



BOYS & GIRLS CLUB
OF THE CHATTAHOOCHEE VALLEY

MEMBERSHIP APPLICATION

First Name: _____ Middle: _____ Last: _____

Nickname: _____

Address: _____ At this Address Since: _____

City: _____ State: _____ Zip: _____ In area Since: _____

Telephone: _____ DOB: _____ Childs SSN: _____

Ethnicity: _____ Gender: Male Female

School Information: School GTID Number _____
Current School: _____ Grade: _____ GPA: _____
Teacher: _____ Free or Reduced Lunch: YES NO

Medical Information:
Doctor Name: _____ Phone Number: _____
Permission for Doctor/Hospital: Yes No
Does your family have health and/or accident insurance: Yes No
Insurance Carrier: _____
Policy #: _____ Group #: _____
Date Health info received: _____ Serious Health Problems: Yes No
Date Medical Info received: _____

General:
Birth Certificate on file: Yes Birth City: _____ Birth State/Country: _____
Parent understands signed Insurance Disclaimer and Permission Statement: Yes No
My child has permission to be used in public relations materials: Yes No
My child may participate in all Boys & Girls Club: Yes No
This membership application allows my child to participate in planned, local trip for programs and/or service projects associated with group clubs. I understand special event trips are to have individual permissions slips signed. _____

Do You Belong to:

Boy/Girl Scouts ___ School Club ___ YMCA/YWCA ___ Church Group ___

Religion: _____ Other: _____

Will you attend club: (check one)

Year Round: ___ Only during school year ___
Only holidays or summer ___

Do you have a job: (check one) None ___

Summer Part-Time ___ Year-around Part-Time ___
Summer Full-Time ___ Year-around Full-Time ___

How many years has your child been a Member: _____ Club Member Since: _____
Reason(s) for joining: Fun ___ Learning ___ Sports ___ Other _____

Household:

Do you live with your: Mom ___ Stepmom ___ Dad ___ Stepdad ___ Grandparent ___ Other _____
Is there a member of the household 65 years or older: Yes ___ No ___
Is there a member of the household that is handicapped: Yes ___ No ___
Current head of household: Female ___ Male ___
Current housing area: Own ___ Rent/Lease ___ Housing Authority Neighborhood ___ Other ___
Current single parent: Yes ___ No ___ Current number in household: _____
Number of Brothers: ___ Ages: _____ Number of Sisters: ___ Ages: _____
Names of Siblings Attending Club: _____

Physical:

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____
Skin Color/Features: _____

Disclaimer:

I certify that I give my child permission to join the Boys & Girls Clubs of the Chattahoochee Valley, Inc., and to appear in pictures of Boys & Girls Clubs activities to be used for publicity purposes. I understand and agree that if my child must be transported to and from the Club, he/she must be picked up by closing time, or a fee will be charged. The late fee must be paid before the child returns to the club. I understand and agree that Boys & Girls Clubs has an open door policy and cannot be responsible for my child leaving the Club without permission. As a parent or guardian of the above child, I approve his/her joining the Boys & Girls Clubs of the Chattahoochee Valley, Inc., and agree not to hold the Boys & Girls Clubs of the Chattahoochee Valley, its Board of Directors, Officers, Staff or Volunteers responsible and/or liable, and hereby RELEASE them from liability for losses of any personal property and for any injuries or accidents suffered by my child at the Boys & Girls Clubs facilities or in connection with membership or participation in any Boys & Girls Clubs activities. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Boys & Girls Club to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child as named above. **THIS REGULAR MEMBERSHIP DOES NOT INCLUDE ADMITANCE TO THE SUMMER PROGRAM. I FULLY UNDERSTAND THAT ALL FEES PAID TO THE BOYS & GIRLS CLUBS ARE NON-REFUNDABLE.**

Parents Signature: _____ Childs Signature: _____

FOR OFFICE USE ONLY

Membership #: _____ Entry Date: _____

Expiration Date: _____ Status: _____

Type: _____ New/Renewal Member: _____ Processed by: _____

Membership Application Contacts

Child's Name: _____ Membership #: _____

Parent/Guardian: __ Emergency: ____ Person Authorized to Pick up Child: ____ Name: _____ Employer: _____ Occupation: _____ Address H: _____ Address W: _____ SSN: _____ DOB: _____ Relationship: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____	Parent/Guardian: __ Emergency: ____ Person Authorized to Pick up Child: ____ Name: _____ Employer: _____ Occupation: _____ Address H: _____ Address W: _____ SSN: _____ DOB: _____ Relationship: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____
Parent/Guardian: __ Emergency: ____ Person Authorized to Pick up Child: ____ Name: _____ Employer: _____ Occupation: _____ Address H: _____ Address W: _____ SSN: _____ DOB: _____ Relationship: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____	Parent/Guardian: __ Emergency: ____ Person Authorized to Pick up Child: ____ Name: _____ Employer: _____ Occupation: _____ Address H: _____ Address W: _____ SSN: _____ DOB: _____ Relationship: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Phone: _____ Type: _____ Email: _____
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Student Information Release Form

In order to better assist **Boys & Girls Clubs of the Chattahoochee Valley** in its efforts with its members, we ask that parents sign this release form so that we may obtain information from the school system. The information will greatly help our efforts to create more effective programming and to work with the school system on any issues which may arise.

By signing below, you acknowledge and agree to the following:

I hereby give permission for my child's assigned school and the Muscogee County School District to provide school information to **Boys & Girls Clubs of the Chattahoochee Valley** which may include my child's GTID number, grades, report cards, attendance, and/or test scores, in conjunction with programs related to education, surveys, grant reporting, and program evaluation mechanisms. I further give permission for the exchange of information between my child's assigned school, The Muscogee County School District, **Boys & Girls Clubs of the Chattahoochee Valley**, and/or Columbus State University.

I understand all results will be kept confidential.

I understand that my child will receive no compensation or consideration for this release, and that **I can revoke this right at any time in writing.**

Child's Name: _____
(Please Print)

Parent/Guardian Name: _____
(Please Print)

Signature of Above: _____

Date: _____