



Boys & Girls Club of Woburn
Charles Gardner Lane
Woburn, MA 01801

(781) 935-3777
bgcwoburn@comcast.net
www.positive-place.org

| | | | | | | |
|----------------------------|------------|-------|-------|------|-------|-------|
| For Office Use Only | | SC | H | T | PL | _____ |
| Paid: | Ck # _____ | CC | _____ | Cash | _____ | |
| Club No. | _____ | Date | _____ | | | |
| New | _____ | Renew | _____ | | | |

Membership Application

Please PRINT all information and answer all questions. This information is essential for Club funding purposes and to assist in better serving your child. All information is confidential.

Name _____
First Middle Last

Address _____
Street City/Town State Zip Code

Phone _____ E-Mail _____ School _____ Grade _____

Race/Ethnicity (Check all that apply): Indian/South Asian Caucasian Asian Hispanic
 African American Native American Other _____

Date of Birth _____ Place of Birth _____ Age* _____ Gender _____
*Must be 8 years old.

Family Information

Member lives with (please check all that apply):

___ Parents ___ Guardians ___ Aunt/Uncle
___ Parent (Mother) ___ Foster Parent(s) ___ Step-parent
___ Parent (Father) ___ Grandparent(s) ___ Other: _____

Member has ___ Sister(s) & ___ Brother(s). _____ People live in member's house.

Parent/Guardian Name _____
Employer _____ Work Phone _____
E-Mail _____ Cell Phone _____

Parent/Guardian Name _____
Employer _____ Work Phone _____
E-Mail _____ Cell Phone _____

Please check if parents/guardians are former Club member(s): ___

Health & Safety Information

Please list any medical restrictions and/or physical limitations: _____

Please list any medication being taken: _____

In case of emergency, list two contacts, other than those living in the same household, to call if parents/guardians cannot be reached. These phone numbers MUST be different from those listed above.

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

Please turn over and complete the other side of this application.

Additional Information

Family Income Range

Less than \$10,000
 \$10,000 to \$14,999
 \$15,000 to \$24,999
 \$25,000 to \$34,999
 \$35,000 to \$49,999
 \$50,000 to \$74,999
 \$75,000 to \$99,999
 \$100,000 to \$149,999
 \$150,000 to \$199,999
 \$200,000 or more

Does member/family receive:

Reduced/Free Lunch
 Food Stamps
 AFDC/Welfare
 Public Housing

Language Spoken at Home

English only
 Spanish
 Indo-European Languages
 Asian and Pacific Island Languages
 Other: _____

Is/Are Parent(s)/Guardian(s) in the military?

Active Duty Reserves

Membership Information

Membership Year: November 1 - October 31 Fee: \$25 per child per year.

Additional fees for specific programs may apply.

Scholarships are available upon a simple verbal request from parent/guardian.

Members of Tufts Health Plan receive free Club membership.

No child will be turned away due to inability to pay the membership dues.

New Members: All new members must attend an orientation session. Please ask for current orientation times. All new members, must present proof of age, such as a birth certificate, upon initial registration.

Parent/Guardian Permission

- My child may join the Boys & Girls Club of Woburn and participate in the activities permissible by our physician.
- I understand that my child, or his/her work, may be used in photographs, videos, literature, web pages and news releases in local media and other media outlets, both traditional and electronic.
- I have read and discussed the Boys & Girls Club of Woburn's Rules & Regulations with my child. I understand that failure to comply with the rules and regulations of the Boys & Girls Club may result in a cancellation of membership with no refund of dues.
- I understand that I will assume full responsibility for any accidents incurred thereby releasing the Boys & Girls Club of Woburn, its' staff and its' directors of all liability.
- I understand that the Club maintains an **OPEN-DOOR** or **DROP-IN** policy and that supervision is provided **INSIDE** the Club's facility at all times. Occasionally, supervised outdoor programming occurs on the Club's property. I understand that my child is able to come and go at will.
- I understand that my child may be asked to complete surveys relative to Club programming. This information is used to improve Club services, and is always kept confidential.
- I give permission for my child to ride in the Club's van in order to participate in the Club's off premises activities.
- I understand the Club's staff is trained in the basics of First Aid and CPR and authorize them to provide my child with care when necessary. I also understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child.

Member Signature

Parent/Guardian Signature

Date