



☐ Full-Time (\$50) - 3 to 5 days/week

☐ Part-Time (\$30) - 1 to 2 days/week

YEAR: 2025

MEMBERSHIP APPLICATION

Please note: All information is mandatory. Failure to complete the entire form may result in denial of membership. All information is kept confidential.

MEMBER INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____ Age: _____ ☐ Male ☐ Female

Race/Ethnicity: ☐ African American ☐ American Indian ☐ Anglo ☐ Asian
☐ Hispanic ☐ Multi-Racial ☐ Other: _____

Can child swim? ☐ Yes ☐ No ☐ New Member ☐ Member Since: _____

MILITARY FAMILY:

☐ No ☐ Current ☐ Retired

Branch: _____

2024-2025 SCHOOL INFORMATION

School: _____

Grade: _____

Teacher: _____

School Lunch: ☐ Free
☐ Reduced
☐ No Assistance

MEDICAL INFORMATION

Primary Doctor: _____ Phone: _____

Insurance carrier: _____ ☐ Medicaid

In the event of an emergency transport my child to: ☐ Memorial Medical Center
☐ Mountainview Regional Medical Center

Allergies: _____

Medications: _____

Disabilities or other: _____

HOUSEHOLD INFORMATION

Total Gross Income: ☐ (1)\$0 - \$12,140 ☐ (2)\$12,141 - \$16,460 ☐ (3)\$16,461 - \$20,780 ☐ (4)\$20,781 - \$25,100 ☐ (5)\$25,101 - \$29,420
☐ (6)\$29,421 - \$33,740 ☐ (7)\$33,741 - \$38,060 ☐ (8)\$38,061 - \$42,380 ☐ Other: _____

Member Lives With: ☐ Mom ☐ Dad ☐ Stepmom ☐ Stepdad ☐ Grandparent(s) ☐ Foster Parent(s) ☐ Other: _____

Highest Level of Education in Household: ☐ Some High School ☐ High School Diploma/GED
☐ Some College, Associates, or Vocational Degree ☐ Bachelor's Degree or Higher

Single Parent Household: ☐ Yes ☐ No Food Stamps: ☐ Yes ☐ No # of Residents in Home: _____ # of Bedrooms in Home: _____

HEAD OF HOUSEHOLD INFORMATION

Full Name: _____

Phone: _____ Work: _____

E-Mail Address: _____

Employer: _____

Job Title: _____

OTHER PARENT/GUARDIAN INFORMATION

Full Name: _____

Phone: _____ Work: _____

E-Mail Address: _____

Employer: _____

Job Title: _____

EMERGENCY CONTACT (MUST BE DIFFERENT THAN HOUSEHOLD)

Full Name: _____

Phone: _____ Work: _____

Relationship to Member: _____

EMERGENCY CONTACT (MUST BE DIFFERENT THAN HOUSEHOLD)

Full Name: _____

Phone: _____ Work: _____

Relationship to Member: _____

OPTIONAL OTHER CONTACTS (Please list any others who have permission to pick up your child from the Boys & Girls Club)

Full Name: _____

Full Name: _____

Full Name: _____

Phone: _____

Phone: _____

Phone: _____

By completing this membership application and signing below I, _____,
parent/guardian of _____ Club member,

1. Give my permission for my child to become a member of Boys & Girls Club of Las Cruces (BGCLC).
2. Understand that all program payments must be received in advance of each week for which my child is attending, and that failure to make these payments without arrangements can result in my child being unable to attend the Club for that week. I further understand that it is my responsibility to notify the Club if my child's attendance should change.
3. Understand that all valuable items, including but not limited to tablets, toys, cell phones, and money, should be left at home and that if my child should bring those items to BGCLC, BGCLC will not be responsible for any lost or stolen items.
4. Give permission, in case of accident or injury, that emergency first aid be given and that warranted treatment by a doctor or hospital be permitted. BGCLC is not responsible for the cost of treatment for personal injury; nor is BGCLC liable for any personal injury or loss of property.
5. Understand that it is my responsibility to inform my child as to whether or not he/she may leave the Club and with whom they may leave.
6. Understand that BGCLC is NOT, nor does it claim to be a licensed daycare center. BGCLC has an open-door policy, which allows children to come and go at will from the program. While BGCLC will strongly encourage children to remain within Club boundaries or activities, BGCLC does not prevent children from leaving the Club if they so desire. Most Club members are not aware of this policy, so do not draw on it.
7. Understand that BGCLC does not discriminate against any child, but does have rules and discipline policies, which can result in a child's membership being suspended or revoked. BGCLC works diligently with every member to ensure respect so that such extreme consequences do not occur.
8. Understand that all BGCLC staff members, Club members and Club volunteers should be treated with the utmost respect by both my child and myself; and that should I, as a parent of a Club member, disrespect or mistreat any staff member, Club member, or Club volunteer, BGCLC reserves the right to refuse my service.
9. Allow my child to be transported to and from any BGCLC event, activity or emergency.
10. Understand that BGCLC is NOT responsible for transportation. While BGCLC does provide transportation from some schools during the school year, BGCLC will NOT provide transportation to and/or from members' homes. Due to liability issues, BGCLC staff are strictly prohibited from transporting Club members in personal vehicles. As a parent of a Club member, I agree to NEVER ask, give permission to, or rely on a staff member(s) to transport children home after or during Club activities.
11. Understand that fraternizing between staff members and Club members outside of BGCLC hours or special activities is prohibited. The only exception to this rule is that of staff members who may be related to a Club member. Although strongly discouraged, if I so chose to allow my child to have contact with one or more staff members outside of BGCLC hours and events, I understand that a written record of this needs to be on file at BGCLC, and that BGCLC will not be responsible for any contact with staff members made outside of Club hours and/or events.
12. Give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by BGCLC for the purpose of promotions, publicity, and media relations.
13. Give permission for BGCLC to survey my child about his or her Club experience, behaviors, skills, and attitudes using Boys & Girls Clubs of America's National Youth Outcomes Survey or any other survey instrument.
14. Understand that as a member of BGCLC, my child will have access to the Internet. While precautions are being taken, it is possible that my child may access inappropriate sites. BGCLC has rules and consequences in place for such behavior; however, BGCLC will not be responsible for the consequences of such access.

The parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Las Cruces and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors, or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations or participation in activities of said organizations either at or away from the Club. Furthermore, the signature below signifies that I have read and agree to all statements above.

Parent Signature _____

Date _____