



**BOYS & GIRLS CLUBS**  
OF GREATER CHARLOTTE

Club Member Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

## The Boys & Girls Clubs of Greater Charlotte 2009-10 Membership Application

Please fill out the below information completely and accurately. If not applicable, please write N/A. Required fields are denoted with an asterisk (\*).

### HEAD OF HOUSEHOLD INFORMATION (Relationship to child: \_\_\_\_\_)

(Parent/Guardian) First Name:\* \_\_\_\_\_ Last Name:\* \_\_\_\_\_ Gender:  Male  Female

Home Address:\* \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number 1:\* (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone Type:\*  Home  Work  Cell  Other: \_\_\_\_\_

Phone Number 2:\* (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone Type:\*  Home  Work  Cell  Other: \_\_\_\_\_

Phone Number 3: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone Type:  Home  Work  Cell  Other: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ E-mail type:  Personal  Work

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

(If in military): Military Branch: \_\_\_\_\_ Status: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Family Size: \_\_\_\_\_ Family Income (please check one)  \$0-\$10,000  \$10,001-\$20,000  \$20,001-\$30,000  
 \$30,001-\$40,000  \$40,001-\$50,000  \$50,001-\$60,000  
 \$60,001-\$70,000  \$70,001-\$80,000  \$80,001-\$90,000+

### OTHER PARENT/GUARDIAN INFORMATION (Relationship to child: \_\_\_\_\_)

(Parent/Guardian) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender:  Male  Female

Home Address (if different from above): \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number 1: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone Type:  Home  Work  Cell  Other: \_\_\_\_\_

Phone Number 2: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone Type:  Home  Work  Cell  Other: \_\_\_\_\_

Phone Number 3: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone Type:  Home  Work  Cell  Other: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ E-mail type:  Personal  Work

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

(If in military): Military Branch: \_\_\_\_\_ Status: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### TWO OTHER PEOPLE AUTHORIZED TO PICK UP CHILD

Name: \_\_\_\_\_ Phone Number 1: \_\_\_\_\_ Phone Number 2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number 1: \_\_\_\_\_ Phone Number 2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

### MEMBER INFORMATION

(Child's) First Name:\* \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name:\* \_\_\_\_\_

Nick Name (name child prefers to be called): \_\_\_\_\_ Birth date:\* \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Child: Gender:  Male  Female Ethnicity (check one):  Asian  Black/African American  Hispanic/Latino  Other  
 Multi-Racial  Native American  White/Caucasian

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher(s) name: \_\_\_\_\_

Household Type (Check which best describes with whom child lives):  Both Parents  Single Parent-Mother Only  Single Parent-Father Only  
 Both Grandparents  Grandmother Only  Grandfather Only  
 Foster Parent  Group Home Provider  Other

Is this child involved in any custody issues?  No  Yes (If yes, please explain briefly): \_\_\_\_\_

Does this child live in public housing?  No  Yes This child receives:  free lunch  reduced lunch  neither

**MEMBER MEDICAL INFORMATION**

Is the participant covered by family medical/hospital insurance?  Yes  No

If so, indicate Insurance Company: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Any allergies, illnesses or medical conditions: \_\_\_\_\_

Any Behavioral/Physical Disabilities: \_\_\_\_\_

Activities encouraged or limited by physician: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Use this space to provide any additional information about the participant’s behavior and physical, emotional, or mental health about which the Club staff should be aware. \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

**PLEASE READ, INITIAL, AND SIGN BELOW SHOWING THAT YOU UNDERSTAND THE FOLLOWING:\***

\_\_\_\_ I understand that The Salvation Army Boys & Girls Clubs of Greater Charlotte claims no responsibility for injuries or illnesses which my child may sustain as a result of his/her participation in any Club activities, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge that I assume the risk for any and all injuries which may result from his/her participation in these activities. In consideration of the privilege of participating at the Clubs, I hereby voluntarily release and discharge The Salvation Army Boys & Girls Clubs of Greater Charlotte, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities. A parent/guardian must discuss with the Unit Director any special conditions or circumstances involving their child. This must be completed prior to registration.

\_\_\_\_ I hereby give permission to the medical personnel selected by the Club director to order X-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Unit Director to secure and administer treatment, including hospitalization, for my child.

\_\_\_\_ I understand that no accident or medical insurance is provided with this activity.

\_\_\_\_ I give permission to The Salvation Army Boys & Girls Clubs of Greater Charlotte, without limitation or obligation, to use photographs, video footage, or tape recordings which may include my child’s face or voice for purposes of promoting or interpreting Clubs programs and release the camp from any claim or liability to that use.

\_\_\_\_ I give my consent for my child to leave the Clubs site, participate in authorized Clubs trips and to ride in authorized vehicles for the purpose of transportation in connection with the Clubs Program.

\_\_\_\_ I give my consent for the staff of the Boys & Girls Club to contact my child’s school and/or teachers for purposes benefiting my child in connection to homework and school work. I give permission for the Boys & Girls Club to receive a copy of my child’s school report card each quarter of the school year.

\_\_\_\_ I give permission for the Boys & Girls Club to conduct surveys with my child regarding the Club program and/or my child’s participation in activities. Survey results will be kept confidential.

In order for Club member to use the Club’s Technology Center, the Club must have a signed Acceptable Use Policy on file. Please note you only need to sign the policy once; it does not need to be renewed each year.

The information I have provided on this form is correct as far as I know, and the person herein described has permission to engage in all club activities except as noted.

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

Date: \* \_\_\_\_/\_\_\_\_/\_\_\_\_

**BOYS & GIRLS CLUB RULES**

- I will respect and take care of The Club property and supplies
- I will treat all other people and their property with respect
- I will keep my hands to myself. I will handle conflict in appropriate ways
- I will obey The Club staff at all times
- I understand that possession of weapons including knives and firearms are cause to terminate my membership
- I will talk in ways that are not offensive to others
- I will abstain from tobacco, alcohol, and drugs

**DRESS CODE**

- Hats should not be worn inside the Club building
- Off-the-shoulder, see-through, and bare mid-drift blouses/dresses/skirts, or short shorts are not permitted
- Tank-tops in poor taste are not permitted
- T-shirts with offensive or negative messages are not allowed
- Pants must be able to stay on waist, or else be worn with a belt
- Shoes should be worn at all times (no flip flops for recreation activities)
- Male members should keep shirts on at all times while in Club

I wish to join The Boys & Girls Club of Greater Charlotte. I understand that I am responsible for taking care of The Club and everything in it. I understand that every member of The Club deserves respect and courtesy. If I fail to live up to the Rules and Codes listed in the Club Handbook, my membership may be suspended or terminated. If membership is terminated, I understand that I will be giving up all privileges to attend The Club, and my membership fee will not be refunded.

Child applicant Signature: \* \_\_\_\_\_ Date: \* \_\_\_\_/\_\_\_\_/\_\_\_\_

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

For office use only:

Age Group: \_\_\_\_ Membership Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Receipt # \_\_\_\_\_ Membership # \_\_\_\_\_

Birth Certificate on File:  Yes  No Signed Copy of Acceptable Use Policy on File:  Yes  No

Child will be attending Club:  Regularly  Only on Teacher Workdays/school holidays  Sports Leagues/Other: \_\_\_\_\_