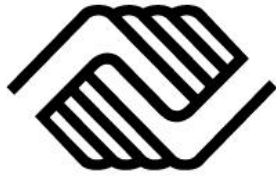


# GREAT FUTURES START **HERE.**



**BOYS & GIRLS CLUBS**  
OF WAYNE COUNTY

FOR OFFICE USE ONLY

New Member \_\_\_\_\_ Current Member \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Paid By:    Cash                      Card                      Check

Payment Received: YES \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

BGC Staff Initial \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## Membership Application Form

### MEMBER INFORMATION

Name: \_\_\_\_\_

DOB (MM/DD/YYYY): \_\_\_/\_\_\_/\_\_\_                      Age: \_\_\_\_\_                      Gender: M | F

Ethnicity: African American | Asian | Hispanic | Multi-Racial | Native American | Other | Pacific Islander | White

Address (Street, City, State, Zip): \_\_\_\_\_

*\*The Club may request a copy of a member's birth certificate to verify age\**

### SCHOOL INFORMATION

School: \_\_\_\_\_                      Grade: \_\_\_\_\_

Eligible for Free/Reduced Lunch at School (circle): Free | Reduced | None

### PARENT/GUARDIAN CONTACT INFORMATION

Name: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

### LEAVING CLUB PREMISES

I request that my child is signed out by an adult. (Adult **MUST** come in and sign child out)

I grant permission for my child to sign themselves out. (Applies to Teen Members **ONLY**)

### EMERGENCY CONTACTS

**Whom can be contacted if the parent/guardian cannot be reached.  
May pick up child if parent/guardian cannot be reached.**

Name: \_\_\_\_\_  
Relationship to Member: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship to Member: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_

### MEDICAL INFORMATION

Doctor's Name: \_\_\_\_\_ Practice: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Does your family have medical insurance? Yes or No      Medicaid? Yes or No

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

#### **Provide information regarding any Allergies, Medical Concerns, & Differing Abilities**

#### **Allergies: Yes or No**

If yes, please explain: \_\_\_\_\_

#### **Medical Concerns & Intellectual Disabilities:**

None  Asthma  Diabetes  Eczema  Epilepsy  Gastrointestinal  ADHD  Autism

Other Medical Concerns (Please be specific): \_\_\_\_\_

#### **Medications: If medication is needed during Club Hours, a medication form must be filled out.**

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

#### **Differing Abilities:**

Please describe any special needs and/or special classifications (IEP, 504, etc.) your child may have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### HOUSEHOLD

*Information collected is for private and public funding and to measure program effectiveness. This information is confidential.*

Member from a single parent household (circle): Yes or No

Total persons living in the household: \_\_\_\_\_

Member of household 65+ (circle): Yes or No

Active Military (circle): Yes or No    If yes, what branch? \_\_\_\_\_

Current Head of Household (circle): Both or M or F

Number under Age 18 in household: \_\_\_\_\_

Member of household handicapped (circle): Yes or No

Lives on military base: Yes or No

Member lives with (circle): Both Parents | Mother | Step-Mother | Father | Step-Father | Grandparent(s) | Other: \_\_\_\_\_ |

Foster Family - if living with Foster Family, please list name and phone number of Case Worker:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Annual Income (circle):    Below \$7,500 | \$7,501 - \$15,000 | \$15,001 - \$30,000 | \$30,001 - \$50,000 | Above \$50,000

**PARENTAL RELEASE FORM**  
**Boys and Girls Clubs of Wayne County (BGCWC)**

**Liability Clause:** I, the parent/guardian of the minor child listed on this applications, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Wayne County, Inc. (hereinafter known as BGCWC) and Boys & Girls Clubs of America (hereinafter known as BGCA), their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

I understand that BGCWC shall not be responsible or legally liable for any bodily injuries or the result thereof incurred and suffered by my child on any property of BGCWC, or while engaged in any activity away from the club, unless such loss or injury results directly from negligence or willful act or any employee of BGCWC acting within the scope of his/her employment.

**Medical Consent:** I give consent to BGCWC to seek emergency medical treatment for my minor child if I cannot be reached. I consent that my child may be transported and given medical treatment if it becomes needed. I will be responsible for any cost of medical attention and treatment incurred. I give BGCWC consent to use over-the-counter topical ointments, sunscreen and topically applied insect repellent.

**School Information:** I give consent to BGCWC, Wayne County Public Schools (WCPS) and any private/charter schools to exchange information regarding the minor child listed on this application. The purpose of the exchange is to better help the member be successful in school, in the Boys & Girls Clubs and in life. This release is valid for one year and may be revoked at any time by contacting BGCWC in writing.

**Surveys & Questionnaires:** I give consent for BGCWC to survey my child about his/her Club experiences, behaviors, skills, and attitudes using BGCA's National Youth Outcome Survey (NYOI) or other instruments such as pre/post testing pertaining to Boys & Girls Clubs programs. Example of programs: Power Hour, SMART Moves, Triple Play, Healthy Habits, etc.

**Technology:** As a member of BGCWC, your child will have access to the Internet. While precautions are taken at the Club to secure and protect all members, it is possible he/she may access inappropriate sites. BGCWC has rules and consequences at the Clubs for such behavior; however, we will not be responsible for the consequences of such access.

**Bring Your Own Device (BYOD):** We allow members to use the Wi-Fi in our facility. The same precautions on our wired network are used to secure and protect the children while using the Wi-Fi. However, if a child is not on the Wi-Fi those precautions are not in effect. We cannot control what your child does on his/her data plan, if applicable. If your child is seen accessing inappropriate content, your child will be required to turn their device into the front desk and will remain there until a parent/guardian picks up the child.

**Media Release:** I give consent for my child's photo, video, graphic depiction, or likeness used in media published in BGCWC advertisements, publications, press releases, or used in conjunctions with partner agencies.

**Mentoring:** I give consent to BGCWC to provide mentor programs and opportunities via BGCA if available.

**Privacy:** I give consent to BGCWC to share information about my child with BGCA and other grant funders, for research purposes to evaluate the BGCA programs effectiveness. Information that will be disclosed to BGCA may include information provided on this membership application form, information provided by my child's school or school district, surveys or questionnaires, and other data collected by BGCWC. All information collected or provided to BGCA and other grant funders will be kept confidential.

**Miscellaneous:** I understand the Club is not, nor does it claim to be, a licensed day care center. I understand membership ends December 31<sup>st</sup> of each year. Parents and Club Members are responsible for their own transportation to and from the Club. I understand the BGCWC is not responsible for lost or stolen items.

**By checking this box, I agree to uphold the rules and regulations of Boys & Girls Clubs of Wayne County, Inc. as outlined in the After-School Handbook, which was made available to me at the time of registration, and is always available at [bgcwayne.org](http://bgcwayne.org).**

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

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

*Boys and Girls Clubs of Wayne County*  
*1401 Royall Avenue*  
*Goldsboro, NC 27534*

*Goldsboro Club 919-735-2358 / Fremont Club 919-242-3276 / Mt. Olive Club 919-658-9836*

Revised March 2024