



**Date**

**Member Type**

- New Member
- Renewing Member

**PRIMARY CONTACT**

- Role in Household**
- Mother
  - Aunt/Uncle
  - Brother
  - Grandparent
  - Guardian
  - Father
  - Sister
  - Cousin
  - Foster Parent
  - Other Relative
  - Step-Parent

**First Name**

**Last Name**

**Suffix**

**Informal Name**

**Birth Date**

**Gender**

**Email Address**

**Mobile Phone**

**Employer / Organization**

**Employer Address**

**Work Phone**

**Home Address**

**City**

**State**

**Postal Code**

**Military Status**

- |                                  |  |               |  |               |  |
|----------------------------------|--|---------------|--|---------------|--|
| <b>Current / Former Military</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Status</b> | <input type="checkbox"/> Active Duty<br><input type="checkbox"/> Reserve/Guard<br><input type="checkbox"/> Veteran | <b>Branch</b> | <input type="checkbox"/> Air Force<br><input type="checkbox"/> Army<br><input type="checkbox"/> Coast Guard<br><input type="checkbox"/> Marine Corps<br><input type="checkbox"/> National Guard<br><input type="checkbox"/> Navy |
|----------------------------------|--|---------------|--|---------------|--|

**Dept. of Defense ID Number**

**Currently Deployed**

(or deployed within the next 6 months)

- Yes
- No

**Household Support**

- |   |  |  |  |
|---|--|--|--|
| <b>Household Composition</b><br><b>Who are the adults living in the household?</b><br><i>(Check all that apply)</i> | <input type="checkbox"/> Self (Emancipated)<br><input type="checkbox"/> Both Parents<br><input type="checkbox"/> Blended Family<br><input type="checkbox"/> Mother Only<br><input type="checkbox"/> Father Only<br><input type="checkbox"/> Grandparent(s) | <input type="checkbox"/> Legal Guardians<br><input type="checkbox"/> Foster Parent(s)<br><input type="checkbox"/> Joint Custody<br><input type="checkbox"/> Sibling(s)<br><input type="checkbox"/> Other | <b>Other Relative (Please list)?</b><br><br> |
|---|--|--|--|

**Housing Type**

- Permanent (Own or Rent)
- Foster Family
- Public Housing
- Transitional Housing
- Group Home
- Homeless

**Number of adults in household**

**Number of children in household**

**Assistance Programs**

- Childcare Assistance
- SSDI (Social Security Disability Insurance)
- WIC (Women, Infants, and Children)
- Food Stamps/SNAP
- SSI (Supplemental Security Income)
- Other (please explain below)
- Housing Assistance
- TANF (Temporary Assistance for Needy Families)
- Choose Not to Answer
- Medicaid
- Veteran's Compensation
- None



Household Support (Continued)				
<b>Please describe other income sources:</b>				
<b>Household Income Range</b>	<input type="checkbox"/> \$0 - 10,000	<input type="checkbox"/> \$55,001 – 60,000	<input type="checkbox"/> \$105,001 – 110,000	<input type="checkbox"/> \$155,001 – 160,000
	<input type="checkbox"/> \$10,001 – 15,000	<input type="checkbox"/> \$60,001 – 65,000	<input type="checkbox"/> \$110,001 – 115,000	<input type="checkbox"/> \$160,001 – 165,000
	<input type="checkbox"/> \$15,001 – 20,000	<input type="checkbox"/> \$65,001 – 70,000	<input type="checkbox"/> \$115,001 – 120,000	<input type="checkbox"/> \$165,001 – 170,000
	<input type="checkbox"/> \$20,001 – 25,000	<input type="checkbox"/> \$70,001 – 75,000	<input type="checkbox"/> \$120,001 – 125,000	<input type="checkbox"/> \$170,001 – 175,000
	<input type="checkbox"/> \$25,001 – 30,000	<input type="checkbox"/> \$75,001 – 80,000	<input type="checkbox"/> \$125,001 – 130,000	<input type="checkbox"/> \$175,001 – 180,000
	<input type="checkbox"/> \$30,001 – 35,000	<input type="checkbox"/> \$80,001 – 85,000	<input type="checkbox"/> \$130,001 – 135,000	<input type="checkbox"/> \$180,001 - 185,000
	<input type="checkbox"/> \$35,001 – 40,000	<input type="checkbox"/> \$85,001 – 90,000	<input type="checkbox"/> \$135,001 – 140,000	<input type="checkbox"/> \$185,001 - 190,000
	<input type="checkbox"/> \$40,001 – 45,000	<input type="checkbox"/> \$90,000 – 95,000	<input type="checkbox"/> \$140,001 – 145,000	<input type="checkbox"/> \$190,001 - 195,000
	<input type="checkbox"/> \$45,001 – 50,000	<input type="checkbox"/> \$95,001 – 100,000	<input type="checkbox"/> \$145,001 – 150,000	<input type="checkbox"/> \$195,001 - 200,000
	<input type="checkbox"/> \$50,001 – 55,000	<input type="checkbox"/> \$100,001 – 105,000	<input type="checkbox"/> \$150,001 – 155,000	<input type="checkbox"/> \$200,000+
				<input type="checkbox"/> Choose not to Answer

