



**BOYS & GIRLS CLUB**  
OF ELMA, MARILLA, & WALES

**4<sup>th</sup>-6<sup>th</sup> Grade AFTER SCHOOL  
MEMBERSHIP APPLICATION 2020-2021**

Date Paid: \_\_\_\_\_  
Method: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Exp.Date: \_\_\_\_\_

**Members may attend the Club on days they attend school IN PERSON**

**Membership # \_\_\_\_\_**

**Membership Fees:**

\_\_\_\_\_ Full Year After-School Membership: \$150 (9/1/2020 – 8/31/2021)

**Renewals and New Members: PLEASE COMPLETE ALL SECTIONS**

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

All communication with families will take place via email! Please print clearly  
E-Mail \_\_\_\_\_

**School Information:**

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

Current Teacher/Team: \_\_\_\_\_ Cohort Group: \_\_\_\_\_

**Contact Info:**

Parent/Guardian Name \_\_\_\_\_ Employment \_\_\_\_\_ Work # \_\_\_\_\_

Address (if different from above) \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Employment \_\_\_\_\_ Work # \_\_\_\_\_

Address (if different from above) \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

**Medical Information:**

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Permission for Doctor/Hospital: \_\_\_\_ Yes \_\_\_\_ No

Does your family have health and/or accident insurance: \_\_\_\_ Yes \_\_\_\_ No

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group#: \_\_\_\_\_

Special Needs/Health Issues: \_\_\_\_ Yes \_\_\_\_ No **if yes, explain** \_\_\_\_\_  
\_\_\_\_\_

**\*\* 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 for more information.