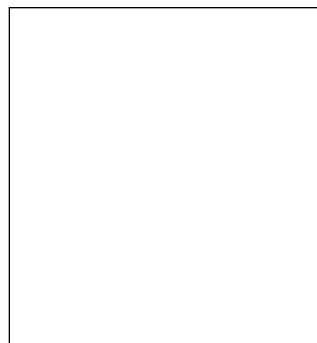




**BOYS & GIRLS CLUB**  
OF GREENEVILLE & GREENE COUNTY



2026 Club Member Photo

## Boys & Girls Club Member Information 2026

—This form must be completely filled out—

**\*\* Minimum Boys & Girls Club Membership Requirement \*\***  
*Club members must be 5 years old and attending Kindergarten or higher*

Date signed up \_\_\_\_\_, 2026

Circle One: New Membership or Renew Membership # \_\_\_\_\_

Member's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Current Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_ Youth's Cell phone # \_\_\_\_\_

Email address Parent (if you wish to receive information on club activities) \_\_\_\_\_

\$40 membership fee paid: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Name on Check \_\_\_\_\_

Member's Social Security Number \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ Sex (circle one) Male or Female

Race (circle one) Caucasian (White) African-American Multi-Racial Asian Hispanic  
Native American Other \_\_\_\_\_

Any Brothers or Sisters (list name & age) \_\_\_\_\_

School attending: \_\_\_\_\_ (Immunizations are up to date and on-file at this school.) yes or no

School address \_\_\_\_\_ phone \_\_\_\_\_

Current Grade: \_\_\_\_\_ Home Room Teacher \_\_\_\_\_

Circle answer: I live in the City **or** County Circle answer: I go to school in the City **or** County

My parent(s) are active in military duty at \_\_\_\_\_

I live with. Both Parents \_\_\_\_\_ Single Parent (list mom or dad) \_\_\_\_\_ Grandparents \_\_\_\_\_

Other \_\_\_\_\_ Foster Parent(s) \_\_\_\_\_

Foster care case worker full name \_\_\_\_\_ Phone # \_\_\_\_\_

**Do you receive free or reduced lunch at school? (Circle One)** No Free Lunch Reduced Lunch

Do you receive Families First? Yes, \_\_\_\_\_ No \_\_\_\_\_ Do you receive TANF? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, recertification date? \_\_\_\_\_ TANF # \_\_\_\_\_

**Emergency Contact Information**

Father's Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Primary Guardian \_\_\_ Yes \_\_\_ No

Mother's Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Primary Guardian \_\_\_ Yes \_\_\_ No

Guardian's Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Primary Guardian \_\_\_ Yes \_\_\_ No

**Person Authorized to act for parent in an Emergency: (NOT IN THE SAME HOUSEHOLD)**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Child may be released to this person. YES \_\_\_\_\_ NO \_\_\_\_\_

**Health History (THIS SECTION MUST BE COMPLETED)**

Name of Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Do you have medical insurance? Yes \_\_\_ No \_\_. Insurance Company \_\_\_\_\_

Name of Policyholder: \_\_\_\_\_ Policy# \_\_\_\_\_

Any operations, serious injuries or chronic illness: \_\_\_\_\_ If yes, please specify \_\_\_\_\_

Please list any/all known allergies: \_\_\_\_\_

List allergy medications used: \_\_\_\_\_

If your child has any known physical, mental, or social difficulties or other information which may affect participation and/or for which special accommodations are needed, please attach a physician's statement which identifies the condition and gives the physician's special instructions for your child's care. Form attached -please initial yes \_\_\_\_\_ no \_\_\_\_\_

List medications taken: \_\_\_\_\_

***I authorize the Boys & Girls Club of Greeneville & Greene County to administer first aid that may include sunscreen, antibiotic ointment, Tylenol, bee sting ointment (or the generic of each) in case of injury and/or secure or transport child for emergency medical treatment. (Every attempt will be made to contact parent. If any injury appears serious enough for hospitalization or medical care, such expenses will be borne by the guardian or parent. I hereby authorize transportation to a medical facility and/or the calling of a physician at my expense to provide whatever emergency medical treatment is necessary.)***

Please initial yes \_\_\_\_\_ no \_\_\_\_\_

**Child Abuse Regulations:**

The Boys and Girls Club of Greeneville & Greene County is required by law to report to the Department of Children’s Services any suspected child abuse of our members. All suspected child abuse will be reported immediately.

I have received, read and had an opportunity to discuss with a staff member a summary of licensing requirements, parent letter regarding child abuse and the Parent's Information Booklet and I have had a pre-placement visit.