**MEMBER DETAILS**

**Member Information**

<b>Total past years of membership with Boys &amp; Girls Clubs</b>	
---	--

**First Name** \_\_\_\_\_

**Middle Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Suffix** \_\_\_\_\_

**Informal Name** \_\_\_\_\_

**Birthdate** \_\_\_\_\_

**Role in Household** Child \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Primary Club** Cambridge Park Clubhouse

<b>Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Other	
	<input type="checkbox"/> Female	<input type="checkbox"/> Choose Not to Answer	
<b>Racial / Ethnic Identity</b>	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White
	<input type="checkbox"/> Asian	<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Bi-racial
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Multi-Racial
			<input type="checkbox"/> Other
			<input type="checkbox"/> Choose Not to Answer
<b>Foster Care</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**School Information**

<b>Grade (Fall 2025-26)</b>	
<b>School Name</b>	
<b>Teacher</b>	
<b>School ID Number</b>	



<b>Allergies</b>			
<b>Food Allergies</b>	<input type="checkbox"/> Peanuts	<input type="checkbox"/> Soy	<input type="checkbox"/> Eggs
	<input type="checkbox"/> Tree Nuts	<input type="checkbox"/> Gluten	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Dairy/Lactose	<input type="checkbox"/> Seafood/Shellfish	<input type="checkbox"/> None

<b>Environmental Allergies</b>	<input type="checkbox"/> Bee Stings	<input type="checkbox"/> Dust	<input type="checkbox"/> Grass	<input type="checkbox"/> None
	<input type="checkbox"/> Pollen	<input type="checkbox"/> Mold	<input type="checkbox"/> Other _____	

<b>Medicine Allergies</b>	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Amoxicillin	<input type="checkbox"/> None
	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Other _____	

<b>Other Allergies</b>	<input type="checkbox"/> Latex	<input type="checkbox"/> Lotions	<input type="checkbox"/> None
	<input type="checkbox"/> Perfumes/Colognes	<input type="checkbox"/> Other _____	

**Medical Information**

<b>Preferred Hospital</b>			
---------------------------	--	--	--

<b>Doctor's Name</b>		<b>Dr. Phone #</b>	
----------------------	--	--------------------	--

<b>Does the member use an inhaler?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

<b>Does the member use insulin?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------------------	--

<b>Does the member use an EpiPen?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------------	--

<b>Does the member self-administer medication?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

<b>Diagnosed Medical Conditions</b>	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures
	<input type="checkbox"/> Anxiety/Depression	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Visual Impairment
	<input type="checkbox"/> Asthma	<input type="checkbox"/> Oppositional Defiance Disorder	<input type="checkbox"/> None
	<input type="checkbox"/> Autism		<input type="checkbox"/> Other (Please list below):

<b>Please list any other physical, mental or medical limitations.</b>	
---	--

<b>Does the member receive additional support in the school/community?</b>	<input type="checkbox"/> 504 (accommodation)
	<input type="checkbox"/> Individualized Education Plan (IEP)
	<input type="checkbox"/> Meets with school or private counselor
	<input type="checkbox"/> Speech Coach
	<input type="checkbox"/> None

<b>All parents are required to report all special needs, disabilities and medications your child may have or take. Have you done so?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

**If your child requires emergency medical attention (select one);**

<input type="checkbox"/> <b>Option 1:</b> It is my wish that I am contacted before any medical procedures are taken for my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.
<input type="checkbox"/> <b>Option 2:</b> It is my wish that treatment be started while efforts are being made to contact me. So treatment is not delayed, I consent to medical procedures the emergency staff deems necessary and accept responsibility for all costs related to such treatment.

