

Will your child need a provided lunch?

Membership Expires 08/10/2024

Yes No



BOYS & GIRLS CLUB
OF FAULKNER COUNTY

Summer Membership 2024

Member Information

Child's Name: _____ Date of Birth: _____

School: _____ Current Grade: _____

Gender: M F Race (circle one): African American Asian Caucasian Hispanic Multiracial
Native American Other: _____

Family Type: Non-Traditional 1 Parent 2 Parent

Allergies or Disabilities: _____

Special Instructions: _____

Primary Contact: _____ Gender: M F

Phone: _____ Work Phone: _____

Home Address: _____ City: _____ Zip Code: _____

Email Address: _____ @ _____

Employer: _____

Other Contact/Guardian:

Secondary Contact: _____ Gender: M F

Phone: _____ Work Phone: _____

Home Address: _____ City: _____ Zip Code: _____

Email Address: _____ @ _____

Employer: _____

Annual Family Income: (*for grant purposes only*) _____ Number in Household: _____

Is the parent/guardian any of the following: Active Military National Guard Military Veteran

5th Ave. Park & Splash Pad: We will be visiting the park several times this summer, please sign below if you allow us to transport and visit the park with your child. We will notify you in advance of which days we will be going so that your child has swim wear & a towel available.

**** If your child has been misbehaving in the club environment, they will not be allowed to go on field trips.

I, the undersigned, as legal adult or parent/guardian of a minor, do hereby consent to my child's participation in voluntary recreation programs of The Boys & Girls Club of Faulkner County.

Parent Signature:

Date:

All information provided is true to the best of my knowledge. I hereby approve of this application and give permission for my child to join the Boys & Girls Club of Faulkner County. I also approve of my child's participation in the Club activities and assume that my child is in good physical health and will not hold the Club Staff, Board, or Volunteers responsible beyond their control. I allow my child to be transported to and from any Boys & Girls Club of Faulkner County activities, special events or emergencies. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by The Club to hospitalize, secure proper treatment for, and to order injection, sedation, anesthesia, X-rays, or surgery for my child as named above. I also grant to the Boys & Girls Club of Faulkner County and its legal representatives and assign the irrevocable and unrestricted right to use and publish pictures of my child or in which my child may be included for editorial, trade, advertising and any other purpose and in any matter and medium: to alter the same without restriction and to copyright the same. I hereby release the Club and its legal representatives and the assigns from all claims and liability relating to said photographs.

Parent Signature:

Date:

Join our Summer Remind
group to keep up with field
trips!

