

Membership Application

Boys & Girls Clubs of Southern Rensselaer County



Date _____

Registrars Information: _____ Renewal _____ New member

Fee Level: 5yrs-12yrs \$5 _____ 13+ years \$7 _____ Membership # _____

Child's First Name _____ Middle _____ Last _____

Street _____ City _____ State _____ Zip code _____

School Attending _____ Grade _____ DOB _____ Age _____ Sex... (male or Female)

Ethnicity__ (circle one of the following) (African American...Asian...White...Hispanic...Multi-Racial... Native American...Other _____)

Child Lives with (Name of person) _____ Relationship _____

Yearly House Hold Income \$ _____ # in household _____ Single Parent? (circle) Yes No

(for grant purposes)

Phone (Home) _____ (work) _____ (cell) _____ E-Mail _____

Mother's Name and (Address if different from above) _____

Employer's Name _____ Phone _____

Father's Name, (Address if different from above) _____

Employer's Name _____ Phone _____

Guardian's Name and (Address if different from above) _____

Employer's Name _____ Phone _____

Emergency Contact: _____ Phone _____

Family Physician _____ Phone _____

Childs Allergies or restrictions _____

Childs Medications (must have notification from Doctor to administer medications) _____

Persons authorized to pick up your child from Club:

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

3. Name _____ Relationship _____ Phone _____

Permission for any of the following: (sign next to activity)

1. Field trips _____

2. Pictures of your child taken @ Club _____

(for promotional purposes)

Disclaimer: By signing below I hereby release the Boys & Girls Clubs of Southern Rensselaer County, its employees, Board of Directors, associates and contributors from liability from any injury, loss or theft incurred by my child while participating.

Parent/Guardian Signature _____