<b>What arrangements can be made if your child gets sick while in the program?</b>	
--	--



**Medical Information (Continued)**

**Topical Lotion Administration: I give permission to BBGC staff to apply my child's topical non-prescription medication (i.e. sunscreen, insect repellent) whenever needed or requested. The container must be provided by the parent/guardian and labeled with the child's name.**

Yes  No

**Insurance**

<b>Insurance Carrier</b>			
<b>Group Number</b>		<b>Member/Policy Number</b>	

**EMERGENCY CONTACTS (min. 2 people other than parent)**

<b>Authorized Contact 1</b>				<b>Authorized Contact 2</b>			
<b>Full Name</b>				<b>Full Name</b>			
<b>Phone</b>				<b>Phone</b>			
<b>Mobile Phone</b>				<b>Mobile Phone</b>			
<b>Work Phone</b>				<b>Work Phone</b>			
<b>Authorized to Pick-up</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Authorized to Pick-up</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Relationship</b>	<input type="checkbox"/> Aunt	<input type="checkbox"/> Guardian	<input type="checkbox"/> Caseworker	<b>Relationship</b>	<input type="checkbox"/> Aunt	<input type="checkbox"/> Guardian	<input type="checkbox"/> Caseworker
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Parent	<input type="checkbox"/> Other Relative		<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Parent	<input type="checkbox"/> Other Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Stepparent	<input type="checkbox"/> Grandparent		<input type="checkbox"/> Friend	<input type="checkbox"/> Stepparent	<input type="checkbox"/> Grandparent
	<input type="checkbox"/> Uncle				<input type="checkbox"/> Uncle		
<b>Authorized Contact 3</b>				<b>Authorized Contact 4</b>			
<b>Full Name</b>				<b>Full Name</b>			
<b>Phone</b>				<b>Phone</b>			
<b>Mobile Phone</b>				<b>Mobile Phone</b>			
<b>Work Phone</b>				<b>Work Phone</b>			
<b>Authorized to Pick-up</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Authorized to Pick-up</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Relationship</b>	<input type="checkbox"/> Aunt	<input type="checkbox"/> Guardian	<input type="checkbox"/> Caseworker	<b>Relationship</b>	<input type="checkbox"/> Aunt	<input type="checkbox"/> Guardian	<input type="checkbox"/> Caseworker
	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Parent	<input type="checkbox"/> Other Relative		<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Parent	<input type="checkbox"/> Other Relative
	<input type="checkbox"/> Friend	<input type="checkbox"/> Stepparent	<input type="checkbox"/> Grandparent		<input type="checkbox"/> Friend	<input type="checkbox"/> Stepparent	<input type="checkbox"/> Grandparent
	<input type="checkbox"/> Uncle				<input type="checkbox"/> Uncle		



<b>WAIVERS &amp; RELEASES</b>	
<b>Data Collection</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize the Bristol Boys & Girls Club (BBGC) to collect information from my child. All information will be kept confidential. Data gathered will be summarized and will exclude all references to any individual responses.
<b>Data Sharing</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The BBGC has permission to share my child's information with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. All information provided to BGCA will be kept confidential.
<b>School Information</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize the BBGC to exchange information with the Bristol Public & Region 10 School Districts to help my child be successful in school, at the Club and in life. I may revoke this at any time by contacting the BBGC in writing.
<b>Technology</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	While internet precautions are taken by the Club, it's possible that your child may access inappropriate sites. The BBGC has rules & consequences for such behavior; however we will not be responsible for the consequences of such access.
<b>Photo Waiver</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the Boys & Girls Club and its activities.
<b>Outdoor Play (West Street)</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I give permission for my child to participate in outdoor play and activities at Immanuel Lutheran & St. Ann's parking lot (parking lot only) while attending the BBGC West Street Facility.
<b>Miscellaneous</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that the Boys & Girls Club is not responsible for lost or stolen items. Each Club has the right to make membership decisions based on the resources and capacity of their facility and staff. The Boys & Girls Club reserves the right to decline the application, rescind the enrollment of, or suspend any youth that cannot successfully associate with other club members.



**APPLICATION APPROVAL**

**Liability Waiver:**

I, 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 Bristol Boys & Girls Club (BBGC) and Boys & Girls Clubs of America (BGCA), 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.

**Personal Items/Transportation:**

I understand that the Bristol Boys & Girls Club (BBGC) is not responsible for lost or stolen items. I also understand that parents and club members are responsible for their own transportation to and from the Boys & Girls Club.

**Drop-in Waiver**

For those members not registered for our childcare program, please note that as a drop-in facility we are not responsible for a Club member's whereabouts. I have read and understand this waiver.

**Late Pick-Up Fee**

The BBGC reserves the right to close completely or early, pending severity of weather. Late fees will apply to the designated closing time of the Clubhouse program. Please be respectful of our staff and their outside-of-work commitments. Our late pick-up policy charge is \$1.00 per minute per child, past closing time, based on the clock at your child's site.

*Your signature below confirms that all information above is true and accurate.*

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

**Payment Information**

**Payment Date:** \_\_\_\_\_ **Payment Amount:** \_\_\_\_\_

**Payment Tender:**  Cash

Check      **Check #:** \_\_\_\_\_

Credit Card

**Staff Member Taking Payment:**