2026-2027 Membership Application

Date	Member Type	☐ New Member ☐ Renewing Member

PRIMARY CONTACT

Role in Household

☐ Mother ☐ Father ☐ Step-Parent ☐ Aunt/Uncle ☐ Sister ☐ Brother ☐ Cousin ☐ Grandparent ☐ Foster Parent ☐ Guardian ☐ Other Relative

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

Current / Former Military ☐ Yes ☐ No	**Status** ☐ Active Duty ☐ Reserve/Guard ☐ Veteran	**Branch** ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps ☐ National Guard ☐ Navy	
Dept. of Defense ID Number		**Currently Deployed** (or deployed within the next 6 months) ☐ Yes ☐ No	

Household Support

Household Composition Who are the adults living in the household? *(Check all that apply)*	☐ Self (Emancipated) ☐ Both Parents ☐ Blended Family ☐ Mother Only ☐ Father Only ☐ Grandparent(s)	☐ Legal Guardians ☐ Foster Parent(s) ☐ Joint Custody ☐ Sibling(s) ☐ Other	Other Relative (Please list)?
Housing Type	☐ Permanent (Own or Rent) ☐ Public Housing ☐ Group Home	☐ Foster Family ☐ Transitional Housing ☐ Homeless	

Number of adults in household		**Number of children in household**	

Assistance Programs

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

Household Support (Continued)

Please describe other income sources:	

Household Income Range

☐ $0 - 10,000	☐ $55,001 – 60,000	☐ $105,001 – 110,000	☐ $155,001 – 160,000
☐ $10,001 – 15,000	☐ $60,001 – 65,000	☐ $110,001 – 115,000	☐ $160,001 – 165,000
☐ $15,001 – 20,000	☐ $65,001 – 70,000	☐ $115,001 – 120,000	☐ $165,001 – 170,000
☐ $20,001 – 25,000	☐ $70,001 – 75,000	☐ $120,001 – 125, 000	☐ $170,001 – 175,000
☐ $25,001 – 30,000	☐ $75,000 – 80,000	☐ $125,001 – 130,000	☐ $175,001 – 180,000
☐ $30,001 – 35,000	☐ $80,001 – 85,000	☐ $130,001 – 135,000	☐ $180,001 - 185,000
☐ $35,001 – 40,000	☐ $85,001 – 90,000	☐ $135,001 – 140,000	☐ $185,001 - 190,000
☐ $40,001 – 45,000	☐ $90,000 – 95,000	☐ $140,001 – 145,000	☐ $190,001 - 195,000
☐ $45,001 – 50,000	☐ $95,001 – 100,000	☐ $145,001 – 150,000	☐ $195,001 - 200,000
☐ $50,001 – 55,000	☐ $100,001 – 105,000	☐ $150,001 – 155,000	☐ $200,000+
			☐ Choose not to Answer

MEMBER DETAILS

Member Information

Total past years of membership with Boys & Girls Clubs/FCG	

First Name

Middle Name

Last Name

Suffix

Informal Name

Birthdate

Role in Household **Child**

Email Address

Phone #

Primary Club **Future Champions Gymnastics**

Gender

☐ Male ☐ Female ☐ Other ☐ Choose Not to Answer

Racial / Ethnic Identity

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latino
☐ Middle Eastern or North African
☐ Native Hawaiian or other Pacific Islander
☐ White
☐ Bi-racial
☐ Multi-Racial
☐ Other
☐ Choose Not to Answer

Foster Care ☐ Yes ☐ No

School Information

Grade (Fall 2025-26)	
School Name	
Teacher	
School ID Number	

Allergies

Food Allergies

☐ Peanuts ☐ Soy ☐ Eggs
☐ Tree Nuts ☐ Gluten ☐ Other _____
☐ Dairy/Lactose ☐ Seafood/Shellfish ☐ None

