

MEMBERSHIP APPLICATION
Boys & Girls Clubs of LOWER BERGEN COUNTY, INC.

PLEASE PRINT:

ENTIRE APPLICATION WILL BE RETURNED TO PARENT IF FRONT AND BACK OF THIS PAGE IS NOT COMPLETED. YOUR CHILD WILL NOT BE ADMITTED TO ANY PROGRAMS UNTIL COMPLETED APPLICATION IS RECEIVED. ARE THERE ANY CUSTODY PROBLEMS WE SHOULD BE AWARE OF? IF YES, YOU MUST SUPPLY A COPY OF THE RESTRAINING ORDER AND ANY OTHER COURT ORDERS OR INSTRUCTIONS FOR OUR RECORDS.

YOU MUST COMPLETE INFORMATION ON PAGE # 3

CHILD'S First Name: _____ **CHILD'S LAST NAME:** _____

Gender: **CIRCLE ONE:** MALE --- FEMALE **DATE OF BIRTH:** _____

RACE: **CIRCLE ONE:** WHITE – AFRICAN AMERICAN – HISPANIC – ASIAN – OTHER: _____

Address: _____

Fee Level

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE #: _____ **FAX:** _____ **EMAIL:** _____

SCHOOL INFORMATION:

NAME OF SCHOOL: _____ **Grade:** _____ **SCHOOL TYPE:** _____

ADDRESS OF SCHOOL: **CITY:** _____ **STATE:** _____ **ZIP:** _____

DOES YOUR CHILD RECEIVE FREE OR REDUCED LUNCH: **FREE:** _____ **OR REDUCED:** _____

REQUIRED MATERIALS: GRADES (REPORT CARD) * PROGRESS REPORTS * SPECIAL ACHIEVEMENTS

Medical Information:

Doctor Name: _____ **Doctor Phone:** _____

Permission for Treatment by Doctor/Hospital: ___ Yes ___ No **Medicaid:** ___ Yes ___ No

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

Insurance Carrier: _____

Policy #: _____ **Group #:** _____

Date Health Info Received: _____

Serious Health Problems: ___ Yes ___ No **If Yes, explain:** _____

Medications: ___ Yes ___ No **If Yes, explain:** _____

IMMUNIZATION RECORDS NEEDS TO BE ON FILE:

Shots:	Hepatitis	MMR	HIB	Polio	DTP Shot	Chicken Pox
1 st Shot	_____	_____	_____	_____	_____	_____
2 nd Shot	_____	_____	_____	_____	_____	_____
3 rd Shot	_____	_____	_____	_____	_____	_____
4 th Shot	_____	_____	_____	_____	_____	_____
5 th Shot	_____	_____	_____	_____	_____	_____

GENERAL INFORMATION:

Birth Certificate on File: ___ Yes ___ No **Birth City:** _____ **Birth State/Country:** _____

Member/Contacts Understood Signed Insurance Disclaimer and Permission Statement: ___ Yes ___ No

Member has permission to be used in public relations materials: ___ Yes ___ No

Member may participate in all Club activities in or adjacent to the club building: ___ Yes ___ No

Club Member Since: _____

THE BOYS & GIRLS CLUBS OF LOWER BERGEN COUNTY, INC. (THE CLUB) IS A COMMUNITY NONPROFIT ORGANIZATION ESTABLISHED FOR CHARITABLE AND EDUCATIONAL PURPOSES, OF WHICH I AND MY CHILD/CHILDREN ARE BENEFICIARIES. I AGREE TO PAY ALL FEES CHARGED BY THE CLUB IN ACCORDANCE WITH THE STIPULATED DUE DATES. I UNDERSTAND THAT LATE PAYMENTS WILL BE SUBJECT TO 1½% INTEREST. IN THE EVENT OF LATE PAYMENT OR NON-PAYMENT, I ACKNOWLEDGE THAT I WILL BE RESPONSIBLE FOR ALL ATTORNEY COSTS THAT THE CLUB MAY INCUR IN CONNECTION WITH COLLECTING ANY FEES THAT ARE DUE AND OWING TO THE CLUB. I UNDERSTAND THAT MY CHILD WILL BE SUSPENDED FROM THE CLUB UNTIL ALL FEES ARE PAID AND BROUGHT CURRENT.

DATE: _____ **PARENT/GUARDIAN SIGNATURE:** _____

NOTE: This information is collected for Grant writing purposes ONLY

****** ALL INFORMATION IS KEPT CONFIDENTIAL ******

MEMBER LIVES WITH:	MOM _____	DAD _____	STEP MOM _____	STEP DAD _____	GRANDPARENT _____	OTHER: _____
Annual Income Level:	\$0 - \$11,170 _____	\$11,171 - \$15,130 _____	\$15,131 - \$19,090 _____	\$19,091 - \$23,050 _____	\$23,051 - \$27,010 _____	\$27,011 - \$30,970 _____
	\$30,971 - \$34,930 _____	\$34,931 - \$38,890 _____	\$40,001 - \$45,000 _____	\$45,001 - \$50,000 _____	\$50,001 - \$55,000 _____	\$55,001 - \$60,000 _____
	\$60,001 - \$65,000 _____	\$65,001 - \$70,000 _____	\$70,001 - \$75,000 _____	\$75,001 - \$80,000 _____	\$80,001 - \$85,000 _____	\$85,001 - \$90,000+ _____

