



# 2018-19 CLUB MEMBERSHIP FORM

## CLUB MEMBER INFORMATION

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.

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: \_\_\_\_\_

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## FAMILY INFORMATION (Brothers and Sisters)

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Name

Age

Live at Home

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Yes    No  
 Yes    No  
 Yes    No  
 Yes    No

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

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- 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 quieter 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.**”

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## CLUB MEMBERSHIP OATH

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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*

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## PARENTS PERMISSION AND SIGNATURE:

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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*