

(for office use only)

**Boys & Girls Club of Pawtucket  
Membership Application  
Annual Fee: \$40.00 Resident\* / \$60.00 Non-Resident  
\*Pawtucket or Central Falls**

- Teen
- Pre-Teen
- Pre-School (no fee)
- New  Renewing

Processed by: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

**YOUTH INFORMATION**

Member's Name: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_ ) \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade (in Sept 2016): \_\_\_\_\_

Teacher's Name (elementary school only): \_\_\_\_\_

On time grade progression?  Yes  No

**PARENT/GUARDIAN INFORMATION**

Primary Contact Name: \_\_\_\_\_ Relationship to member: \_\_\_\_\_

*Please check all preferred methods of contact for general communications.*

Cell: ( \_\_\_ ) \_\_\_\_\_  Work phone: ( \_\_\_ ) \_\_\_\_\_  E-mail: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Relationship to member: \_\_\_\_\_

*Please check all preferred methods of contact for general communications.*

Cell: ( \_\_\_ ) \_\_\_\_\_  Work phone: ( \_\_\_ ) \_\_\_\_\_  E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone/Cell: ( \_\_\_ ) \_\_\_\_\_ Relationship: \_\_\_\_\_  
(other than parent/guardian and over 18 years old)

Emergency Contact: \_\_\_\_\_ Phone/Cell: ( \_\_\_ ) \_\_\_\_\_ Relationship: \_\_\_\_\_  
(other than parent/guardian and over 18 years old)

Emergency Contact: \_\_\_\_\_ Phone/Cell: ( \_\_\_ ) \_\_\_\_\_ Relationship: \_\_\_\_\_  
(other than parent/guardian and over 18 years old)

Member lives with:  Both Parents  Mother  Father  Guardian  Stepmother  Stepfather  Grandparents

**MEDICAL INFORMATION**

Please list any medical restrictions, allergies, or dietary restrictions your child may have: \_\_\_\_\_

Any restriction of activity for physical, emotional or psychological reasons?  Yes  No Explain: \_\_\_\_\_

Any condition now requiring regular medication?  Yes  No Name of medication: \_\_\_\_\_

Does your family have health and/or accident insurance:  Yes  No

Family Health Plan Name: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Permission for Treatment by Physician/Hospital: Yes / No

Physician's Name: \_\_\_\_\_ Physician's Phone: ( \_\_\_ ) \_\_\_\_\_

**HOUSEHOLD INFORMATION**

**NOTE:** This information is collected for grant writing purposes ONLY

Ethnic/Racial Origin:  Caucasian  African American  Hispanic  Asian  Native American

Multi-Racial  Other: \_\_\_\_\_ (please specify)

Number in Household: \_\_\_\_\_ ♦ Current Head of Household:  Female  Male ♦ Single Parent Household:  Yes  No

Estimated Yearly Household Income: \_\_\_\_\_  Military Family: \_\_\_\_\_  
(branch)

**PARENT: PLEASE READ AND SIGN THE FOLLOWING:**

I hereby give permission to my son/daughter to become a member of the Boys & Girls Club of Pawtucket. I understand that the Club and its personnel are not responsible for personal injury or loss of property. I agree to observe whatever rules are decided upon as best for the welfare of all. The Boys & Girls Club of Pawtucket reserves the right to dismiss a youngster from the Club. Refunds will not be made due to dismissal. Permission is given to use photos or motion pictures for publicity purposes.

In accordance with Section 7-6-9 of the RI General Laws entitled "Exemption from Liability", I hereby waive any liability that the Boys & Girls Club of Pawtucket, its officers, directors, trustees, agents, servants and employees might have and agree that said Boys & Girls Club of Pawtucket, shall not be liable for any bodily injury to the participant incurred while such participant is practicing for, or participating in any contest or exhibition of an athletic or sports nature sponsored by the Boys & Girls Club of Pawtucket; and hereby assume the risk of any bodily injury to such participant incurred while such participant is practicing for or participating in any contest or exhibition of an athletic or sports nature sponsored by the Boys & Girls Club of Pawtucket.

The health history on the reverse of this form is correct so far as I know, and the herein described has permission to engage in all prescribed activities, except as noted by me and the physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by and the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injections or surgery for the above named member.

**Boys & Girls Club of Pawtucket Hours for Drop-In Pre-Teen Members:** Monday – Friday 3:00 p.m. to 6:00 p.m. (*During the School Year*)

**Boys & Girls Club of Pawtucket Hours for Teen Members:** Monday – Friday 2:30 p.m to 9:00 p.m. (*During the School Year*)

**Early & Late Fee Policy:** There will be a \$10.00 fee per half hour that your child is left in the Boys & Girls Club before or after the hours of operation. Children will not be allowed back in until the fee has been paid.

The Boys & Girls Club of Pawtucket would like every member to have a positive day. Members will be held accountable for their actions to ensure a safe and fun environment for all. As a drop-in facility, we are not responsible for Club members' whereabouts. Additionally, please do not send toys, CD players, MP3 players, jewelry, cell phones, handheld games or other valuables to the Club. I understand the Boys & Girls Club of Pawtucket is not responsible for lost or stolen items.

I give my permission to the Boys & Girls Club of Pawtucket to share information about my child listed on this application with the Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information 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 any other information collected by the Boys & Girls Club of Pawtucket, including but not limited to data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

As a member of the Boys & Girls Club of Pawtucket, your child will have access to the Internet. While precautions are taken, it is possible s/he may access inappropriate sites. The Boys & Girls Club of Pawtucket has rules and consequences for such behavior; however we will not be responsible for the consequences of such access. Your child's signature below indicates that they understand and agree to abide by the Club Member Technology Rules & Regulations.

Among the many services available during our after-school program, we provide a wide variety of homework help and academic support programs. In order for us to assess and monitor the academic needs of our members and provide appropriate tutoring and academic services, the Boys & Girls Club of Pawtucket would like to collect the report cards and NECAP scores for your child in addition to having them participate in a diagnostic online survey. This release is valid for one year and may be revoked at any time by contacting the Boys & Girls Club of Pawtucket in writing.

I hereby consent and authorize the Boys & Girls Club of Pawtucket to survey my child about their Club experience, behaviors, skills and attitudes using a variety of survey instruments.

I hereby consent and authorize the Boys & Girls Club of Pawtucket to use and reproduce photographs and video taken of my child for publicity, advertising and marketing purposes of every description. *In order to opt out of the photo release, please complete the opt out form available at the Front Desk.* I also consent to my child utilizing the transportation offered by the Boys & Girls Club of Pawtucket. Additionally, I consent to my child participating in all Club activities in or adjacent to the Club building.

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

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_