Every enrolled child must have a Transportation Plan on file. Please list those people to whom your child may be released to.

**Transportation Authorization:** Please check:

\_\_\_\_\_ My child may be released only to me unless prior arrangements have been made with the Facility or Program Director.

\_\_\_\_\_ My child may be released to the following:

	Phone # _____		
Name	Relation	work	home
*This person may be contacted in case of emergency if parent/guardian/foster parent cannot be reached: ___ Yes ___ No			

	Phone # _____		
Name	Relation	work	home
*This person may be contacted in case of emergency if parent/guardian/foster parent cannot be reached: ___ Yes ___ No			

	Phone # _____		
Name	Relation	work	home
*This person may be contacted in case of emergency if parent/guardian/foster parent cannot be reached: ___ Yes ___ No			

\_\_\_\_\_ My child **MAY NOT** be released to the following: \_\_\_\_\_

The Boys and Girls Club of Greeneville & Greene County is an equal opportunity service agency.

I verify that the above information on my child, \_\_\_\_\_ is complete and accurate. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in case of an emergency. Date: \_\_\_\_\_, 2026 Parents’ Signature: \_\_\_\_\_

I promise to take care of the Boys & Girls Club and its property. I will listen to the staff and obey the club rules at all times at the Boys & Girls Club of Greeneville & Greene County. If at any time I am asked to leave or suspended, I understand that no dues/fees will be returned to me.

Member’s Signature \_\_\_\_\_ Date \_\_\_\_\_, 2026

I give permission for my child to be used in club photos, marketing, press releases, on club web site or in videos for Boys & Girls Club public relations’ materials and/or by our grantors/sponsors or in United Way public relations materials concerning the Boys & Girls Club of Greeneville & Greene County, Boys & Girls Clubs in Tennessee or the club sponsors.

Parent or Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_, 2026

I hereby give my permission to my child to become a member of the Boys & Girls Club of Greeneville& Greene County. I understand that the Club is NOT RESPONSIBLE for the time or way my child may arrive at/or leave the Boys & Girls Club of Greeneville & Greene County, and that the Boys & Girls Club of Greeneville & Greene County and its property are not responsible for personal injury or loss of property. My child may participate in all Boys & Girls Club activities in or away from the Club Building. I have received my parent orientation, and I am aware of the parent handbook and all safety information on the Boys & Girls Club website [www.ggcbgc.org](http://www.ggcbgc.org). I understand all rules & regulations of the Boys & Girls Club of Greeneville & Greene County.

**I understand membership dues, field trip fees and summer program fees are non-refundable from the Boys & Girls Club of Greeneville & Greene County.**

Parent’s or Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_, 2026

**GREAT FUTURES START HERE.**



**BOYS & GIRLS CLUB  
OF GREENEVILLE & GREENE COUNTY**

**2026 Member Confidentiality and Release of Information**

The **Boys & Girls Club of Greeneville & Greene County** will maintain all member files in a confidential manner. Pertinent information (i.e. all academic information, report card information or tutorial information) may be shared professionally with a **Boys & Girls Club** staff member, a Tennessee Department of Human Services Case Manager (if applicable), the Department of Education or the school system the child attends (i.e. Greene County Schools, Greeneville City Schools, etc.). Files for all programs funded as a whole or in part by the Tennessee Department of Human Services are available for monitoring and subject to audit by the Tennessee Department of Human Services. Communication of member information to persons or agencies other than those listed above will require express written approval of the member’s parent.

A Boys & Girls Club staff person has explained the above information, regarding the release of information in my child’s file maintained by the Boys & Girls Club of Greeneville & Greene County, to me. I agree to the release of information to people or agencies as listed above. I understand that any release of information to people or agencies other than those mentioned above will require my written approval. I understand that the Boys & Girls Club may have grants, allocations, programs, activities, NYOI outcome activities or surveys that my child may be required to complete as part of his/her participation in the Boys & Girls Club of Greeneville & Greene County. He/she has my permission to participate in such activities.

Due to the nature that we are a non-profit organization and a United Way agency and receive state funding, on occasion, it is requested that a member be photographed, and I understand that my child may be involved in marketing with this or any affiliated organizations.

\_\_\_\_\_ Child’s Name \_\_\_\_\_ Name of School Child Attends \_\_\_\_\_

\_\_\_\_\_ Print Name of Parent \_\_\_\_\_ Parent Signature \_\_\_\_\_

\_\_\_\_\_, 2026  
Date

Staff member application processed by \_\_\_\_\_ Date \_\_\_\_\_, 2026  
Notes:

**GREAT FUTURES START HERE.**