



BOYS & GIRLS CLUBS
OF PROVIDENCE

BOYS & GIRLS CLUB OF PROVIDENCE
MEMBERSHIP APPLICATION
ANNUAL FEE \$24.00 (non refundable)

CLUBHOUSE FP W SS CB MANTON HP RW VENDOR _____

OFFICE USE: Accepted By: _____ Membership Date: _____ Exp Date: _____ Member # _____
MEMBERSHIP: New Renewal Childcare Open Door Sport League Swim Lesson Swim Team Vendor
FOOD FORM COMPLETE: Yes No Entered Into Vision By: _____ Branch Manager: _____ Birth Cert
PAYMENT: Date _____ Cash Credit/Debit Check # _____ Money Order _____ Scholarship _____

MEMBER INFORMATION

(Entire Application must be completed for an active Membership)

Member's First Name: _____ Middle Initial _____ Last _____ Gender: M ___ F ___
Address: _____ City: _____ State: _____ Zip: _____
Cell Phone: (____) _____ Home Phone(____) _____ Date of Birth: ____/____/____ Age: _____
Email: _____ Do you live in Public Housing? No Yes _____
School Attending: _____ Grade: _____ Teacher's Name: _____ Room # _____
School Type Elementary Middle School High School Other _____ Current GPA _____
Has this member ever stayed back an academic year? Yes No School Lunch: Free Reduced Neither
Are *YOU* or any *SIBLINGS* a member of a B&G Club? No Yes (Name & location) _____
Household Includes: Both Parents Mother Father Stepmother Stepfather Grandparents Foster Siblings Other _____
Head of Household: Female Male Single Parent Household: Yes No Military Family No Yes
Total # in Household: _____ # in Household under 18 _____ # in Household Handicap: _____ # in Household over 65 _____

Ethnicity & Racial Origin - (this information is kept confidential and used for grant purposes only)

Ethnicity: ___ **Hispanic** ___ **non-Hispanic**

Race: African American Asian Cape Verdean Multi-Racial Native American Pacific Islander Caucasian

PARENT/ GUARDIAN INFORMATION

Mother/Guardian Name: _____ Father/Guardian Name: _____
Mother/Guardian Cell #: _____ Father's Cell #: _____
Employer Name: _____ Employer Name: _____
Work Phone Number: _____ Work Phone Number: _____

EMERGENCY CONTACT / PICK UP LIST

(other than parent / guardian and over 18 years old)

Contact Name: _____ Phone/Cell: (____) _____ Relationship _____
Contact Name: _____ Phone/Cell: (____) _____ Relationship _____
* Person's ***NOT*** allowed to pick up child: Name: _____ Name: _____

MEDICAL INFORMATION

Permission for treatment by Physician/Hospital in an emergency situation Yes No

Please list any medical restrictions, allergies, or dietary restrictions _____

Does your family have medical coverage/insurance: Yes No Medicaid: Yes No

Physician Name: _____ Physician Phone: (____) _____ Date of Last Exam: _____

CONFIDENTIAL INFORMATION

The following information is necessary for our records and the funding our organization receives and will be kept confidential. Your cooperation in providing this information is both appreciated and necessary. (**NOTICE:** Failure to complete will exclude you from any financial aid or scholarships)

0-10,000 10,000-20,000 20,000-30,000 30,000-40,000 40,000-50,000 50,000-60,000
 60,000-70,000 70,000-80,000 80,000-90,000 90,000-100,000 100,000-110,000 110,000-120,000
 120,000-130,000 130,000-140,000 140,000-150,000 150,000-160,000 160,000-170,000 180,000 and above

Check all that Apply SSI SSDI Food Stamps DHS Daycare Assistance TANF Cash Assistance

Family Health Plan Name: _____ Phone _____ Policy #: _____ Group #: _____
Any condition now requiring regular medication? Yes No Name of Medication: _____
Any restriction of activity for physical, emotional or psychological reasons? Yes _____ No
Any serious health problems/restrictions staff should be aware of: No Yes _____

PARENT RELEASE - PLEASE READ AND SIGN

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Providence, and 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.

Medical Treatment

I give permission to the Boys & Girls Club of Providence 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.

Data Collection

I give my permission to the Boys & Girls Club of Providence to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members.

School Information

I give my permission to the Boys & Girls Club of Providence and Providence School District to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student 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 Providence School District or the Boys & Girls Club in writing.

Data Sharing

I understand that the Boys & Girls Club of Providence may share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by Boys & Girls Club of Providence, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Technology

As a member of the Boys & Girls Club, your child will have access to the Internet. While precautions are being taken, it is possible who s/he may access inappropriate sites. The Boys & Girls Club will have rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access.

Miscellaneous

I understand who the Boys & Girls Club is not responsible for lost or stolen items. Parents and Club members are responsible for their own transportation to and from the Club. As a drop-in facility, we are not responsible for Club members' whereabouts.

I give permission for my child's picture, moving pictures, or any other likeness, to be used by the Boys & Girls Club and its activities. I also understand who the Club is not, nor does it claim to be, a licensed day care center. Please check this box if you do not consent to the photo release.

I give my permission to the Boys & Girls Club of Providence to share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by Boys & Girls Club of Providence, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

I have read the completed application and this form, understand the rules of the Boys & Girls Club and request who my child be admitted into membership.

Parent / Guardian Signature: _____ **Date:** _____

I have read and understand the rules of the Boys & Girls Club of Providence and wish to be a member. I promise to be a loyal, active and trustworthy member, and I will always respect those in charge. I will take good care of the facilities and property. I realize that membership is a privilege and can be revoked for failure to observe these rules.

Member Signature: _____ **Date:** _____

***Would you like to sponsor a child/children who cannot afford a membership fee?** Yes No Cash Credit/Debit Check