



MEMBER INFORMATION

1ST CHILD IN FAMILY

Child's First Name:	Middle:	Last:
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Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino	Ethnicity:	<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other	Does your child require an Authorized pick up (as listed on the attached form) or will they walk to and from the Club? <input type="checkbox"/> Authorized Pick-up or <input type="checkbox"/> Walker* <small>*Boys & Girls Clubs of South Alabama will not be held responsible for your child's well-being once he/she leaves the building.</small>
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School:	Grade:
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Does your child have any special needs, allergies or health issues? If so, please explain:

Does your child take any medications? If so, please list medications and briefly describe what they are for:

If this child is a new member, how did you hear about the Boys & Girls Clubs?	T-Shirt Size:
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2ND CHILD IN FAMILY

Child's First Name:	Middle:	Last:
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Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino	Ethnicity:	<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other	Does your child require an Authorized pick up (as listed on the attached form) or will they walk to and from the Club? <input type="checkbox"/> Authorized Pick-up or <input type="checkbox"/> Walker* <small>*Boys & Girls Clubs of South Alabama will not be held responsible for your child's well-being once he/she leaves the building.</small>
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School:	Grade:
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Does your child have any special needs, allergies or health issues? If so, please explain:

Does your child take any medications? If so, please list medications and briefly describe what they are for:

If this child is a new member, how did you hear about the Boys & Girls Clubs?	T-Shirt Size:
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3RD CHILD IN FAMILY

Child's First Name:		Middle:		Last:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other	Does your child require an Authorized pick up (as listed on the attached form) or will they walk to and from the Club? <input type="checkbox"/> Authorized Pick-up or <input type="checkbox"/> Walker * <small>*Boys & Girls Clubs of South Alabama will not be held Responsible for your child's well-being once he/she Leaves the building.</small>		
			Date of Birth:		
School:			Grade:		
Does your child have any special needs, allergies or health issues? If so, please explain:					
Does your child take any medications? If so, please list medications and briefly describe what they are for:					
If this child is a new member, how did you hear about the Boys & Girls Clubs?				T-Shirt Size:	

Parent/Guardian Contact Information

Parent/Legal Guardian First Name (Please Print)		Last Name:	
Relationship to Child(Children) Registering for Membership:			
Current Home Street Address:			
City:	State:	Zip:	
Email Address:			
Cell Phone:		Home Phone:	
Place of Employment:		Work Phone:	
Work Address:			
Signature of Parent/Legal Guardian:			Date:
Parent/Legal Guardian First Name (Please Print)		Last Name:	
Relationship to child(children) Registering for Membership:			
Current Home Street Address:			
City:	State:	Zip:	
Email Address:			
Cell Phone:		Home Phone:	
Place of Employment:		Work Phone:	
Work Address:			
Signature of Parent/Legal Guardian:			Date:

Family Confidential Household Information

Child currently lives with: (Check all that apply and how many:-i.e. 3 sisters)

Mother Grandmother Aunt Foster Parents
 Father Grandfather Uncle Other (please list): _____
 Step Mother Sister Niece _____
 Step Father Brother Nephew _____

Are child/children visiting for the summer? Yes / no If yes, from where? _____

Total number living in household: _____ (should all be listed above) Current head of household: Male _____ / Female _____

Total Household Income (list monthly or annually): Monthly: _____
Annually: _____

Do you currently live in a Public Housing Development? Yes / No If yes, which one? _____

Are the parents/guardians members of the military, past or present? If yes, which military branch? _____

Medical Contact Information

Name of Members Doctor:

Dr. Address:

Dr. Phone Number:

Instructions regarding how parent/guardian may be reached in an emergency:

For Office Use Only Membership Registration For _____ (Insert Year.)

1st Member: Membership Type : New Renewal (Last Yr. Active_____)

Current Photo: In Membership Tracking and Attached EC/PUA form completed and attached

Membership Number: _____

2nd Member: Membership Type : New Renewal (Last Yr. Active_____)

Current Photo: In Membership Tracking and Attached EC/PUA form completed and attached

Membership Number: _____

3rd Member: Membership Type : New Renewal (Last Yr. Active_____)

Current Photo: In Membership Tracking and Attached EC/PUA form completed and attached

Membership Number: _____

Parental Release

I, the parent/guardian of the minor child (children) on this application, request admittance to membership in the **Boys & Girls Clubs of South Alabama, Inc. (hereinafter "BGCSA")** and I will be responsible for any damage or destruction that his/her/their actions may incur.

Medical Treatment

I agree to not hold the BGCSA or its representatives responsible for injuries or accidents in connection with the Club's activities, and authorize the Club to administer first aid in case of accident. I also give the Club permission to authorize and obtain permission for emergency treatment. I fully understand that the BGCSA carries insurance which covers sponsored and supervised Club activities INCLUDING tackle football, and while traveling as a member of a group under supervision of the participating organization, directly, to or from such scheduled and supervised activity.

Technology

As a member(s) of the BGCSA, your child (children) will have access to the Internet. While precautions are being taken, it is possible he/she/they may access inappropriate sites. The BGCSA has rules and consequences for such behavior; however we will not be responsible for the consequences of such access.

Demographic Information

I give my permission to the BGCSA to share demographic and programmatic information about the minor child (children) listed on this application with **Boys & Girls Clubs of America (hereinafter "BGCA")** for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form (excluding name & address), information provided by the minor child's (children's) school or school district, and other information collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Miscellaneous

I understand the BGCSA is not responsible for lost or stolen items. I further understand the Club is not a day-care center and does not assume responsibility for my child (children) if he/she/they leave the Club at any time during hours of operation. Also, due to the fact that we are not a licensed day-care, we cannot provide documentation concerning the cost for membership and program fees. I have received the Parent Handbook, agree with its content, discussed the rules with my child (children) and accept responsibility for all fees associated with my child's (children's) membership in BGCSA.

