



BOYS & GIRLS CLUB
OF GREATER WESTFIELD

Disclaimer: *This Membership is applicable for this activity only. For afterschool Membership details (Grades 7 – 12) please call the Club at 413-562-2301.*

2025 ~ 2026 Registration - Program: _____

Member First Name: _____ Last: _____

Gender: M ___ F ___ Other Gender _____ Primary language spoken _____

Ethnicity: African American, Asian, Caucasian, Hispanic, Multi-Racial, Native American, Pacific Islander

Member DOB: MM/ DD/ YYYY: ____ / ____ / ____

Street Address: _____ City: _____

State: _____ Zip: _____ Parent Email: _____

Main Contact Parent/Guardian: _____ Relationship: _____

Primary Phone: _____ Work Phone: _____

2nd Contact Parent/Guardian: _____ Relationship: _____

Primary Phone: _____ Work Phone: _____

Alternate emergency contact _____ Relationship: _____

Primary Phone: _____ Work Phone: _____

Parent/Guardian gives permission:

to use member in positive publicity in video, print, social media and photos: ___ Yes ___ No

School Information: (Fall 2025) School: _____ Grade (P-12): _____

(School lunch) Free, Reduced, Not App Is school outside Westfield/Southwick School District? ___ Yes ___ No

Contact Name: _____ # _____

Does your child have:

History with the juvenile justice system? ___ Yes ___ No

Been adjudicated? (Found guilty of committing a delinquent act) ___ Yes ___ No

Any physical, emotional, or behavioral issues that we should be aware of? ___ Yes ___ No

Have an IEP or 504 Plan? ___ Yes ___ No

If you have answered yes to any of the above questions, membership approval requires a meeting with a Director.

Household: (check which apply) Member lives with: ___ Mom & Dad ___ Mom ___ Dad ___ Mom & Mom ___ Dad & Dad

___ Step Mom ___ Step Dad ___ Grandparent ___ Foster Parents ___ Aunt ___ Uncle ___ Other _____

Household Size: ___ Number under 18 in Household: ___ Member of the Household 65 years old or older: ___ Yes ___ No

Member of the Household Handicapped: ___ Yes ___ No

Head of Household: ___ M ___ F ___ Both Single Parent: ___ Yes ___ No

Parent or Guardian in the Military: ___ Y ___ N Branch _____ Base _____ Rank _____

Status: ☐ Guard ☐ Reserve ☐ Active

If active or reserve, ask for additional form to receive a military discount.

Medical Information: Permission for Treatment by qualified medical personnel: ___ Yes ___ No

Serious Health Problems/Allergies: ___ Yes ___ No If Yes, explain: _____

Medications: (Even if taken at home): ___ Yes ___ No If yes please list _____

CITY OF WESTFIELD- OFFICE OF COMMUNITY DEVELOPMENT

SELF-DECLARATION OF INCOME REPORT / PY2025 (CDBG)

FY2026 (CITY)

(Effective June 1, 2025)

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 REIMBURSEMENT

PARTICIPANT INFORMATION

1. PARTICIPANT STATUS:

☐ FAMILY

☐ INDIVIDUAL

Participant Name: _____

Address: _____ City, State, Zip Code: _____

2. ETHNICITY (please select only one):

☐ Hispanic or Latino

☐ Not Hispanic or Latino

3. RACE (please select only one):

☐ White

☐ Black/African American

☐ Asian

☐ American Indian/Alaska Native

☐ Native Hawaiian/Other Pacific Islander

☐ American Indian/Alaskan Native **and** White

☐ Asian **and** White

☐ Black/African American **and** White

☐ American Indian/Alaskan Native **and** Black/African American

☐ Other 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. (Median Family Income) – Effective June 1, 2025

Household Size	#1 (0%-30%)	#2 (31%-50%)	#3 (51%-80%)	#4 (81% and above)
1	\$0-\$25,150	\$25,151-\$41,850	\$41,851-\$67,000	\$67,001+
2	\$0-\$28,750	\$28,751-\$47,800	\$47,801-\$76,550	\$76,551+
3	\$0-\$32,350	\$32,351-\$53,850	\$53,851-\$86,100	\$86,101+
4	\$0-\$35,900	\$35,901-\$59,800	\$59,801-\$95,650	\$95,651+
5	\$0-\$38,800	\$38,801-\$64,600	\$64,601-\$103,350	\$103,351+
6	\$0-\$41,650	\$41,651-\$69,400	\$69,401-\$111,000	\$111,001+
7	\$0-\$44,550	\$44,551-\$74,150	\$74,151-\$118,650	\$118,651+
8	\$0-\$47,400	\$47,401-\$78,950	\$78,951-\$126,300	\$126,301+

I certify the above information is true and correct to the best of my knowledge.

Participant/Guardian: _____
(Original signature is required)

Date: _____

City of Westfield, MA/OCD
CDBG PY 25 Forms-Income verification

Revised 6/30/25

Insurance and Liability Waiver Release:

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 its programs. Boys & Girls Club of Greater Westfield reserves the right to suspend, revoke, or deny membership based on Club policies.

Parent/Guardian Signature: _____ Date _____