

OBGC MEMBERSHIP FORM

2025-2026

To Be Completed by OBGC Staff

Ogdensburg Boys & Girls Club

610 Patterson Street

Ogdensburg, NY 13669

Phone: (315) 393 – 1241 Email: ogdensburgbgc1964@gmail.com

Received By: _____

Fee Paid: _____

Date Received: _____

Receipt #: _____

Member's First Name: _____ Middle Initial: _____ Last: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Age: ____ Child's Gender: Male Female (Please Circle One)

Ethnicity: _____ Primary Phone: (____) _____ School: _____

Grade: _____ My Child Can Swim: Yes No (Please Circle One) Parent/Guardian Email: _____

Medical Problems/Disabilities: (if yes, please describe)

(Circle all that apply) 01- SSDI 02- SSI 03- School Lunch 04- Medicaid

05- Parent/Guardian Active Military, Reserves or National Guard

Parent/Guardian Name: _____

Relationship to Child: _____

Primary Phone: (____) _____

Employer: _____

Work Phone: (____) _____

Parent/Guardian Name: _____

Relationship to Child: _____

Primary Phone: (____) _____

Employer: _____

Work Phone: (____) _____

Please List Emergency Contacts Other than Parent/Guardians Below

Emergency Contact Name: _____

Relationship to Child: _____

Primary Phone: (____) _____

Emergency Contact Name: _____

Relationship to Child: _____

Primary Phone: (____) _____

Authorized People To Pick Up Your Child(ren) Other Than Parent/Guardian or Emergency Contacts:

Name: _____

Phone #: (____) _____

Relationship to Child: _____

Name: _____

Phone #: (____) _____

Relationship to Child: _____

Name: _____

Phone #: (____) _____

Relationship to Child: _____

I have read the OBGC Members Handbook and understand the rules of the Ogdensburg Boys & Girls Club and request that my son/daughter be admitted into membership. I have explained the rules to my child and agree that the Ogdensburg Boys & Girls Club will not be responsible for any accident to the boy/girl while on the Ogdensburg Boys & Girls Club premises or while engaged in any of its activities away from the Ogdensburg Boys & Girls Club. I give my consent for photographs or videos in which my child may appear participating in club activities, to be used in any way the Ogdensburg Boys & Girls Club may care to use them. I also agree to allow my child to participate in Youth Surveys conducted by the Ogdensburg Boys and Girls Club. I give permission for the OBGC Staff (at least two staff members) to conduct random and targeted inspection of belongings. I give the Ogdensburg Boys and Girls Club permission to obtain information from my child's school regarding report cards, behavior, attendance and standardize testing. I understand that the OBGC works with local school districts and law enforcement in striving to help all members achieve academic success and be individuals who exhibit good character and citizenship. Any truancy, school behavioral problems or displays of negative community behavior could result in my child losing the privilege of attending the club for a period of time. All club members will be encouraged to live healthy by eating right and participating in 20% of their time at the club in physical activity & exercise and participate in academic programs. Members of the OBGC will be expected to use any technological devices including OBGC property (computers) and personal property (cell phones) in a responsible and appropriate manner. Any misuse will result losing privileges of future use. The OBGC recommends that you leave personal electronic devices including cell phones at home. If you choose to bring them to the club the OBGC is not responsible for damaged, misplaced, or broken devices. I understand there are risks associated with my child attending the Ogdensburg Boys and Girls Club including contracting Covid 19 despite preventive measures put in place.

(Parent/Guardian Signature)

(Date)

PLEASE SEE OTHER SIDE TO ADD ADDITIONAL CHILDREN

(2) Member's First Name: _____ Middle Initial: _____ Last: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Age: _____ Child's Gender: Male Female (Please Circle One)

Ethnicity: _____ Primary Phone: (____) _____ School: _____

Grade: _____ Can Swim: Yes No (Please Circle One) Parent/Guardian Email: _____

Medical Problems and/or Disabilities we should be aware of: (if yes, please describe) _____

(3) Member's First Name: _____ Middle Initial: _____ Last: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Age: _____ Child's Gender: Male Female (Please Circle One)

Ethnicity: _____ Primary Phone: (____) _____ School: _____

Grade: _____ Can Swim: Yes No (Please Circle One) Parent/Guardian Email: _____

Medical Problems and/or Disabilities we should be aware of: (if yes, please describe) _____

(4) Member's First Name: _____ Middle Initial: _____ Last: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Age: _____ Child's Gender: Male Female (Please Circle One)

Ethnicity: _____ Primary Phone: (____) _____ School: _____

Grade: _____ Can Swim: Yes No (Please Circle One) Parent/Guardian Email: _____

Medical Problems and/or Disabilities we should be aware of: (if yes, please describe) _____

Membership Fee- \$6

Family Membership Fee- \$15 (3 or more children)

Please contact club staff if you are requesting a scholarship



Dear Parents/Guardians,

Please make sure your child is picked up by the stated closing time. If your child is not picked up at the appropriate time, we may contact local law enforcement to resume care of a child that is not picked up. It is important to provide the club with updated phone numbers of all contacts.

To ensure the safety of our members, it is required that any member walking home have a signed permission slip on file. Please keep in mind that even as a "walker, parents/guardians are expected to provide emergency contacts and alternative transportation in the event of an emergency, or in a situation where it is deemed necessary that your child is picked up directly from the Club. Additionally, all members **MUST** have this signed form on-file to be released as a walker.

If you have any questions or concerns, please feel free to contact the Executive Director.

Sincerely,

Thomas P. Luckie, Jr.
Executive Director

Walker Permission Slip – Please check one:

_____ I (the below parent) give permission for my child(ren) to walk home from the Boys and Girls Club of Ogdensburg located at 610 Paterson Street.

_____ My child only has permission to walk home, if they are accompanied by: _____

_____ My child **does not** have permission to walk home from the Boys and Girls Club of Ogdensburg

By signing below, I understand the policies and expectations that have been set for my child to be released from the Boys and Girls Club of Ogdensburg as a walker.

Member's Name _____ Grade _____

Parent/Guardian Name _____ Signature _____ Date _____