MILITARY STATUS

Do you live on a MILITARY BASE: _____ YES _____ NO

Are you or your spouse on ACTIVE MILITARY DUTY: _____ YES _____ NO Name(s) _____

Is a member of your household on ACTIVE MILITARY DUTY: _____ YES _____ NO

If YES, give name(s) and relationship(s): _____

NUMBER OF ADULTS IN HOUSEHOLD: _____ NUMBER OF CHILDREN UNDER 18 IN HOUSEHOLD: _____

Is there a Member of the Household 65 years old or Older: _____ Yes _____ No

Is there a Member of the Household Handicapped: _____ Yes _____ No

Current Head of Household: _____ Female _____ Male

Current Single Parent: _____ Yes _____ No

Physical:

Eye Color: _____ Hair Color: _____ Skin Color/Features: _____

Height: _____ Weight: _____

Do you belong to other Groups?

Boys Scouts or Girl Scouts _____ School Club _____ YMCA or YWCA _____ Church Group _____

Other: _____

Reason(s) for joining: Fun _____ Learning _____ Sports _____ Other _____

FOR OFFICE USE ONLY: Membership #: _____

Entry Date: _____ Expiration Date: _____

Type: _____ New / Renewal: _____ Processed by: _____

Receipt #: _____

MEMBERSHIP APPLICATION - CONTACTS

Member's Name: _____

PRIMARY CONTACT

Relationship to Member: _____
Parent/Guardian's Name: _____
Occupation: _____
Home Address: _____
Employer: _____
Work Address: _____
Cell Phone: _____
Home Phone: _____
Work Phone: _____
Email: _____

CONTACT #2

Relationship to Member: _____
Parent/Guardian's Name: _____
Occupation: _____
Home Address: _____
Employer: _____
Work Address: _____
Cell Phone: _____
Home Phone: _____
Work Phone: _____
Email: _____

CONTACT #3

Relationship to Member: _____
Parent/Guardian's Name: _____
Occupation: _____
Home Address: _____
Employer: _____
Work Address: _____
Cell Phone: _____
Home Phone: _____
Work Phone: _____
Email: _____

CONTACT #4

Relationship to Member: _____
Parent/Guardian's Name: _____
Occupation: _____
Home Address: _____
Employer: _____
Work Address: _____
Cell Phone: _____
Home Phone: _____
Work Phone: _____
Email: _____

PLEASE ADVISE US OF ALL PERSONS NOT AUTHORIZED TO PICK UP YOUR CHILD DUE TO A RESTRAINING ORDER. WE ALSO MUST HAVE A COPY OF THE RESTRAINING ORDER AND ALL OTHER RELATED COURT DOCUMENTS ON FILE. THANK YOU.

NAME OF PERSON: _____

RELATIONSHIP TO CHILD: _____

**(OFFICE USE)
RECEIVED COPY OF ORDER:** _____

DATE _____

AUTHORIZATION & WAIVER OF LIABILITY:

I, the parent or guardian of the above named member and beneficiary of the BOYS & GIRLS CLUBS OF LOWER BERGEN COUNTY, INC. (THE CLUB), do hereby give approval for participation in any and all activities during the current membership year. I recognize and acknowledge that THE CLUB is a community non-profit organization established for charitable and educational purposes, of which I and my child/children are beneficiaries.

I assume all risks and hazards that may be a part of or incidental to participation in activities that THE CLUB sponsors. I hereby expressly waive, release and absolve THE CLUB of any and all liability and fault for any and all claims arising out of any injury or death, contraction of any communicable diseases including but not limited to COVID-19 to the participant result from his/her participation in activities conducted or sponsored by THE CLUB. Further, I agree to hold harmless and indemnify THE CLUB, its organizers, supervisors, and participants from any and all claims arising out of any injury or death to the participant.

I also grant permission to supervising personnel and other representatives of THE CLUB to authorize and obtain medical care from any licensed physician, hospital, medical clinic, or medical provider in the event that a participant becomes ill or injured while participating in CLUB activities away from home, or at any time when neither parent nor guardian is available to authorize emergency treatment.

GENERAL MEMBERS/TEEN MEMBERS/RECREATIONAL PARTICIPATIONS/YOUTH VOLUNTEERS

I understand that the BOYS & GIRLS CLUBS OF LOWER BERGEN COUNTY, INC. conducts a licensed child care program organized for community charitable and educational purposes. I understand that my child, who is not a member of the licensed after school program or a participant in the licensed summer program, may freely come to and depart from THE CLUB facility, and that THE CLUB is not responsible for the time or manner in which my child may arrive at or leave from THE CLUB.

I also grant permission to supervising personnel and other representatives of THE CLUB to authorize and obtain medical care from any licensed physician, hospital, medical clinic, or medical provider in the event that a participant becomes ill or injured while participating in CLUB activities away from home, or at any time when neither parent nor guardian is available to authorize emergency treatment.

I UNDERSTAND THAT, ONCE PAID, THERE ARE NO REFUNDS ON MEMBERSHIPS.

NAME PRINTED PARENT/GUARDIAN: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____