

**Membership Information Form**

The **Positive** Place For Kids



**BOYS & GIRLS CLUBS**  
OF CHARLOTTE COUNTY



**Boys and Girls Clubs of Charlotte County**

ALL SPACES MUST BE COMPLETED TO PROCESS APPLICATION

**Youth's Information**

**Full Name:** \_\_\_\_\_ **SSN #:** \_\_\_\_\_  
 First Name Middle Last Name

**Address:** \_\_\_\_\_  
 Street Address Apt./Unit #  
 \_\_\_\_\_  
 City State Zip

**Home Phone:** ( ) \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birthdate:** / / **Gender:**  
 Male Female  
 (Circle One)

**Ethnicity (Circle One):** African American Asian Hispanic Latino Multi-Racial  
 Native American White Other \_\_\_\_\_

**Status (Circle One):** New Member Renewing Member **School Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Reason for Enrolling Child:** Our Programs To Keep Out of Trouble  
A Safe Place Other \_\_\_\_\_ **Referred By:** Member/Parent School Juvenile Courts  
Law Enforcement Other \_\_\_\_\_

**Parent/Guardian Information**

**Father/Step Father's Name (Circle One):** \_\_\_\_\_ **Employer:** \_\_\_\_\_  
**Address (If not the same):** \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  Authorized to Pick Up

**Mother/Step Mother's Name (Circle One):** \_\_\_\_\_ **Employer:** \_\_\_\_\_  
**Address (If not the same):** \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  Authorized to Pick Up

**Guardian's Name (If applicable):** \_\_\_\_\_ **Employer:** \_\_\_\_\_  
**Address (If not the same):** \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  Authorized to Pick Up

Relationship to Child: \_\_\_\_\_

**Pick Up Information**

Is your child allowed to walk home?  Yes  No

The following other people are authorized to pick up my child:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

**Medical Information**

Primary Physician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Medical Problems/Physical Disabilities?  Yes  No If Yes, Explain \_\_\_\_\_

Allergies?  Yes  No If Yes, Explain \_\_\_\_\_

Mental/Behavioral Problems?  Yes  No If Yes, Explain \_\_\_\_\_

List all medications Your Child is Taking: \_\_\_\_\_

Do You Have Insurance?  Yes  No Insurance Company & Policy #: \_\_\_\_\_

Do You Have Medicaid?  Yes  No Number: \_\_\_\_\_

The following information is necessary for our records and funding. The answers you provide will be kept safe and secure within our Boys & Girls Club. Your cooperation in providing this information is both appreciated and necessary. Please fill out completely.

**Current Single Parent:**  Yes  No

**Member Lives With:**  Mother  Step Mother  Father  Step Father  
(Check all that apply)  Grandparent  Other Relative  Guardian  Other \_\_\_\_\_

**Annual Household Income:**

- \$5,001-\$10,000     \$10,001-\$15,000     \$15,001-\$20,000     \$20,001-\$25,000
- \$25,001-\$30,000     \$30,001-\$35,000     \$35,001-\$40,000     \$40,001-\$45,000
- \$50,000 +

**Public Housing?**  Yes  No

**Number in Household:** \_\_\_\_\_

**Are there any other club members in the HOUSEHOLD?**  Yes  No

**If yes, please list names:** \_\_\_\_\_

By signing below I give consent to the Boys and Girls Club to:

- \* Transport my child to activities/field trips
  - \* Obtain my child's academic report from his/her school, including grades, attendance, discipline reports, standardized state test scores and reading grade levels.
  - \* Use photographs/videos in which my child or I may appear for B&GC publicity, press releases, news stories, reports, and other such purposes.
  - To calculate BMI (Body Mass Index) testing on my child/children for grant objective. (pre, mid & post)
- I also agree to:
- \* Read and understand the Membership Handbook. Explain club rules to my child.
  - \* Ensure my child(ren) follows dress code policy. (See Membership Handbook)
  - \* Keep all cell phones, electronic games, trading cards, Ipods, I pads, collectables or other valuables at home.
- Lost, stolen or damaged items are not the responsibility of the Club; confiscated items may be claimed at the front desk by parents.
- \* Accept responsibility for any damages created by inappropriate behaviors by my child.
  - \* Instruct child(ren) to attend daily Power Hour, Smart Moves, and all other scheduled programs for their age group.
  - \* Pay any and all late fees charged to me if I fail to pick up my child(ren) on time.

(See Membership Handbook for late fee policy)

PARENTS AND/OR GUARDIANS WILL BE NOTIFIED AS SOON AS POSSIBLE IN THE EVENT OF A SERIOUS INJURY OR SERIOUS ILLNESS. If parents/guardians cannot be contacted before treatment is deemed necessary, then the Boys & Girls Clubs is hereby authorized to seek any medical treatment, which may be advised or recommended by Physicians, and parents/guardians will accept responsibility to pay for such treatment.

**Parent or Guardian Signature:** \_\_\_\_\_

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