

# Membership Information Form



**BOYS & GIRLS CLUB**  
OF HENDERSON COUNTY

**Office Use Only 2008-2009**

Club ID Number: \_\_\_\_\_

Membership Fee: \_\_\_\_\_

Date: \_\_\_\_\_

Received By: \_\_\_\_\_

Referred by: \_\_\_\_\_

**ALL SPACES MUST BE COMPLETED TO PROCESS APPLICATION  
(PRINT OR TYPE)**

## Youth's Information

**Full Name:** \_\_\_\_\_ **Nickname** \_\_\_\_\_  
*First Name Middle Name Last Name*

**Address:** \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

**Home Phone:** ( ) \_\_\_\_\_ **Cell Phone :** \_\_\_\_\_

**Birth date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** Male Female

**Ethnicity:**  
(Circle One)

African American Multi-Racial Asian White Native American Hispanic  
Latino Other \_\_\_\_\_

**Status:**  
(Circle one)

New Member (First Time at Club) Renewing Member

**Reason for enrolling child:**

Our Programs A Safe Place  
Other \_\_\_\_\_

**Name of School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

## Emergency Contact Information and Pick-Up List

**Emergency contact name:** \_\_\_\_\_

**Emergency Phone Number (List All):** \_\_\_\_\_

**These people are authorized to pick up my child:** \_\_\_\_\_

## Parent's Information

**Father/Step Father's Name:** \_\_\_\_\_ **Father's Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**Mother/Step Mother's Name:** \_\_\_\_\_ **Mother's Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**Guardian's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

The following information is necessary for our records and funding. The answers you provide will be kept safe & secure within our Boys & Girls Club. Your cooperation in providing this information is both appreciated and necessary. Please fill out completely

<b>Member Lives With:</b>	Both Biological Parents	Mother only	Father only	1 parent & 1 step-parent	
	Relative	Guardian	Other		
<b>Number of Sisters &amp; Stepsister:</b>	<b>Number of Brothers &amp; Stepbrothers:</b>		<b>Total Number of People in Household:</b>		
<b>Household Income: (circle one)</b>	\$0 - \$10,000	\$10,001 - \$24,000	\$24,001 - \$31,000	\$31,001 - \$37,00	\$37,001- and up
<b>Does your child know how to swim?</b>	Yes	No	<b>Do You Receive Public Housing?</b>	Yes	No

**Medical Information**

**Primary Physician:** \_\_\_\_\_ **Phone:** (    ) \_\_\_\_\_

**List any Medical Problems / Allergies/ Behavioral Issues** \_\_\_\_\_

**List all Medications Your Child is Taking** \_\_\_\_\_

**Do you have insurance?** Yes    No    **Insurance Company & Policy Number:** \_\_\_\_\_

**Do you have Medicaid?** YES    NO    **Number** \_\_\_\_\_

By signing below I give consent to the Boys & Girls Club to:

- Transport my child to activities/field trips.
- Obtain my child's academic report from his/her school, including grades, attendance, discipline reports, standardized state test scores, and reading grade levels.
- Use photographs/videos in which my son/daughter or I may appear for B&GC publicity, press releases, news stories, reports and other such purposes.

I also agree to:

- Read and understand the Membership Handbook. Explain club rules to my child.
- Follow dress code policy found in Membership Handbook.
- Keep all cell phones, electronic games, trading cards, collections or other valuables at home. Lost, stolen or damaged items are not the responsibility of the club; confiscated items may be claimed at front desk by parents.
- Perform 12 volunteer hours per membership year.
- Accept responsibility for any damagers created by inappropriate behaviors by my child.
- Instruct child(ren) to attend daily Power Hour, Smart Moves, and all other scheduled programs for their age group.

PARENTS AND/OR GUARDIANS WILL BE NOTIFIED AS SOON AS POSSIBLE IN THE EVENT OF A SERIOUS INJURY OR SERIOUS ILLNESS. If parents/guardians cannot be contacted before treatment is deemed necessary, then the Boys & Girls Club is hereby authorized to seek any medical treatment, which may be advised or recommended by Physicians, and parents/guardians will accept responsibility to pay for such treatment.

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**

# PERMISSION FORM

For the release of information from Henderson County Public Schools

## To the Boys & Girls Clubs of Henderson County

I, \_\_\_\_\_,  
(PRINT Parent/Guardian's Full Name)

Parent/Guardian of, \_\_\_\_\_, \_\_\_\_\_,  
(Child's Full Name) (Child's Social Security Number)

a student at \_\_\_\_\_  
(Name of School) (Grade)

hereby, give my permission for the records specified below to be released from Henderson County Public Schools to the Boys & Girls Clubs of Henderson County on a quarterly basis:

Attendance  
Grades/Marks  
In School Suspensions  
Out of School Suspensions  
Reading Grade Levels  
NCWISE Numbers

In addition, I hereby, give my permission for the release of the percentiles and levels (as specified by the Accountability and Testing Division of the North Carolina Department of Public Instruction) of end of grade (EOG) or end of course (EOC) English/Reading and Math test scores.

Parent/Guardian **Signature:** \_\_\_\_\_

Date \_\_\_\_\_

Witnessed by \_\_\_\_\_, staff member of Boys & Girls Clubs

### Club Copy

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# School Copy