



Boys & Girls Club of Woburn
 Charles Gardner Lane
 Woburn, MA 01801
 (781) 935-3777
 www.bgcwoburn.org

For Office Use Only	SC	T	PL	ATB	OR	AC
Paid:	Ck # _____	CC _____	Cash _____			
Club No.	_____		Date	_____		
New	Renew					

Please **PRINT** all information and answer all questions. Only complete forms will be processed!

Membership Application

Member Information:

First Name: _____ Last Name: _____

Birth Day: _____ / _____ / _____ Age: _____ Gender: Male Female
month day year

Phone (home): _____ Member Cell: _____

Address: _____

City: _____ Zip: _____

School: _____ Grade: _____ Teacher: _____

Member Email: _____

Demographic Information:

All information provided will remain confidential. This information is used for funding purposes to keep costs affordable.

Ethnicity: (check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Bi-Racial <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____ 	Member lives with... (check all that apply) <ul style="list-style-type: none"> <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? _____ 	Parent/Guardian Marital Status? (check one) <ul style="list-style-type: none"> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed 	Assistance Programs: (check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Food Stamps <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TANF <input type="checkbox"/> General Assistance <input type="checkbox"/> Veterans Compensation <input type="checkbox"/> Other _____ 	School Lunch Program: (check one) <ul style="list-style-type: none"> <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable 	
Primary language spoken at home: (check one) <ul style="list-style-type: none"> <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Hindi <input type="checkbox"/> Mandarin <input type="checkbox"/> Portuguese <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Other _____ 		Total # of People in Household: (check one) <ul style="list-style-type: none"> <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 	Household Annual Income: (check one) <ul style="list-style-type: none"> <input type="checkbox"/> \$0 - \$24,999 <input type="checkbox"/> 25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$74,999 <input type="checkbox"/> \$75,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$149,999 <input type="checkbox"/> \$150,000 - \$199,999 <input type="checkbox"/> \$200,000 or more 	Child of military? (Check one) <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	Does Member have a history with Juvenile Justice? (Check one) <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Guardian Information:

Parent/Guardian #1 _____ Relationship to Member: _____

Phone (home): _____ Cell: _____ Work: _____

Home Address (If Different than Member): _____

City: _____ State: _____ Zip: _____

Employer: _____ Club Alum? _____

Email: _____

Parent/Guardian #2 _____ Relationship to Member: _____

Phone (home): _____ Cell: _____ Work: _____

Home Address (If Different than Member): _____

City: _____ State: _____ Zip: _____

Employer: _____ Club Alum? _____

Email: _____

Emergency Contacts (in addition to parents/guardians):

Name: _____ Relationship to Member: _____ Phone: _____

Name: _____ Relationship to Member: _____ Phone: _____

Medical Information:

Does your family have medical insurance: _____ Insurance Carrier: _____

Allergies: _____

Current Medications: _____

Medical Restrictions, Physical Limitations or Emotional/Behavioral Concerns: _____

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

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Consent & Release:

<p>My child has permission to leave the building with staff on field trips. ex: Parks, playgrounds): <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>My child has permission to watch PG-13 movies: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>My child has permission to be used in public relation materials for the Boys & Girls Club of Woburn: (photographs, videos, literature, web pages, new releases in both traditional and electronic media) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--	---	---

Please initial after each statement

- *I hereby release, waive, acquit and forever discharge the Boys & Girls Club of Woburn, their representatives, successors, insurers, assigns or any other person or entity associated with the above organization such as staff, directors or volunteers from all liability, claims, demands, or causes of action for any and all loss, damage, or injury and any claim of damages resulting from use of facilities owned or controlled by the above organization, or participation in activities either at or away from the Club. X_____*
- *I understand that the Main Street Clubhouse Drop in Program is not a licensed childcare facility and that it 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 also occurs on the Club's property. I understand that my child is able to come and go at will. X_____ (this does not include After the Bell, Project Learn, Vacation Clubs or Summer Camp)*
- *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. X_____*
- *I understand that my child will have access to the internet while at the Club and that he/she will be instructed on the proper use of a computer, including appropriate websites. I will not hold the Boys & Girls Club of Woburn, its Staff, Directors or Volunteers responsible for any of my child's inappropriate access. X_____*
- *I understand that my child and I are responsible for information presented in the Parent Handbook (available at front desk and online at www.bgcwoburn.org) I understand that failure to comply with the rules and regulations of the Boys & Girls Club may result in cancellation of membership with no refunds of fees. X_____*
- *I give my permission for my child to participate in mentoring activities as a member of the Boys & Girls Club of Woburn. X_____*
- *I give my permission to the Boys & Girls Club of Woburn 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, at 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 Club in writing. X_____*

_____ **Member Signature**

_____ **Parent/Guardian Signature**

_____ **Date**