

Grades - K through 8 - \$10 per year



BOYS & GIRLS CLUB
OF FALL RIVER

High School Students - \$10 per year

Date: _____

New:

Renewal:

Parental Permissions...

- Is your child allowed to participate in general club activities? Yes/No
- Would you like your child to participate in our homework help program? Yes/No
- To help your child with school, May we contact your child's teacher to review his/her educational needs? Yes/No
- Is your child allowed to go onto the Internet in our Computer Lab? (Parental blocks are used on our computers) Yes/No
- Member has permission to be used in public relations materials? Yes/No

New Member Information

Renewing Member/ Sibling

First Name: _____

Active Member's Last Name: _____

Last Name: _____

Date of Birth: _____

Active Member's First Name: _____

Gender: Male: Female:

Ethnicity: _____

Membership Number: _____

Residence Information

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

School Information:

School: _____ Grade: _____ Teacher: _____

Contact Information:

Primary Contact Name: _____ **Relationship:** _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Authorized to pick up Member? YES / NO

Emergency Contact? YES / NO

Secondary Contact Name: _____ **Relationship:** _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Authorized to pick up Member? YES / NO

Emergency Contact? YES / NO

Additional Contact Name: _____ **Relationship:** _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Authorized to pick up Member? YES / NO

Emergency Contact? YES / NO

Medical Information

Doctor's Name: _____ Doctor's Phone: _____

Permission for Treatment by Doctor/Hospital: YES _____ NO _____

Does your family have health and/or accident insurance: YES _____ NO _____

Insurance Carrier: _____

Policy #: _____ Group #: _____

Serious Health Problems/Allergies: YES _____ NO _____ If yes, explain: _____

Medications: YES _____ NO _____ If yes, explain: _____

Does your family have a dentist? YES _____ NO _____

Household Information NOTE: This information is collected for Grant Writing purposes ONLY

Current Head of Household: FEMALE _____ MALE _____ Current Single Parent: YES _____ NO _____

Member lives with: MOM _____ STEP MOM _____ DAD _____ STEP DAD _____ GRANDPARENT _____

FOSTER PARENT _____ OTHER _____

Number in Household: _____

ANNUAL INCOME LEVEL:	\$0 - \$5,000 _____	\$5,001 - \$10,000 _____	\$10,001 - \$15,000 _____
	\$15,001 - \$20,000 _____	\$20,001 - \$25,000 _____	\$25,001 - \$30,000 _____
	\$30,001 - \$35,000 _____	\$35,001 - \$40,000 _____	\$40,001 - \$45,000 _____
	\$45,001 - \$50,000 _____	\$50,001 - \$55,000 _____	\$55,001 - \$60,000 _____
	\$60,001 - \$65,000 _____	\$65,001 - \$70,000 _____	\$70,001 - \$75,000 _____
	\$75,001 - \$80,000 _____	\$80,001 - \$85,000 _____	\$85,001 - \$90,000+ _____

Disclaimer:

The Boys & Girls Club of Fall River is not responsible or liable in anyway in the event of harm or injury occurring to the member. It is agreed that the parent or guardian will not hold Boys & Girls Club of Fall River 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 the Boys & Girls Club of Fall River's legal fees.

Contact's Signature: _____

Member's Signature: _____

FOR OFFICE USE ONLY

Membership #: _____	Entry Date: _____	Expiration Date: _____
Type: _____	New/Renewal: _____	Processed by: _____