



**BOYS & GIRLS CLUBS**  
OF MIDDLESEX COUNTY

Only complete forms will be processed

For Office Use Only

Fee Received      Date: \_\_\_\_\_  
Fee Plan: \_\_\_\_\_      Date: \_\_\_\_\_  
Membership # \_\_\_\_\_

## Membership Application

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

### Club (check one):

- Gene-Mack Clubhouse (Medford)
- Mystic-Healey Clubhouse (Somerville)
- Windsor Street Clubhouse (Cambridge)
- Everett Teen Clubhouse (Everett – ages 13 to 18 only)

### Type of Membership (Check one):

- New Membership
- Renew Membership

### Member Information:

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

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female  
month      day      year

School: \_\_\_\_\_ Did your child progress to the next grade on time?  Yes  No

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Is Child a foster child?  Yes  No

Does Child have history with Juvenile Justice?  Yes  No

### Emergency Medical Information:

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Allergies: \_\_\_\_\_ Current Medications: \_\_\_\_\_

Emergency Hospital: \_\_\_\_\_

Does your child have a Dentist?  Yes  No

I authorize the Boys & Girls Club staff that are trained in the basics of first aid and/or CPR to give my child first aid when appropriate.  
 I give permission to the Boys & Girls Clubs of Middlesex County to seek emergency medical treatment for my minor child if I cannot be reached.  
 I will be responsible for any/all costs of medical attention and treatment.

Parent/Guardian Signiture: \_\_\_\_\_ Date: \_\_\_\_\_

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

Only complete forms will be processed

**Parent Information:**

Parent/Guardian #1 \_\_\_\_\_ Relationship to Member: \_\_\_\_\_  
 Phone (home): \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
 Home Address (If Different than Member): \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Unemployed:**  Yes  No **Title:** \_\_\_\_\_  
 Email: \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Relationship to Member: \_\_\_\_\_  
 Phone (home): \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
 Home Address (If Different than Member): \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Unemployed:**  Yes  No **Title:** \_\_\_\_\_  
 Email: \_\_\_\_\_

**EMERGENCY CONTACTS** (in addition to parents/guardians above) **MANDATORY – your form will not be processed if left blank**

Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_ Phone: \_\_\_\_\_

**Demographic Information:**

<p><b>Ethnicity:</b> (check all that apply)</p> <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Brazilian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Haitian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____	<p><b>Member lives with...</b> (check all that apply)</p> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparent/s <input type="checkbox"/> Guardian <input type="checkbox"/> Brother/s: How many? ____ <input type="checkbox"/> Sister/s: How many? ____	<p><b>Do You Live in Public Housing?</b> (check one)</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Assistance Programs</b> (check all that apply)</p> <input type="checkbox"/> Food Stamps <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Social Security <input type="checkbox"/> TANF (Temporary Assistance for Needy Families) <input type="checkbox"/> Other _____
<p><b>Member's Primary Language</b> (check one)</p> <input type="checkbox"/> English <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Hindi <input type="checkbox"/> Portuguese <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	<p><b>Household Annual Income</b> (check one)</p> <input type="checkbox"/> \$0 - \$10,000 <input type="checkbox"/> \$10,000 - \$14,999 <input type="checkbox"/> \$15,000 - \$24,999 <input type="checkbox"/> \$25,000 - \$34,999 <input type="checkbox"/> \$35,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$74,999 <input type="checkbox"/> Over \$75,999	<p><b>Total # of People in Household</b> (check one)</p> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 or more	<p><b>School Lunch Program</b> (check one)</p> <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Brings Lunch/Pays for Lunch
		<p><b>Do You Live in Section 8 Housing?</b> (check one)</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Single Parent?</b> (check one)</p> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Transportation and Authorization:**

My child will depart from the Boys & Girls Clubs by:

- Unsupervised Walk
- Parent Pick Up
- Supervised Walk By: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_ Phone: \_\_\_\_\_
- Other Authorized Contact for Pick-up:

Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_ Phone: \_\_\_\_\_

- A password of your choice can be kept on file to be given at pick-up time for release of your child.
- Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. Please inform program staff of any changes. Verbal or written permission and picture ID is required for anyone not included on the list above.
- Parent and Club members are responsible for their own transportation to and from the Club.
- As a drop-in facility, staff supervision is limited to inside the building. We recommend that you and your child set some firm rules about leaving the club, visiting friends in the neighborhood, going to the store, etc.

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

**Consents:**

<p><b>My child has permission to leave the Building with staff on field trips.</b> (ex: Parks, playgrounds):</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Please Initial: _____</p>	<p><b>My Child has permission to use computers at the Club:</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Please Initial: _____</p>	<p><b>My child has permission to Watch PG-13 movies:</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Please Initial: _____</p>	<p><b>My child has permission to be used in public relation materials for the Boys &amp; Girls Clubs of Middlesex County</b> (that is, to have their picture and/or name in newspapers, newsletters, and/or any other promotional materials and to offer them for use or distribution in other non-Boys &amp; Girls Clubs publications, electronic or otherwise, without notifying me. I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Please Initial: _____</p>
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**Parent Release Form:**

I, the parent/guardian of the minor child listed on the application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Middlesex County, and the Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above Organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

**School Information**

I give my permission to the Boys & Girls Club of Middlesex County and \_\_\_\_\_ School to exchange information regarding my child, \_\_\_\_\_ . The purpose of the exchange is to help both organizations do a better job of helping my child be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting my child's School or the Boys & Girls Clubs in writing.

**Information Exchange**

I give my permission to the Boys & Girls Club of Middlesex County and health and public safety officials to exchange information regarding my child, \_\_\_\_\_ . This release is valid for one year and may be revoked at any time by writing to the Boys & Girls Clubs of Middlesex County.

**Surveys and Questionnaires**

I, the parent/guardian of \_\_\_\_\_, give permission for Boys & Girls Clubs of Middlesex County to survey my child about his or her Club experience and behaviors, skills and attitudes using Boys & Girls Clubs of America's Youth Development Outcome Measurement Tool Kit surveys or other survey instruments.

**Technology**

As a member of the Boys & Girls Club, my child will have access to the Internet. While precautions are taken by the Boys & Girls Clubs of Middlesex County, it is possible that s/he may access sites inappropriate for him/her. The Boys & Girls Clubs will have rules and consequences for such behavior. However, I will not hold the Boys & Girls Clubs of Middlesex County or their staff, employees, volunteers, or directors responsible for the consequences of any such access by my child.

**Miscellaneous**

I also understand that the Club is not, nor claims to be, a licensed day care center

**Disclaimer**

I hereby give permission for my child to become a member of the Boys and Girls Clubs of Middlesex County. I understand that the Club I not responsible for personal injury or loss of personal property and that I will be financially responsible for any intentional damage or vandalism to the Club caused by my child.

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

\*Your signature confirms that all information provided above is true and accurate

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