



# MEMBERSHIP APPLICATION

**ALL Applicants MUST be between the ages of 6 - 17.**

Renewal  (Please check that all information is up to date)      New Application:       Teen Application 13+:       BCGGH Shirt \$5:   
Shirt Size: \_\_\_\_\_

**Child's Information:** Application Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Member # \_\_\_\_\_  
FIRST MIDDLE LAST

Name that child goes by (if different): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender (check one):  Male  Female  
MM DD YYYY

**Ethnicity:**  White  Hispanic  African American  Asian  Native American  Other

<p><b>Parent/Guardian :</b> Foster Parent <input type="checkbox"/> Transitional Living <input type="checkbox"/></p> <p>Full Name: _____</p> <p>Relationship: _____</p> <p>Continuous Club Member Since? (enter year) _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: Work(____) _____ Home(____) _____</p> <p>Cell(____) _____ Email: _____</p> <p>Employer: _____ Occupation: _____</p>	<p><b>Parent/Guardian :</b> (complete only if different)</p> <p>Full Name: _____</p> <p>Relationship: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: Work(____) _____ Home(____) _____</p> <p>Cell(____) _____ Email: _____</p> <p>Employer: _____ Occupation: _____</p>
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<p><b>Emergency Contact 1:</b></p> <p>Name: _____ Relationship: _____</p> <p>Phone 1: (____) _____ Phone 2: (____) _____</p>	<p><b>Emergency Contact 2:</b></p> <p>Name: _____ Relationship: _____</p> <p>Phone 1: (____) _____ Phone 2: (____) _____</p>
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**School Information:**

School Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Teacher Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Is your Child eligible for the insurance programs Medicaid?  Yes  No

Are you registered with Workforce Solutions (formerly NCI)?  Yes  No If yes, please provide #: \_\_\_\_\_

Does your child participate in the school Free  or Reduced  Lunch Food Program?

Does your family participate in the Supplemental Nutrition Assistance Program (Food Stamps)?  Yes  No

**Medical Information:**

Are there any serious Health Problems?  Yes  No If yes, please explain: \_\_\_\_\_

Does child take medication?  Yes  No If yes, Name and Frequency: \_\_\_\_\_

**General:** (Please check one for each question)

Are you or any member of your household a BGC alumni?  Yes  No

Are you a resident of a Houston Housing Authority Property?  Yes  No

I give the Boys and Girls Club permission to use the image(s) of my child in public relations materials:  Yes  No

My child has permission to be transported by BGC of Greater Houston in authorized BGC vehicles:  Yes  No

My child has permission to use the internet for program purposes:  Yes  No

**IMPORTANT NOTE:** The information in this box is collected for statistical and fundraising purpose ONLY. NO personal identifying information will ever be released to any person or organization. Only aggregate, group data will be reported.

**Annual Household Income** (check one range below):

\$10,000 or Less  \$10,001 to \$20,000  \$20,001-\$30,000  \$30,001-\$50,000  \$50,001-\$70,000  \$70,001+

Enter the number of people living in your household? Adults \_\_\_\_\_ Children \_\_\_\_\_ Are you a single parent?  Yes  No

Are you an active member of the Military  Yes  No If yes, which branch \_\_\_\_\_

Are you a veteran  Yes  No If yes, which branch \_\_\_\_\_

## MEMBERSHIP APPLICATION

**These person(s) MAY NOT pick up child** - DO NOT LIST A LEGAL GUARDIAN WITHOUT PRODUCING A COURT ORDER

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

**LICENSED EXEMPT CLUBS - Parent/Guardian Late Pick Up Policy: Open Door Policy and Club Access Permission:**

I (We) hereby give my permission for my child to become a member of the Boys & Girls Clubs of Greater Houston. I understand that the Boys & Girls Clubs of Greater Houston will make every effort to keep my child from leaving the Club building without permission; however, I also understand that the Club is not a daycare center and is not responsible for the time or manner in which my child may arrive or leave the Club.

Boys & Girls Clubs of Greater Houston afterschool program opens at dismissal and closes promptly at posted time, Monday through Friday. Please check with your local for summer and holidays hours of operation. Boys & Girls Clubs of Greater Houston has a zero tolerance for late pick-up unless communicated in advance. The Boys and Girls Club is obligated to contact Child Protective Services if a child is left after business hours and if we cannot get in contact with legal guardian. Yes  No

\* See front desk at local club for clubs status

**Medical Treatment Permission:** I (We) permit and authorize Boys & Girls Clubs of Greater Houston staff Members, to allow necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine. I understand that care for injuries that may occur during my child's active participation in Boys & Girls Clubs of Greater Houston are the responsibility of myself, my family and/or my insurance. I understand that the Boys & Girls Clubs of Greater Houston does not supply insurance for my child. Yes  No

**Academic Permission:** I (We) permit and authorize my child's school and/or teacher to release my child's school grade reports and information on general attendance and performance to Boys & Girls Clubs of Greater Houston for aggregated use in program evaluation and for purposes of support of in-school education in the out-of-school programs. My child has permission to participate in surveys, assessments and use of the internet for program purposes. The Boys & Girls Clubs of Greater Houston will not re-release personal information provided by a school or teacher. Yes  No

I certify that I am the person legally responsible for the child applicant and that I have read and accept ALL of the statements and conditions contained in this application and in the **Parent Handbook**, the **Medical Treatment Permission**, and the **Academic Permission** Statements and hereby give authority to the Boys & Girls Clubs of Greater Houston to the extent of the statements and permissions granted therein.

**(Parent)** I certify that the information provided in this application is true and correct. I understand that membership fee is non-refundable and that the Boys & Girls Club reserves the right to revoke membership for necessary infractions against its policies.

Print Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Child)** I wish to be a member of the Boys & Girls Clubs of Greater Houston, Inc. I will check into the Club each day by showing my membership card. I am to stay at the Club until I am picked up, I will not leave the Club without permission.

Print Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Administrative Use Only:**

Assigned Unit: \_\_\_\_\_ Date Entered: \_\_\_\_\_

Paid:  Cash      Payment Received By: \_\_\_\_\_      Amount: \$ \_\_\_\_\_

Session:  Afterschool       Summer      Received Report Card :       Received Birth Certificate ( If applicable):

Extracurricular (optional):  Basketball     Flag Football     Soccer     Cheer/Dance     Baseball     Other: \_\_\_\_\_

Check **All** Eligibilities that Apply:  COMP     Grant     Workforce Solutions #: \_\_\_\_\_     Other: \_\_\_\_\_