



**BOYS & GIRLS CLUB  
OF THE CHATTAHOOCHEE VALLEY**

MEMBERSHIP APPLICATION

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ At this Address Since: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ In area Since: \_\_\_\_\_

Telephone: \_\_\_\_\_ DOB: \_\_\_\_\_ Childs SSN: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Gender:  Male  Female

**School Information:** School GTID Number \_\_\_\_\_  
Current School: \_\_\_\_\_ Grade: \_\_\_\_\_ GPA: \_\_\_\_\_  
Teacher: \_\_\_\_\_ Free or Reduced Lunch: YES  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: \_\_\_\_\_

**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: Yes  No   
This membership application allows my child to participate in planned, local trip for programs and/or service projects associated with group clubs. I understand special event trips are to have individual permissions slips signed. \_\_\_\_\_

**Do You Belong to:**

Boy/Girl Scouts \_\_\_ School Club \_\_\_ YMCA/YWCA \_\_\_ Church Group \_\_\_

Religion: \_\_\_\_\_ Other: \_\_\_\_\_

<p><b>Will you attend club: (check one)</b></p> <p>Year Round: ___ Only during school year ___</p> <p>Only holidays or summer ___</p>
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<p><b>Do you have a job: (check one)</b> None ___</p> <p>Summer Part-Time ___ Year-around Part-Time ___</p> <p>Summer Full-Time ___ Year-around Full-Time ___</p>
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<p>How many years has your child been a Member: _____ Club Member Since: _____</p> <p>Reason(s) for joining: Fun ___ Learning ___ Sports ___ Other _____</p>
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<p><b>Household:</b></p> <p>Do you live with your: Mom ___ Stepmom ___ Dad ___ Stepdad ___ Grandparent ___ Other _____</p> <p>Is there a member of the household 65 years or older: Yes ___ No ___</p> <p>Is there a member of the household that is handicapped: Yes ___ No ___</p> <p>Current head of household: Female ___ Male ___</p> <p>Current housing area: Own ___ Rent/Lease ___ Housing Authority Neighborhood ___ Other ___</p> <p>Current single parent: Yes ___ No ___ Current number in household: _____</p> <p>Number of Brothers: ___ Ages: _____ Number of Sisters: ___ Ages: _____</p> <p>Names of Siblings Attending Club: _____</p>
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<p><b>Physical:</b></p> <p>Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____</p> <p>Skin Color/Features: _____</p>
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<p><b>Disclaimer:</b></p> <p>I certify that I give my child permission to join the Boys &amp; Girls Clubs of the Chattahoochee Valley, Inc., and to appear in pictures of Boys &amp; 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 Boys &amp; Girls Clubs 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 &amp; Girls Clubs of the Chattahoochee Valley, Inc., and agree not to hold the Boys &amp; 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 &amp; Girls Clubs facilities or in connection with membership or participation in any Boys &amp; Girls Clubs activities. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Boys &amp; Girls Club to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child as named above. <b>THIS REGULAR MEMBERSHIP DOES NOT INCLUDE ADMITANCE TO THE SUMMER PROGRAM. I FULLY UNDERSTAND THAT ALL FEES PAID TO THE BOYS &amp; GIRLS CLUBS ARE NON-REFUNDABLE.</b></p> <p>Parents Signature: _____ Childs Signature: _____</p>
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<p><b>FOR OFFICE USE ONLY</b></p> <p>Membership #: _____ Entry Date: _____</p> <p>Expiration Date: _____ Status: _____</p> <p>Type: _____ New/Renewal Member: _____ Processed by: _____</p>
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