



**BOYS & GIRLS CLUB**  
OF GREATER BILLERICA

## Membership Application

Activity Card: 6 months to 7 years old (\$40 annually)

Membership Card: 8 years to 18 years old (\$50 annually)

### Member Information

First Name:	Last Name:	Date of Birth:	Gender:
Street Address:	City:	State:	Zip Code:
School Name:	Current Grade Level:	Home Phone:	

### Parent/Guardian Information

Parent/Guardian Full Name:		Relationship to Child:	
Address:	City:	State:	Zip Code:
Email Address:		Cell Phone Number:	
Parent/Guardian Full Name:		Relationship to Child:	
Address:	City:	State:	Zip Code:
Email Address:		Cell Phone Number:	

### Emergency Contact Information *(Other than Parent/Guardian)*

Name:	Relationship to Member:	Phone Number:
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### Supporting Information

Does your child have any allergies or special dietary needs? <i>If yes, please explain.</i>
Does your child have any chronic health and/or behavioral conditions? <i>If yes, please explain.</i>

### Information Required for National Boys & Girls Club Reporting

<b>Child's Ethnicity:</b> <i>(Please Circle)</i> White African America Hispanic/Latino Native Indian Asian Indian Two or More Races	<b>Household Income:</b> <i>(Please Circle)</i> \$0 - \$25,000 \$25,001 - \$50,000 \$50,001 - \$75,000 \$75,000 - \$100,000	<b>Are their custody arrangements the Club should know about?</b> <i>(Please Circle)</i> N/A Foster Care Other <i>(please explain)</i>	<b>Is either parent/guardian an active member of the military?</b> <i>(Please Circle)</i> Yes No Branch: _____	<b>Does the member currently live in a single-parent household?</b> <i>(Please Circle)</i> Yes No
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(OVER)

Parent/Guardian Consent & Release Form

- ❖ *I do hereby give my son/daughter permission to attend and participate in activities sponsored by the Boys & Girls Club. I hereby release the Boys & Girls Club, its employees, associates and contributors from liability from any injury, loss or theft incurred by my son/daughter while participating. Furthermore, I hereby authorize medical examination and emergency treatment for my son/daughter by a qualified licensed physician in the event of an accident. I understand that the costs for such treatment will be my responsibility. X\_\_\_\_\_*
- ❖ *My child has permission to be used in public relation materials for the Boys & Girls Club of Greater Billerica. Examples of these include photographs, videos, and web pages as well as participate in the yearly NYOI surveys. X\_\_\_\_\_*
- ❖ *I understand that my child will have access to the internet while at the Club and that he/she will be instructed on the proper use of a computer, including appropriate websites X\_\_\_\_\_*
- ❖ *I understand that the Drop-in program is not a licensed childcare facility and that it maintains an OPEN-DOOR policy. This means that if a child were to leave the building, they are not allowed to come back in. X\_\_\_\_\_*

By signing below I confirm that the information contained in this application is true to the best of my abilities.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FOR OFFICE USE ONLY:

Application Rec'd By: \_\_\_\_\_ Membership #: \_\_\_\_\_ Date of Activation: \_\_\_\_\_  
Payment Type:      Cash      Check      Credit Card      Voucher      Other: \_\_\_\_\_