

Paid  
 Voucher (Attach)  
 Other (Explain)  
 Receipt No.: \_\_\_\_\_



**BOYS & GIRLS CLUBS  
 OF THE GULF COAST**

Reviewed By: \_\_\_\_\_  
 (Club Employee & Unit Dir.)  
 Date: \_\_\_\_\_

Unit Name: \_\_\_\_\_ Application Year: 2012 Membership Number: \_\_\_\_\_  
 (Please fill in with the same information provided to school district)

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone Number: (\_\_\_\_) \_\_\_\_\_

Child's Social Security Number: XXXX-XX-\_\_\_\_\_ Birth Date: \_\_\_\_\_

**Gender:**  Male  Female **New to School District:**  Yes  No

**Ethnicity:**  African American  Native American  Asian/Vietnamese

Hispanic  Multi-Racial  Caucasian

**LUNCH FEE:**  Free  Reduced  Non Needed **English Proficiency:**  Proficient  Not Proficient

**Meals Required:**  Snack  Lunch  Dinner

**Hours of care needed:** \_\_\_\_\_ **Days of care needed:** Mon Tues Wed Thurs Fri Sat Sun

**Grade in School:** \_\_\_\_\_ **Name of School Child Attends:** \_\_\_\_\_

**MILITARY FAMILY** Circle One YES NO **If YES, do you live on base (circle one)?** YES NO

| Guardian/Parent 1              | Guardian/Parent 2              |
|--------------------------------|--------------------------------|
| Relationship: _____            | Relationship: _____            |
| Name: _____                    | Name: _____                    |
| SSN: _____ Date of Birth _____ | SSN: _____ Date of Birth _____ |
| Employer: _____                | Employer: _____                |
| Work Address: _____            | Work Address: _____            |
| Occupation: _____              | Occupation: _____              |
| Work Phone: (____) _____       | Work Phone: (____) _____       |
| Cell Phone: (____) _____       | Cell Phone: (____) _____       |

**AUTHORIZATION PICKUP INFORMATION**

Person(s) Authorized to pick up child(ID required): **PLEASE PRINT**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Persons **NOT** Authorized to Pick up Child (If it is a parent, then we must have court documentation): **PLEASE PRINT**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Parent or Legal Guardian

Printed Name

Date

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Ext. \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Ext. \_\_\_\_\_

**HOUSEHOLD INFORMATION**

The information contained herein will be kept in **strict confidence** and used solely for the use of accumulating the necessary statistical data requested for our grant reporting **only**

1. Is there a Member of the Household 65 years old or Older?  Yes  No
2. Is there a Member of the Household Disabled?  Yes  No
3. Is there a Female or Male Head of Household?  Female  Male

Number of persons in household: \_\_\_\_\_

Who does the child live with?  Mother  Father  Both Parents  Stepmother  Stepfather  Grandparent  
 Other \_\_\_\_\_

**MEDIA PERMISSION INFORMATION**

I grant the Boys &amp; Girls Clubs of the Gulf Coast, Inc. permission to:

1. Use film/print pictures of my child, resulting from their involvement, for Club promotion.  Yes  No
2. Take my child on field trips. (I understand I will receive advance notice and a separate permission slip for each trip)  Yes  No
3. Use my child in video footage shot for Club promotions.  Yes  No

\_\_\_\_\_  
Signature of Parent or Legal Guardian\_\_\_\_\_  
Printed Name\_\_\_\_\_  
Date**MEDICAL INFORMATION**

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

Health Problems/Allergies:  Yes  No

If yes, explain (list all medications your child is taking): \_\_\_\_\_

**INTERNET SAFETY**

I have read and understand the Internet Usage Policy/ Rules for Online Safety provided with this membership application. I understand my child must go through an internet safety course before accessing the internet at the Boys & Girls Clubs of the Gulf Coast.

Member's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

**INSURANCE DISCLAIMER**

I agree not to hold the Boys & Girls Clubs of the Gulf Coast, Boys & Girls Clubs of America, its sponsors or volunteers, their employees or officers, liable for injuries or accidents in connection with my child's attendance or participation in any activity. In the event of illness or injury occurring to my child, I hereby give my consent for medical or dental care deemed necessary by the attending physician or dentist. My child may be examined and any necessary procedures (medical, dental, or surgical), anesthesia, or diagnostic procedures (lab or x-ray) may be performed under the supervision of a member of the hospital or medical office staff furnishing such services. *I understand that, in the event of a serious illness or injury, every effort will be made to reach me.* I further acknowledge that I am responsible for any medical, dental, ambulance expenses or student transportation home, which might occur as a result of such injury or illness. I understand that any insurance coverage through the Boys & Girls Clubs of the Gulf Coast Member Insurance plan is secondary to my family insurance coverage. **Reviewed and Approved:**

\_\_\_\_\_  
Signature of Parent or Legal Guardian\_\_\_\_\_  
Printed Name\_\_\_\_\_  
Date**MEMBERSHIP INFORMATION FLYER**

I have read and understand the Membership Information and have discussed the information with my child. We promise to take care of our Club and its property and to abide by the rules of the Boys & Girls Clubs of the Gulf Coast. If at any time we are asked to return the membership card, we understand no fees will be returned to us.

Member's Signature: \_\_\_\_\_

PLEASE PRINT

USE BLUE OR BLACK INK ONLY

ALL FIELDS REQUIRED

Signature of Parent or Legal Guardian

Printed Name

Date

**REPORT CARD / STANDARDIZED TESTING / OUTCOMES MEASUREMENT CONSENT**

I, \_\_\_\_\_, give my permission to the Boys & Girls Clubs of the Gulf Coast to collect a copy my child's **Report Card** and **Standardized Testing Information** from the school. This is to assist my Boys & Girls Clubs in maintaining the low cost of funding the program to my family. I understand my child's information will only be used in statistical information and never used on an individual basis. I understand I can take back my permission at any time, and my permission stops at the end of this membership year. I can, upon request, arrange to discuss the findings with my child's Unit Director.

I, \_\_\_\_\_, give my permission to the Boys & Girls Clubs of the Gulf Coast to survey and interview my child, \_\_\_\_\_, to find out what his/her behaviors, skills and attitudes are in regards to issues such as health risks and habits, positive self-esteem, respect for diversity, education and educational resources, positive relationships, career choices, and connection to community, as well as his/her experiences at the Club. I understand that the purpose of these surveys and interviews is to help find out how well the Club is meeting my child's needs and to identify areas which may call for further attention. I also understand that this information will remain private.

I understand that my child's responses will be automatically grouped together with the responses of other Boys & Girls Clubs members for any public presentation of the findings, and that my child will never be individually linked to his/her responses. In addition, I understand that I can take back my permission at anytime, and that my permission automatically stops at the end of this one-year membership period. I can, upon written request, arrange to discuss the findings with my child's Club Director.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date