Environmental Allergies

☐ Bee Stings ☐ Dust ☐ Grass ☐ None
☐ Pollen ☐ Mold ☐ Other _____

Medicine Allergies

☐ Penicillin ☐ Amoxicillin ☐ None
☐ Aspirin ☐ Other _____

Other Allergies

☐ Latex ☐ Lotions ☐ None
☐ Perfumes/Colognes ☐ Other _____

Medical Information

Preferred Hospital			
Doctor's Name		**Dr. Phone #**	

Does the member use an inhaler? ☐ Yes ☐ No

Does the member use insulin? ☐ Yes ☐ No

Does the member use an EpiPen? ☐ Yes ☐ No

Does the member self-administer medication? ☐ Yes ☐ No

Diagnosed Medical Conditions

☐ ADD/ADHD ☐ Diabetes ☐ Seizures
☐ Anxiety/Depression ☐ Hearing Impairment ☐ Visual Impairment
☐ Asthma ☐ Oppositional Defiance Disorder ☐ None
☐ Autism ☐ Other (Please list below):

Please list any other physical, mental or medical limitations.

Does the member receive additional support in the school/community?

☐ 504 (accommodation)
☐ Individualized Education Plan (IEP)
☐ Meets with school or private counselor
☐ Speech Coach
☐ None

Parents are required to report all special needs, disabilities and medications your child may have. Have you done so? ☐ Yes ☐ No

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

☐ **Option 1**: 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.

☐ **Option** 2: 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.

What arrangements can be made if your child gets sick while in the program?

Medical Information (Skills Club ONLY)	
Topical Lotion Administration: I give permission to BBGC/FCG 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			
Insurance Carrier			
Group Number		**Member/Policy Number**	

EMERGENCY CONTACTS (min. 2 people other than parent)			
Authorized Contact 1		**Authorized Contact 2**	
Full Name		**Full Name**	
Phone		**Phone**	
Mobile Phone		**Mobile Phone**	
Work Phone		**Work Phone**	
Authorized to Pick-up	☐ Yes ☐ No	**Authorized to Pick-up**	☐ Yes ☐ No
Relationship	☐ Aunt ☐ Guardian ☐ Caseworker ☐ Other Relative ☐ Foster Parent ☐ Parent ☐ Friend ☐ Stepparent ☐ Grandparent ☐ Uncle	**Relationship**	☐ Aunt ☐ Guardian ☐ Caseworker ☐ Other Relative ☐ Foster Parent ☐ Parent ☐ Friend ☐ Stepparent ☐ Grandparent ☐ Uncle
Authorized Contact 3		**Authorized Contact 4**	
Full Name		**Full Name**	
Phone		**Phone**	
Mobile Phone		**Mobile Phone**	
Work Phone		**Work Phone**	
Authorized to Pick-up	☐ Yes ☐ No	**Authorized to Pick-up**	☐ Yes ☐ No
Relationship	☐ Aunt ☐ Guardian ☐ Caseworker ☐ Other Relative ☐ Foster Parent ☐ Parent ☐ Friend ☐ Stepparent ☐ Grandparent ☐ Uncle	**Relationship**	☐ Aunt ☐ Guardian ☐ Caseworker ☐ Other Relative ☐ Foster Parent ☐ Parent ☐ Friend ☐ Stepparent ☐ Grandparent ☐ Uncle

WAIVERS & RELEASES	
Data Collection	
☐ Yes ☐ No	I authorize the Bristol Boys & Girls Club (BBGC/FCG) 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.
Data Sharing	
☐ Yes ☐ No	The BBGC/FCG 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.
School Information	
☐ Yes ☐ No	I authorize the BBGC/FCG 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/FCG in writing.
Technology	
☐ Yes ☐ No	While internet precautions are taken by the Club, it's possible that your child may access inappropriate sites. The BBGC/FCG has rules & consequences for such behavior; however, we will not be responsible for the consequences of such access.
Photo Waiver	
☐ Yes ☐ 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/FCG and its activities.
Outdoor Play (Skills Club ONLY) does not apply to recreational classes	
☐ Yes ☐ No	I give permission for my child to participate in outdoor play and/or walk to BBGC or Rockwell Park.
Miscellaneous	
☐ Yes ☐ No	I understand that the Boys & Girls Club/FCG 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/FCG) 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/FCG) 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/FCG.

Late Pick-Up Fee for Class/Team/Summer Skills Club
The BBGC/FCG 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 $25.00 per every 15 minutes, 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: