEALTHY HISTORY:

(Please check whether your child has a history of any of the following)

YES

NO

_____ Allergies (*please specify*) _____

Please note the severity of allergy: _____

_____	_____	Asthma
_____	_____	Bee Sting Reaction
_____	_____	Convulsions
_____	_____	Heart Condition
_____	_____	Special Diet (<i>please specify</i>) _____
_____	_____	Diabetes

ARE THERE ANY MEDICAL RESTRICTIONS OR LIMITATIONS TO YOUR CHILD?

___ No ___ Yes, Explain _____

Does your child receive any special education services during the school day? YES___ NO___

Please specify:

Does your child require any special assistance that club staff needs to be aware of to be successful?

I give my permission for the Northtowns boys and girls club staff to apply the following:

_____ (Initial) TOPICAL OINTMENTS (*FOR MINOR CUTS AND SCRAPES*)

_____ (Initial) SUNSCREEN

_____ (Initial) TOPICALLY APPLIED INSECT REPELLENTS

Medical Disclaimer:

_____ (Initial) In the event that I cannot be reached in an emergency, I authorize the Northtowns Boys and Girls Club to obtain the proper treatment to assure the health and wellbeing of my child. This authorization shall extend to and include hospitalization or offsite first aid where/when necessary.

Signature of Parent

Date

The following information is used for grant purposes. Please fill out as accurately as possible.

Member Lives with: (Please circle all that apply)

Single parent household

Mom

Dad

Step Mom

Step Dad

Grand Parent

Foster Parent

Other: _____

Annual Gross Income:

☐ \$0-10,000 ☐ \$10,000-\$20,000 ☐ \$20,000-30,000 ☐ \$30,000-40,000 ☐ \$40,000-50,000
☐ \$50,000-60,000 ☐ \$60,000+

Number of people in household _____

Number of children under age of 18 _____

Number of handicapped in household: _____

Number of people in household over 65 years of age: _____

Has the child repeated one or more grades? YES____ NO____

Has the child been pregnant? YES____ NO____

Has a sibling experienced teen pregnancy? YES____ NO____

Please check all that apply to the following questions:

	Never	Currently	Previously
Child involved in foster care?			
Parent military involvement?			
Parent incarcerated?			
Child involved with criminal justice system?			
Sibling involved with criminal justice system?			
Has child been a runaway?			
School attendance problems?			
Child gang involvement?			
Sibling gang involvement?			

NORTHTOWNS BOYS AND GIRLS CLUBS POLICIES and HANDBOOK SIGN OFF

Photo Release:

_____ (Initial) I **DO** give my permission for my child to appear in video, still photography or other media taken while participating in this program. All forms of media are the property of The Northtowns Boys & Girls Club and its affiliates, and may be reproduced.

_____ (Initial) I **DO NOT** give my permission for my child to appear in video, still photography or other media taken while participating in this program.

Disclaimer:

I _____ do hereby give my child permission to attend and participate in the activities and programs sponsored by the Northtowns Boys and Girls Clubs. I hereby release the Northtowns Boys and Girls Club, its employees, associates, and contributors from liability from any injury, loss or theft incurred by my child while participating. I understand that the Boys & Girls Club is no longer responsible for any lost or stolen items. The Northtowns Boys & Girls Club is not responsible or liable in any way in the event of harm or injury occurring to the member. If the parent or guardian does file a complaint against the Northtowns Boys and Girls Clubs, the parent or guardian agrees to pay for The Northtowns Boys & Girls Club legal fees.

The undersigned member has parental permission to obtain student information from All School District's for which the member attends, and participate in programs and field trips at or sponsored by the Boys & Girls Club. My signature indicates that I completely understand the above statements.

I have read and understand the 2016-2017 parent handbook for my child to be a member at the Northtowns Boys and Girls Clubs. I understand the club policies and procedures. It also acknowledge access to information regarding emergency procedures, evacuation relocation sites and transportation policy.

Signature of Parent

Date

Signature of Member

Date