



2017-18 CLUB MEMBERSHIP FORM

CLUB MEMBER INFORMATION Voucher Dues Paid Club Name: _____

Club Member's Name _____ Gender Male Female

Address _____

City/State _____ Zip _____

Home Phone _____ Birth date ____/____/____ Age _____

Race African American Caucasian Hispanic Asian Native American Multi-racial

Do you live in a single parent home? Yes No

Are served by, or belong to any other youth agency besides the Boys & Girls Club? Yes No

(Examples: Big Brothers Big Sisters, Boy or Girl Scouts, Communities In Schools, YMCA, YWCA, etc.)

PARENT CONTACT INFORMATION

This information is confidential and used only by staff to reach you in case of emergency and to provide data for United Way about how many company employees' children are served by United Way agencies (names are not provided to anyone).

Mother's Name _____

Employer _____ Work Phone _____

Father's Name _____

Employer _____ Work Phone _____

EMERGENCY CONTACT AND PICK-UP AUTHORIZATION

Along with the parents listed above, the following individuals are authorized to pick-up my child from the Boys & Girls Club and/or Club activity or event.

Contact Name _____ Phone _____

Contact Name _____ Phone _____

CLUB MEMBER – OPEN DOOR POLICY - WALKER AUTHORIZATION

The Boys & Girls Club of Greater High Point has an "Open Door Policy". This means, Club members are free to enter and leave the Club throughout the day. However, the club member can't return to the club that day without prior arrangements with the Unit Director.

My child has permission to leave the Club **anytime** throughout the day by himself/herself. Yes No

My child **ONLY** has permission to walk home at the end of the program day. Yes No

HEALTH INFORMATION

Does the Club member have any serious health problems or medical conditions? Yes No

If yes, explain. (Examples: Asthma, Allergies, Daily Medications, Etc.)

SCHOOL INFORMATION (During the summer months, put information from previous year)

School Name _____ Grade Level _____

Do you receive free or reduced lunch at school? Yes No Teacher: _____

FAMILY INFORMATION (Brothers and Sisters)

Name

Age

Live at Home

Yes No
 Yes No
 Yes No
 Yes No

“CAN DO RULES” OF BOYS & GIRLS CLUBS OF GREATER HIGH POINT

- You can demonstrate your intelligence by using appropriate language and calling everybody by his/her real name.
- You can solve conflicts by reporting the problem to a staff member and keeping your hands to yourself.
- You can leave cigarettes and other tobacco at home and be healthier for it.
- You can leave knives, weapons, and any gang paraphernalia (bandanas, beads, etc.) at home and be safer for it.
- You can safeguard your fellow member's property.
- You can take pride in your Club by keeping the area neat and clean, inside and out.
- You can run, jump, and shout when you participate in outside activities and help keep the inside activities at a more quiet level.
- You can represent yourself and your community in a positive manner when on fieldtrips.
- You can always assist Club staff when they are in need of help to make the Club a better place.
- You can have **FUN** and continue to come to the Club if you follow the “**CAN DO RULES.**”

CLUB MEMBERSHIP OATH

I wish to participate in the programs of the Boys & Girls Clubs. I promise to take care of my Club and its property. I will gladly follow the **CAN DO RULES** and treat others with respect. I will meet the challenge of reaching my full potential through my family, school, Club and community.

Signed: _____ Date: _____

Club Member's Signature

PARENTS PERMISSION AND SIGNATURE:

I give my permission for my child to join the Boys & Girls Clubs of Greater High Point, Inc. As the parent or legal guardian of the above named child, I approve of his or her joining in Club activities and agree not to hold Boys & Girls Clubs of Greater High Point, Inc. staff or volunteers responsible and/or liable, and hereby release them from liability for losses of any personal property and for any injuries or accidents suffered by my child at the Boys & Girls Clubs or in connection with his/her membership in the organization.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Boys & Girls Clubs of Greater High Point, Inc. to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child as named above.

Furthermore, I will allow for use of photographs, in which my child may appear, for publicity purposes in conjunction with the Boys & Girls Clubs of Greater High Point, Inc.

Signed: _____ Date: _____

Parent or Guardian Signature