Photo & Publication

I HEREBY CONSENT to the use, publication or display by or on behalf of the BGCSA of any photographs and any reproduction thereof or any video or voice recordings in which my minor child (children) may be portrayed or identified. I understand that the BGCSA may use, publish and display such photos, reproductions, videos, or voice recordings thereof, in whole or in part, for any promotional purpose. I waive all claims for any compensation for such use.

Sources of publication or broadcast may include newspapers, magazines, TV or radio stations, promotional publications, web sites, Facebook, Twitter, exhibits, internal or external newsletters, e-newsletters, or any other informational material prepared by the BGCSA. The BGCSA may use pictures, films, or recordings in any BGCSA informational materials or in response to requests from news media or outside agencies, which depict BGCSA programs and membership activities at the BGCSA. I waive all claims for any compensation for such use.

Thereby, I give permission to BGCSA to use my minor child's (children's) first and last name, grade level in school, school name and location, and any stories associated with their participation in the BGCSA program to the media.

Please initial your acceptance in the box.

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Permission to Participate

I give permission for my child to participate in:

(Circle YES or NO And Sign Each Line)

Activities away from the Facility	Yes	No	Signature of parent guardian:	Date:
Transportation provided to and from club, including pickup from school & fieldtrips	Yes	No	Signature of parent guardian	Date:
Swimming/wading activities provided by the facility	Yes	No	Signature of parent guardian	Date:

I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities.

Signature of parent/guardian:

Date:

Additional Information: Is any member of your family a Boys & Girls Club Alumni? Yes _____ No _____ If Yes, please list:

Name _____ Club attended _____ Email _____

PLEASE NOTE THAT ALL MEMBERSHIPS EXPIRE AT END OF SCHOOL YEAR _____.(Insert year)

BOYS & GIRLS CLUBS OF SOUTH ALABAMA, INC.

Emergency Contact / Pick Up Authorization

Fill out this form completely. Your child's safety depends on it.

- Anyone, including parents, who are authorized to pick a member up, must be included on this list.
- If any individual's information is incomplete, that person will NOT be allowed to pick up a member. NO EXCEPTIONS.

MEMBER NAME(S):

PARENT / GUARDIAN	Contact's First Name:				Last:			
	Please check ALL that apply:							
	<input type="checkbox"/> Primary Contact	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Authorized to Pick Up Member				
	Relationship to Member:				Contact's Date of Birth:			
					/ /			
	Phone - Home:		Phone - Work:		Phone - Cell:			
Email:								
PARENT / GUARDIAN	Contact's First Name:				Last:			
	Please check ALL that apply:							
	<input type="checkbox"/> Primary Contact	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Authorized to Pick Up Member				
	Relationship to Member:				Contact's Date of Birth:			
					/ /			
	Phone - Home:		Phone - Work:		Phone - Cell:			
Email:								
NON-PARENT EMERGENCY CONTACT	Contact's First Name:				Last:			
	Please check ALL that apply:							
	<input type="checkbox"/> Primary Contact	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Authorized to Pick Up Member				
	Relationship to Member:				Contact's Date of Birth:			
					/ /			
	Phone - Home:		Phone - Work:		Phone - Cell:			
Email:								
NON-PARENT EMERGENCY CONTACT	Contact's First Name:				Last:			
	Please check ALL that apply:							
	<input type="checkbox"/> Primary Contact	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Authorized to Pick Up Member				
	Relationship to Member:				Contact's Date of Birth:			
					/ /			
	Phone - Home:		Phone - Work:		Phone - Cell:			
Email:								

BOYS & GIRLS CLUBS OF SOUTH ALABAMA, INC.
Emergency Contact / Pick Up Authorization

NON-PARENT EMERGENCY CONTACT	Contact's First Name:		Last:		
	Please check ALL that apply:				
	<input type="checkbox"/> Primary Contact	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Parent / Guardian	<input type="checkbox"/> Authorized to Pick Up Member	
	Relationship to Member:		Contact's Date of Birth: / /		
	Phone – Home:	Phone – Work:	Phone – Cell:		
Email:					

NON-PARENT EMERGENCY CONTACT	Contact's First Name:		Last:		
	Please check ALL that apply:				
	<input type="checkbox"/> Primary Contact	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Authorized to Pick Up Member	
	Relationship to Member:		Contact's Date of Birth: / /		
	Phone – Home:	Phone – Work:	Phone – Cell:		
Email:					

NON-PARENT EMERGENCY CONTACT	Contact's First Name:		Last:		
	Please check ALL that apply:				
	<input type="checkbox"/> Primary Contact	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Authorized to Pick Up Member	
	Relationship to Member:		Contact's Date of Birth: / /		
	Phone – Home:	Phone – Work:	Phone Cell:		
Email:					

NON-PARENT EMERGENCY CONTACT	Contact's Name:		Last:		
	Please check ALL that apply:				
	<input type="checkbox"/> Primary Contact	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Authorized to Pick Up Member	
	Relationship to Member:		Contact's Date of Birth: / /		
	Phone – Home:	Phone – Work:	Phone – Cell:		
Email:					

I give my permission as parent/legal guardian of the child stated below for the individuals listed on this form to pick up my child from the Boys & Girls Club of South Alabama. I further understand the Club is not a day care center and does not assume responsibility for my child if he/she leaves the Club at any time during hours of operation. I also understand that any change requests to this form must be completed by an authorized staff member.

Child's (Children's) First Name: (1) (2) (3)	Last: (1) (2) (3)
Parent/Legal Guardian First Name:	Last:

Signature of Parent/Legal Guardian:	Date: / /
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