



# Boys & Girls Club of Binghamton

## Membership Intake Form

**FOR OFFICE USE ONLY**

**Membership Fee - \$65 annually**

Membership # \_\_\_\_\_

Fee Fully Paid: \_\_\_ Yes \_\_\_ No

Expiration Date: \_\_\_/\_\_\_/\_\_\_

Receipt/Ck # \_\_\_\_\_

Taken By: \_\_\_\_\_

PLEASE COMPLETE **ALL** FOUR SECTIONS:

**SECTION 1:**

CHILD'S FIRST NAME: \_\_\_\_\_ M.I. \_\_\_ LAST NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_ MALE \_\_\_ FEMALE

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Member at another Boys & Girls Club: \_\_\_yes \_\_\_no

If yes, what City & State: \_\_\_\_\_

\*Children must be 5 years old and enrolled in kindergarten to attend the Club

\*MY CHILD (AGE 11+) IS ALLOWED TO WALK HOME: \_\_\_\_\_ YES \_\_\_\_\_ NO

(Main Unit Only: Not Applicable for Fun Club)

The following people have permission to pick up the above member from the Club:

(Main Unit Only: Not Applicable for Fun Club)

**SECTION 2:**

PARENT/GUARDIAN NAME: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employed at: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employed at: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**SECTION 3:** For grant purposes and to continue to provide high-quality programs to our members, the following section must be completed in full.

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Does the member receive free/reduced lunch? \_\_\_ Yes \_\_\_ No

**ETHNICITY** (Select only one)

\_\_\_\_\_ Hispanic or Latino                      \_\_\_\_\_ Not Hispanic or Latino

**RACE** (Select all that apply)

\_\_\_\_\_ American Indian or Alaska Native                      \_\_\_\_\_ Asian  
\_\_\_\_\_ African American                      \_\_\_\_\_ Caucasian  
\_\_\_\_\_ Native Hawaiian or other Pacific Islander

**Is any household member an employee of the City of Binghamton:** \_\_\_ Yes \_\_\_ No

**Female Head of Household:** \_\_\_ Yes \_\_\_ No

**Number of family members currently employed:** \_\_\_\_\_

**Number of family members currently living in the home:** \_\_\_\_\_

**Anticipated Annual Household Income:** \_\_\_\_\_

**SECTION 4:**

**IMMUNIZATIONS:** Is the member current on all immunizations: \_\_\_ Yes \_\_\_ No

Does the member have accident/health insurance: \_\_\_ Yes \_\_\_ No

Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

**Health insurance must be obtained prior to the child participating in athletic activities**

Does the member have any medical or health concerns: \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

List any allergies the member has: \_\_\_\_\_

**Please Read and Sign Below:**

I give my child permission to participate in the Boys & Girls Clubs of Binghamton programs. In the event that I cannot be reached in an emergency, the Boys & Girls Club authorities may take such measures as they deem appropriate and shall notify me as soon as possible. In addition, I hereby give permission for securing at the expense of the undersigned, appropriate medical treatment. This will also include releasing my child for any treatment necessary in the emergency room of an accredited hospital by emergency room staff or doctor they would call in for emergency room treatment. I give the Boys & Girls Clubs of Binghamton permission to allow my child to be interviewed, filmed, and/or photographed by any television station, radio station, newspaper or other media for the purpose of the Boys & Girls Clubs of Binghamton as well as the photographing of report cards due to the collection of quantitative data regarding grant and donor requests. By signing below, I certify all information is true and correct to the best of my knowledge.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_