

Membership Application



2022-2023

Child's First Name: _____ Child's Middle Name: _____

Child's Last Name: _____ Suffix: _____ Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____ Child's DOB: _____

Parent Telephone: _____ Parent Email: _____

Child's SSN: _____ Child's Gender: Male ___ Female ___ Ethnicity: _____

School Information:

School GTID Number (10 Digits): _____

Current School: _____ Grade: _____ Free or Reduced Lunch: YES or NO

Medical Information:

Doctor Name: _____ Phone Number: _____

Permission for Doctor/Hospital: Yes ___ No ___

Does your family have health and/or accident insurance: Yes ___ No ___

Insurance Carrier: _____

Policy #: _____ Group #: _____

Date Health info received: _____ Serious Health Problems: Yes ___ No ___

Date Medical Info received: _____ Allergies: _____

General:

Birth Certificate on file: Yes ___ Birth City: _____ Birth State/Country: _____

Parent understands signed Insurance Disclaimer and Permission Statement: Yes ___ No ___

My child has permission to be used in public relations materials: Yes ___ No ___

My child may participate in all Boys & Girls Club Activities: Yes ___ No ___

My child may participate in field trips for programs and/or service projects: Yes ___ No ___

Parent Signature: _____ Date: _____

FOR OFFICE USE ONLY

Membership #: _____

Entry Date: _____

Expiration Date: _____

Payment Type: _____

New/Renewal Member: _____

Processed by: _____

Will you attend club: (check one)

Year Round: ____ School Year Only: ____ Summer Only: ____ Spring Break Only: ____

How many years has your child been a Member: ____

Reason(s) for joining: Fun ____ Learning ____ Sports ____ Other ____

Household:

Do you live with your: Mom ____ Stepmom ____ Dad ____ Stepdad ____ Grandparent ____ Other ____

Is there a member of the household 65 years or older: Yes ____ No ____

Is there a member of the household that is handicapped: Yes ____ No ____

Current head of household: Female ____ Male ____

Current housing area: Own ____ Rent/Lease ____ Housing Authority Neighborhood ____ Other ____

Currently living with single parent: Yes ____ No ____ Current number in household: ____

Number of Brothers: ____ Number of Sisters: ____

Names of Siblings Attending Club:

Physical:

Eye Color: ____ Hair Color: ____ Height: ____ Weight: ____

Skin Color/Features: _____

Membership Disclaimer:

I certify that I give my child permission to join the Boys & Girls Clubs of the Chattahoochee Valley, Inc., and to appear in pictures, videos and social media of Boys & Girls Clubs activities to be used for publicity purposes. I understand and agree that if my child must be transported to and from the Club, he/she must be picked up by closing time, or a fee will be charged. The late fee must be paid before the child returns to the club. I understand and agree that the Boys & Girls Clubs will has an open door policy and cannot be responsible for my child leaving the Club without permission. As a parent or guardian of the above child, I approve his/her joining the Boys & Girls Clubs of the Chattahoochee Valley, Inc., and agree not to hold Department of Human Services, Department of Families and Children Services and the Boys & Girls Clubs of the Chattahoochee Valley, its Board of Directors, Officers, Staff or Volunteers responsible and/or liable, and hereby RELEASE them from liability for losses of any personal property and for any injuries or accidents suffered by my child at the Boys & Girls Clubs facilities or in connection with membership or participation in any Boys & Girls Clubs activities. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Boys & Girls Club to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child as named above. **THIS REGULAR MEMBERSHIP DOES NOT INCLUDE ADMITANCE TO THE SUMMER PROGRAM. I FULLY UNDERSTAND THAT ALL FEES PAID TO THE BOYS & GIRLS CLUBS ARE NON-REFUNDABLE.**

Parent / Guardian Signature: _____ Date: _____