



BOYS & GIRLS CLUB
OF NORTHERN SHENANDOAH VALLEY
 598 N. Kent Street - Winchester, VA 22601
 TELEPHONE 540-723-6665 FAX 540-678-4219

MEMBERSHIP APPLICATION

Confidentiality: Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted with an asterisks(*)

Head of Household (Please Print)

First Name:*

Last Name:*

Gender:*

 Male Female

Family Income:

- \$9,800 or Less
- \$9,801 - \$13,200
- \$13,201 - \$16,600
- \$16,601 - \$20,000
- \$20,001 - \$23,400
- \$23,401 - \$26,800
- \$26,801 - \$30,200
- \$30,201 - \$33,600
- \$33,601 - \$37,000
- \$37,001 - \$40,400
- \$40,401 - \$43,800
- \$43,801 - \$47,200
- \$47,201 - \$50,600
- Over \$50,600

Address:

(Line 1)

(Line 2)

(City) (State)

Address Type:

 Home
 Work _____
 (Zip Code)

Phone Number:

() -

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Phone Type:

 Home Work _____
 Home Work _____

Family Size:

E-Mail Address:

E-Mail Type:

 Home Work _____

Employer:

Job Title:

Occupation:

Parents / Guardian (Please Print)

First Name:

Last Name:

Gender:

 Male Female

Address:

(Line 1)

(Line 2)

(City) (State)

Address Type:

 Home
 Work _____
 (Zip Code)

Phone Number:

() -

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Phone Type:

 Home Work _____
 Home Work _____

E-Mail Address:

E-Mail Type:

 Home Work _____

Employer:

Job Title:

Occupation:

Member Information (Please Print)

First Name:*

Middle Name:

Last Name:*

Nick Name:

Birth Date:*

Social Security Number::

Gender:*

Ethnicity:

- Male
 Female

African-American Asian Caucasian
 Hispanic/Latino
 Multi-Racial Native American

Membership Type:*

Pick up Authorization Password:

Annual

School:

Grade:

Household Type:

Family Setting:

Female Householder, No Husband Present
 Male Householder, No Wife Present Married Couple
 Unmarried Partners

Foster Parent (s) Grandparent (s)
 Guardian(s) Parent & Partner
 Parent & Spouse Single Parent

Check all that Apply:

Address:

Address Type:

- TANF
 Food Stamps
 General Assistance
 SSDI
 SSI
 Veterans Compensation
 Day Care Voucher
 School Lunch
 Medicaid
 Can Swim

(Line 1)

(Line 2)

(City)

(State)

Phone Number:

()

E-Mail Address:

Home

Work _____

(Zip Code)

Phone Type:

Home Work _____

E-Mail Type:

Home Work _____

Member Medical Information (Please Print)

Insurance Company::

Medications:

Medical Problems/Allergies:

Insurance Policy Number::

Physician: _____	Physician Phone: _____	Disabilities: _____
Hospital:: _____	Hospital Phone:: _____	

Pick Up Information (Please Print)

Two people authorized to pick up member -

1.) First Name: _____ **Last Name:** _____

() _____ - Home Work

<input type="checkbox"/> Parent	<input type="checkbox"/> Emergency Contact
<input type="checkbox"/> Guardian	<input type="checkbox"/> Primary Emergency Contact
<input type="checkbox"/> _____	<input type="checkbox"/> Lives With Member

2.) First Name: _____ **Last Name:** _____

() _____ - Home Work

<input type="checkbox"/> Parent	<input type="checkbox"/> Emergency Contact
<input type="checkbox"/> Guardian	<input type="checkbox"/> Primary Emergency Contact
<input type="checkbox"/> _____	<input type="checkbox"/> Lives With Member

POLICIES/PROCEDURES/RELEASES

Medical/Emergency: In the event of an injury, or should emergency care be required, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give my permission to the Boys & Girls Club of Northern Shenandoah Valley (BGCNSV) to secure proper medical/surgical treatment for my child and authorize the staff from BGCNSV to sign for emergency medical/surgical treatment for my child. I further agree to be responsible for all costs incurred in providing such treatment for my child.

Open Door Policy: I understand that BGCNSV has an open door policy. This policy means that members are free to come and go at will. It is my responsibility to be sure my child understands his/her departure procedure from the Club. It is expressly understood and agreed that BGCNSV shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the result thereof, incurred and suffered by the applicant on the property of the above named Club.

Permission to Participate: My son/daughter has my permission to be transported in a vehicle and/or participate in BGCNSV activities, programs, and field trips. I understand that it is my responsibility to monitor my child's participation in Club activities based on any physical or medical limitations that my child has that would inhibit his/her participation.

Release of Information: I grant permission for photographs, audiotapes and records of my child to be used by the Club and its agents for public relations purposes on behalf of BGCNSV. I also authorize the Club to have access to my child's school records and immunization records, and give permission for my child to participate in any evaluation surveys that measure the outcomes of the Club.

Membership Request: I have read the completed application. I agree with the guidelines of BGCNSV and request that my son/daughter be admitted into membership.

Member Pledge: I will give my best effort in all Club activities, treat others respectfully, and through my positive behavior, promote a sense of fair play, honesty, and good sportsmanship. I will not allow anyone else to use my membership privileges. If at any time I am suspended from attending the Club, I will return my membership card, forfeiting all Club privileges. I understand that membership fees are non-refundable.

Signature of Club Member Date _____

Signature of Parent, Guardian or Legal Custodian Date _____