

Disclaimer: This Membership is applicable for Dance activities only.

For afterschool Membership details please call the Club at 413-562-2301.

Any player with incomplete applications will be ineligible to play on

Boys & Girls Club of Greater Westfield premises.

Renewal _____ New Member _____ \$20.00 Reg Fee

2023 ~ 2024 Dance Application

First Name:				Last:							
	Other gender									Pacific	: Islander
	/ YYYY:/	-				•					
			•		•						
	Zip:					-					
Main Contact P	arent/Guardian:_					relatior	nship:				
2 nd Contact Par	ent/Guardian:					relatior	nship:				
Primary Phone:		Alterna	te Phone: _			\	Nork Phone	e:			
Alternate emerge	ency contact				re	lationship_					
Primary Phone:		Alterna	te Phone: _			\	Nork Phone	e:			
	n gives permissin positive publicity		int, social m	nedia and	photos:			Ye	es	_ No	
School Informa	tion:										
School:			Grad	le (K-12):		(Schoo	l lunch) fre	e, reduced	, Not A	Арр	
Is school outside	e Westfield/South	wick School	District – C	ontact Na	me:			#_			
Does the child h	nave any history v	with the juve	nile justice	system?				Circle one	Yes		No
Was the child a	djudicated? (Fo	und guilty of	committing	g a delind	juent act)			Circle one	Yes	i	No
Does this child h	nave any physical	l, emotional,	or behavio	ral issues	that we s	hould be	aware of?	Circle one	Yes	i	No
Please explain:											
Haveak aldı (ak a	alandiah amahA										
Household: (che	eck wnich apply) :Mom & Dad _	Mom	Dod M	Iom & Mor	m Г	Ond & Dad	Stop M	om Sto	n Dad		
	Foster Parents						-		-		
_	roster ratents									- Y	N
	old: M F						-				
	dian in the Milita rd □ Reserve □										nt
		□ Active II	active of t	eseive a	sk for auc	iitiOilai iO	iiii to rece	ive a minu	ary ur	Scoul	n.
Medical Informa	ation:										
Permission for	Treatment by qua	alified medica	al personne	el:Y	esN	No.					
Serious Health	Problems/Allergie	es:Yes	No If	Yes, expla	ain:						
Modications: /	Even if taken at	homo):	Voc N	0							

CITY OF WESTFIELD- OFFICE OF COMMUNITY DEVELOPMENT SELF-DECLARATION OF INCOME REPORT / FY2023-23 (CDBG) FY2023-2024 (CITY)

(Effective June 15, 2023)

Federal regulations require we obtain this information to document assistance is being provided to low and moderate-income households. The Participant/Guardian should complete this form indicating all persons residing within their household, regardless of whether or not they are related. The Grantee should retain this form for monthly reporting requirements as well as for on-site monitoring visits.

INFORMATION PROVIDED ON THIS FORM IS KEPT CONFIDENTIAL AND IS NOT SHARED WITH ANY OTHER AGENCIES

PLEASE NOTE: ALL FOUR SECTIONS OF THIS FORM MUST BE COMPLETED TO RECEIVE REIMBURSEMSENT

PARTICIPANT INFORMATION

1. PARTICIPA	NT STATUS:	☐ FAMILY	☐ INDIVIDUAL				
Participant Nam	e:						
Address:	Address: City, State, Zip Code:						
2. ETHNICITY	(please select only one).	£					
☐ Hispanic or	Latino	Not Hispanic or Latino					
White Black/Afric Asian American In	e select only one): can American ndian/Alaska Native caiian/Other Pacific Island	Asian a Black/. Americ	can Indian/Alaskan Native <i>a</i> and White African American <i>and</i> White can Indian/Alaskan Native <i>a</i> Multi-Racial:				
4. HOUSEHOLD INFORMATION 1) Choose the row with the number of family and non-family members living in your household below. 2) Circle the corresponding income level. (FY2023 Median Family Income) – Effective June 15, 2023							
Household	#1	#2	#3	#4			
Size	(0%-30%)	(31%-50%)	(51%-80%)	(81% and above)			
1	\$0-\$20,950	\$20,951-\$34,900	\$34,901-\$55,800	\$55,801+			
2	\$0-\$23,950	\$23,951-\$39,850	\$39,851-\$63,800	\$63,800+			
3	\$0-\$26,950	\$26,951-\$44,850	\$44,851-\$71,750	\$71,750+			
4	\$0-\$29,990	\$29,991-\$49,800	\$49,801-\$79,700	\$79,700+			
5	\$0-\$32,300	\$32,300-\$53,800	\$53,801-\$86,100	\$86,100+			
6	\$0-\$34,700	\$34701-\$57,800	\$57,801-\$92,500	\$92,500+			
7	\$0-\$37,100	\$37,101-\$61,800	\$61,801-\$98,850	\$98,850+			
8	\$0-\$39,500	\$39,501-\$65,750	\$56,751-\$105,250	\$105,250+			
I certify the abo	ardian:	and correct to the best of	my knowledgeDate	:			
City of Westfield M.		signuiare is requirea)					

Insurance and Liability Waiver Release:

CDBG FY 23 Forms-Income verification

Participation in Boys & Girls Club activities may involve risk of injury. To my knowledge I (or my ward) have no health impairment which might interfere with or preclude any participation in Boys & Girls Club activities. As a parent, guardian or participant, I am aware of these hazards and my (or my ward's) ability to participate. I understand that I will assume full responsibility for any accidents, injuries or damage to personal property incurred thereby releasing the Boys & Girls of Greater Westfield, its' staff, volunteers and its' directors of all liability. I understand that participation in any recreational, dance or sport activity involves risk. I further understand that the Club maintains an open door policy with drop in services and that supervision is provided inside the Club's facility at all times. Occasionally, supervised outdoor programming occurs on the Club's property. This waiver includes any transportation, which may be provided by the Boys & Girls Club of Greater Westfield, or any other agency involved in it programs. Boys & Girls Club of Greater Westfield reserves the right to suspend, revoke, or deny membership based on Club policies.

FY2021-22

Parent/Guardian Signature: _		
	(signature)	(date)