



**BOYS & GIRLS CLUBS**  
OF DELAWARE COUNTY

**Summer 2017  
Membership Application**

**Unit Jay – Enrollment Fee: \$50**

**CHILD INFORMATION (All Answers Required)**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
 Nickname: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
 Gender:  M  F Ethnicity: \_\_\_\_\_ If Native American, Tribe \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parents/Parent, Guardian Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
 Email: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Member lives with:  Mom  Step Mom  Dad  Step Dad  Grandparent  Other: \_\_\_\_\_  
 Current Head of Household:  Female  Male Current Singles Parent  Yes  No  
 Total Residents In Household: \_\_\_\_\_ Annual Household Income: \$ \_\_\_\_\_

**EMERGENCY CONTACTS / MEDICAL INFORMATION**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
 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#: \_\_\_\_\_  
 Serious Health Problems:  Yes  No If Yes, explain: \_\_\_\_\_  
 Medications:  Yes  No If Yes, explain: \_\_\_\_\_

## CHILD RELEASE AUTHORIZATION

Authorized To Pick Up Child: \_\_\_\_\_

DO NOT Allow Child To Go With: \_\_\_\_\_

## GENERAL INFORMATION

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

## DISCLAIMER

The Boys & Girls Clubs of Delaware County, and its affiliates, are not responsible or liable in any way in the event of harm or injury occurring to the member. It is agreed that the parent or guardian will not hold Boys & Girls Clubs of Delaware County responsible for the welfare or whereabouts of the member. If the Parent or Guardian does file a complaint against the Club the Parent or Guardian agrees to pay for Boys & Girls Club of Delaware County's legal fees.

## MEDICAL RELEASE

I give the Boys & Girls Clubs of Delaware County my release to secure medical attention for my child as necessary, including transportation to medical facilities. If an emergency arises, I understand that Club personnel will try to contact me and my alternate contacts, but I release this right to them in the event of my being unreachable. I understand and approve of the procedures the Club has set for emergencies, and wish for them to take necessary action to maintain my child's health.

## AGREEMENTS

### I understand that:

- The Club provides a snack only, not meals.
- If I bring my child to the Club, I will need to sign them in. If my child arrives on their own, they must sign themselves in.
- My child should be signed out by an adult in order to leave the Club. Once my child has signed out, the Club is no longer responsible for my child.
- Youth are not allowed to use the Club phone to make "visiting", overnight, or other arrangements, as this can lead to confusion on the part of the parents as to the location of their child.
- I am taking full responsibility for any damage that my child may be responsible for—full or in part—and that I will be held financially accountable for those damages.

**I approve this application for membership in the Boys & Girls Clubs of Delaware County and will abide by the rules and agreements of the Organization.**

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

Member's Signature: \_\_\_\_\_