



BOYS & GIRLS CLUB
OF ELMA, MARILLA, & WALES

MEMBERSHIP APPLICATION 2017-2018

Date Paid: _____
Check #: _____
Amount: _____
Exp.Date: _____

Membership # _____

Membership Fees:

- _____ Grades 4-12: \$100 - expires June 30, 2018
- _____ Monthly Fees: \$40 (3 month membership)
- _____ Basketball Membership only: \$110 (*program fee is included in the membership*)

Renewals and New Members: PLEASE COMPLETE ALL SECTIONS

First Name: _____ Last: _____

Gender: Male ___ Female ___ Birth Date: _____ Ethnicity: _____

Address: _____

City/State/Zip: _____ Telephone: _____

<p>Please provide us with your e-mail address so you can get all the latest information on the Club! Please print clearly</p> <p>E-Mail _____</p>

<p><u>School Information:</u></p> <p>Current School: _____ Current Grade: _____</p> <p>Current Teacher: _____</p>
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<p><u>Contact Info:</u></p> <p>Parent/Guardian Name _____ Employment _____ Work # _____</p> <p>Address (if different from above) _____ Home # _____ Cell # _____</p> <p>Parent/Guardian Name _____ Employment _____ Work # _____</p> <p>Address (if different from above) _____ Home # _____ Cell # _____</p> <p>Emergency Contact _____ Phone# _____ Relationship _____</p>

<p><u>Medical Information:</u></p> <p>Doctor Name: _____ Doctor Phone: _____</p> <p>Permission for Doctor/Hospital: ___ Yes ___ No</p> <p>Does your family have health and/or accident insurance: ___ Yes ___ No</p> <p>Insurance Carrier: _____</p> <p>Policy #: _____ Group#: _____</p> <p>Special Needs/Health Issues: ___ Yes ___ No if yes, explain _____</p> <p>_____</p>

**** Please complete back of application ****

Disclaimer:

I, _____ do hereby give my son/daughter _____ permission to attend and participate in activities sponsored by the Boys & Girls Club of EMW. I hereby release the Boys & Girls Club of EMW, its employees, associates, and contributors from liability from any injury, loss or theft incurred by my child while participating. Furthermore, I hereby authorize medical examination and emergency treatment for my child by a qualified, licensed physician in the event of an accident. **I further understand that the Boys & Girls Club of EMW has an "Open Door" policy, which means that my child may come and go at will.** My signature indicates that I completely understand the above statement.

Parent/Guardian Signature: _____

Permissions: I give my permission to have my child's pictures used in Boys & Girls Club publications, news articles, marketing materials, etc.: ___Yes ___No

Household Information:

Member lives with: Mom Step Mom Dad Step Dad Grandparent Foster parent(s) Other, specify: _____

Number in Household: _____ Household members under 18: _____
____ Single Parent Household

Financial: We are required to collect this information by our funding sources. All information supplied to the Club will be held in the strictest confidence.

Annual Gross Household Income:	\$0 - \$25,000	_____
	\$25,001 - \$50,000	_____
	\$50,001 - \$75,000	_____
	\$75,001 - \$100,000	_____
	\$100,000+	_____

BOYS & GIRLS CLUB CODE

- **I WILL** be respectful to staff, equipment, and other members.
- **I WILL** use polite language.
- **I WILL** talk to a staff person if I have a question or problem.
- **I WILL** remember the "Golden Rule" and treat others as I would like to be treated.

I have read and understand the Code of the Boys & Girls Club of EMW. I understand that if I fail to abide by the Code while in the Club, I must face the consequences of my actions!

Member Signature: _____

WE NEED ADULT VOLUNTEERS - We count on our volunteers to assist us with the planning and implementation of our special events which change on a monthly basis. You can volunteer through the following:

- **One-time** – for special events or seasonal programs
- **Tutoring** – after school any day(s)
- **Businesses** can come as a group to give back to the community one time or on a regular basis
- **Parents** of Club Members to become involved
- **Clerical support** to administrative staff

PLEASE CONTACT Tracey Karp or Dawn Sheridan for more information.