



Club #: _____
Staff Initials: _____
Member Status:
New Renewing
Former

Recent physical: _____
Shot records: _____
Copy of birth certificate or report card: _____
License form: _____
Staff Initials: _____

PLEASE COMPLETE ENTIRE FORM

Membership Information Form

Suffolk Unit

2325 E. Washington St. Suffolk, VA 23434 (757) 652-4017

Club Number _____

Membership Expiration Date: **12/31/2020**

Previous Member: Yes No

How many years? _____

First Name: _____ Middle: _____ Last: _____

Birth Date: _____ Age: _____

School: _____ Grade: _____ (Entering 2018-2019 school year)

Gender: Male Female Parent's E-Mail Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell Phone: _____

Emergency Contact & address (Non parent): _____

Phone: _____

Emergency Contact & address (Non parent): _____

Phone: _____

Parent Information

Father's Name: _____

Father's Work Phone: _____

Father's Employer: _____

Father's Occupation: _____

Mother's Name: _____

Mother's Work Phone: _____

Mother's Employer: _____

Mother's Occupation: _____

Persons Authorized to pick up Member

1. Name: _____

2. Name: _____

Authorized Password: _____ Persons Not Authorized: _____

Demographic Information (used for grant & program purposes)

ETHNICITY (Circle One):

African American Asian Caucasian Hispanic Multi-Racial Native American Other _____

Who does member live with? (Circle all that apply):

Both Parents Mother Father Other _____

Total living in household: _____

Do you receive (Circle all that apply): (used for grant & program purposes)

SSI TANF Food Stamps General Assistance Free school lunch

Reduced School Lunch

Household Income (Circle one): (used for grant & program purposes)

\$9,000 or below (\$750 or less per month) \$9,001-\$12,000 (\$751-\$1,000 per month) \$12,001-\$15,000 (\$1,001-\$1,250 per month)

\$15,001-\$19,000 (\$1,251-\$1,583 per month) \$19,001-\$23,000(\$1,584-\$1,916 per month) \$23,001-\$28,000 (\$1,917-\$2,333 per month)

\$28,001-\$32,700 (\$2,334-\$2,725 per month) \$32,701-\$37,500 (\$2,726-\$3,125 per month) \$37,501-\$42,000 (\$2,727-\$3,500per month)

\$42,001 or Above (\$3,501 or above per month)

Medical Information

Medical Problems/Allergies/Food Allergies

Medications

Physician Name: _____

Physician Phone: _____

Preferred Hospital or Clinic: _____

Hospital Phone: _____

Does member know how to swim? YES NO May member walk/bike home? YES NO

I want to enroll my child as a member of the Boys & Girls Club of SE Virginia (BGCSEVA). I understand that membership & fees are not refundable. I agree that BGCSEVA is not liable for injury to my child or for any loss of my child's property (cell phone, book bag, coat, electronics, etc.) unless such injury or property loss is the direct result of the negligence or willful act of a BGCSEVA employee. Due to the open door policy of Boys & Girls Clubs, it is understood and agreed that all members may come and go once per day. Therefore, I release BGCSEVA from all liability if my child leaves the building and/or grounds. I agree that it is my responsibility to instruct my child to remain in the facility. I fully understand and agree to all the conditions stated on this form and have counseled my child to conform to these rules and the authority of BGCSEVA.

I release all rights that I and my child have to photos and video taken of my child during his or her participation in BGCSEVA activities and/or events. BGCSEVA does not publish last names of children under the age of 16 without specific written permission of the child's parent who signs this application. I also authorize the school principal or school administration of where my child's attends school to release report cards, standardized test scores, and attendance records to BGCSEVA for the purpose of reporting program outcomes to grant agencies.

BGCSEVA will notify me when my child becomes ill. I will arrange to have my child picked up as soon as possible if so requested by BGCSEVA. If my child is injured in an accident, and the injury is more severe than a minor scrape or bruise, BGCSEVA will call me immediately at the phone numbers listed on this application. If the child's injury requires medical treatment, BGCSEVA employees will try to contact me while they simultaneously transport my child, or arrange for my child to be transported, to a medical facility. If BGCSEVA employees are not able to speak with me after reasonable attempts to contact me at the phone numbers listed on this application, then I hereby give consent for the administration of any treatment deemed necessary by a licensed physician.

I agree to notify BGCSEVA within 24 hours or the next business day after my child or any member of my child's household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which I agree to report immediately to BGCSEVA. I understand that from time to time my son/daughter will require transportation to/from BGCSEVA sponsored events and activities. I authorize (if opposed circle here: Do not authorize) BGCSEVA to provide this service. I know of no reason, other than the information indicated on this form, why my son/daughter should not participate in BGCSEVA activities.

_____ Date: _____

Parent/Guardian Signature

Club Member's Signature

