



**BOYS & GIRLS CLUB
OF NEWTON**

675 Watertown Street Newton, MA 02460
Phone: (617) 630-2066 Fax: (617) 630-8999
www.newtonbgc.com



**BOYS & GIRLS CLUBS
OF AMERICA**

MEMBERSHIP APPLICATION

2009-2010

Check Membership Category

- General Membership:** for grades 1-8; \$125 per family, per school year
- Seasonal General Membership:** Fall and spring \$75, Winter \$100
- Check here if your family is enrolled in the Kids Corp or Transportation Programs**

Financial Aid Is Available: No Child will be denied membership if they cannot afford to pay. Those seeking financial assistance should check the box, fill out the Scholarship Form, and provide needed information.

I. CHILD INFORMATION

RENEWAL

NEW MEMBERSHIP

Child #1 Name: _____ Girl Boy Age: _____

First Name Last Name

D.O.B. ____/____/____ School: _____ Grade: _____

Child #2 Name: _____ Girl Boy Age: _____

First Name Last Name

D.O.B. ____/____/____ School: _____ Grade: _____

Child #3 Name: _____ Girl Boy Age: _____

First Name Last Name

D.O.B. ____/____/____ School: _____ Grade: _____

(Additional children can be listed on a separate sheet and attached)

II. FAMILY INFORMATION

Parent/Guardian 1 Name: _____ Home Phone: () _____ - _____

First Name Last Name

Address: _____ Cell Phone: () _____ - _____

Street City Zip

Email: _____ Work Phone: () _____ - _____

Employer: _____ Occupation: _____

Parent/Guardian 2 Name: _____ Home Phone: () _____ - _____

First Name Last Name

Address (if different): _____ Cell Phone: () _____ - _____

Street City Zip

Email: _____ Work Phone: () _____ - _____

Employer: _____ Occupation: _____

III. FAMILY INFORMATION

Race: African American Asian Caucasian Hispanic Multi-Racial Other _____

- less than \$ 9,999 \$15,000 - \$24,999 \$35,000 - \$44,999 \$55,000 - \$64,999
- \$10,000 - \$14,999 \$25,000 - \$34,999 \$45,000 - \$54,999 Over \$65,000

Single-parent household?: yes no Number of people in household: _____

IV. EMERGENCY CONTACTS (Persons to call if we are unable to reach parents/guardians):

Name: _____ Relationship to Child: _____

Home Phone: ()_ _ _ - _ _ _ _ Cell Phone: ()_ _ _ - _ _ _ _

Name: _____ Relationship to Child: _____

Home Phone: ()_ _ _ - _ _ _ _ Cell Phone: ()_ _ _ - _ _ _ _

V. MEDICAL INFORMATION

Health Insurance Provider: _____

Please list any allergies, medical, or social conditions your child/children may have that may effect their participation in activities at the Club. Make sure to include all prescribed medications taken by your child/children.

(Please attach an additional sheet if necessary)

VI. PHOTO RELEASE

I give consent for photographs to be taken of my child(ren) to be used in displays, brochures, newsletters etc., exclusively for the John M. Barry Boys & Girls Club of Newton yes no

VII. SURVEY RELEASE

I give consent for my child(ren) to participate in member surveys as part of our impact assessment initiatives. The data is used to make improvements to programs and is vital to our efforts to secure funding from outside sources. All responses are confidential. yes no

I hereby give my permission for my child to join the John M. Barry Boys & Girls Club and to participate in all Club activities. I certify that my child is fit and capable of participating in activities without restriction unless noted above. I hereby, for myself, my child, my heirs, executors, and administrators waiver and release any and all rights and claims for damages I or my child may have against The John M. Barry Boys & Girls Club, its staff, and members of its Board of Directors, for any and all injuries suffered by during participation in Club-sponsored activities.

Date: ___ / ___ / ___ **Signature of Parent/Guardian:** _____