



MEMBERSHIP APPLICATION

2015 -2016



Check Membership Category

- General Membership:** for grades 1-8; \$125 per family, per school year
- Seasonal General Membership:** Fall and Spring \$75, Winter \$100
- Check here if your family is enrolled in the Transportation Program**

Financial Aid Is Available: No Child(ren) will be denied membership if they cannot afford to pay. Those seeking financial assistance should check the box, fill out the Scholarship Form, and provide needed information.

*** Please Fill Out the Following Sections in their Entirety ***

I. CHILD INFORMATION

RENEWAL NEW MEMBERSHIP

Child #1 Name: _____ Age: _____ Girl Boy

Last Name First Name

D.O.B. ____/____/____ Grade _____ School _____

Child #2 Name: _____ Age: _____ Girl Boy

Last Name First Name

D.O.B.: ____/____/____ Grade: _____ School: _____

Child #3 Name: _____ Age: _____ Girl Boy

Last Name First Name

D.O.B.: ____/____/____ Grade: _____ School: _____

Home Address: _____
Street City Zip

II. FAMILY INFORMATION

Parent/Guardian#1: Relationship to Child: Mother Father Guardian

Name: _____ Contact: (____) _____ - _____
First Name Last Name Cell Phone Email Address

Home Address: _____
Street City Zip

Employment: _____ (____) _____ - _____
Place of Employment Occupation Work Phone

Parent/Guardian#2: Relationship to Child: Mother Father Guardian

Name: _____ Contact: (____) _____ - _____
First Name Last Name Cell Phone Email Address

Home Address: _____
Street City Zip

Employment: _____ (____) _____ - _____
Place of Employment Occupation Work Phone

OVER, PLEASE

III. EMERGENCY CONTACTS This section MUST be completed.

Please list 2 contacts other than those living in the same household as the member.

Applications **cannot** be accepted unless we obtain 2 emergency contacts with phone numbers **different** than above.

Name 1: _____ Relationship to Child: _____

Cell Phone: (____) ____-____ Other: (____) ____-____ Home Work

Name 2: _____ Relationship to Child: _____

Cell Phone: (____) ____-____ Other: (____) ____-____ Home Work

IV. HOUSEHOLD INFORMATION

Number of people in household: _____

Annual Family Income

- less than \$ 9,999 \$15,000 - \$24,999 \$35,000 - \$44,999 \$55,000 - \$64,999
- \$10,000 - \$14,999 \$25,000 - \$34,999 \$45,000 - \$54,999 Over \$65,000

Please check any of the following that apply:

- Single Parent Household (female) SSI/SSDI General Assistance Section 8 Housing Voucher
- Single Parent Household (male) Food Stamps Public Housing Free or Reduced Lunch

Ethnicity: African American Asian Caucasian Hispanic Multi-Racial Other _____

V. MEDICAL INFORMATION

Does the child have any physical limitations or other problems we should know about? Yes No

If yes, please describe: _____

Is the child taking any medication? _____

Health Insurance Provider _____ Policy Number _____

Please list any allergies, medical, or social conditions your child/children may have that may effect their participation in activities at the Club. Make sure to include all prescribed medications taken by your child/children.

(Please attach an additional sheet if necessary)

I give consent for photographs to be taken of my child(ren) to be used in displays, brochures, newsletters etc., exclusively for the John M. Barry Boys & Girls Club of Newton. Yes No

I give consent for the Program Director to view my child's report card to enable their participation in reward and incentive programs and to provide data to gage the effectiveness of educational programs offered at the John M. Barry Boys & Girls Club of Newton. All information is confidential. Yes No

I understand that the Club Facilities and grounds (Collectively "Clubhouse") and any off-campus programs are an OPEN CAMPUS and, as such my child may come and go upon his/her own freewill. I also understand that the Club is not, nor claims to be, a licensed daycare center.

I give my permission to the John M. Barry Boys & Girls Club of Newton to share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by John M. Barry Boys & Girls Club of Newton, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

I hereby give my permission for my child to join the John M. Barry Boys & Girls Club and to participate in all Club activities. I certify that my child is fit and capable of participating in activities without restriction unless noted above. I hereby, for myself, my child, my heirs, executors, and administrators waiver and release any and all rights and claims for damages I or my child may have against The John M. Barry Boys & Girls Club, its staff, and members of its Board of Directors, for any and all injuries suffered by during participation in Club-sponsored activities.

* **Date:** ____/____/____ **Signature of Parent/Guardian:** _____ *