



MEMBERSHIP APPLICATION Clubhouse: FP W SS CB Camp Davis FAS
 Manton Hartford Park

FEE: \$24/YEAR

Office Use: Birth Cert. Entry Date ___/___/___ Expiration Date ___/___/___ Member # _____
 Food Service Form Complete Yes No Processed by: _____ Branch Manager: _____
 Type: New Renew Childcare Early Years Rental League
 FOOD ELIGIBILITY: FREE _____ REDUCED _____ DENIED _____ REASON _____

FIRST: _____ MI: _____ LAST: _____ GENDER: M F

DATE OF BIRTH ___/___/___ AGE _____ PHONE _____ EMAIL _____

ADDRESS: _____ APT # _____ CITY: _____ STATE: _____

ZIP CODE: _____

SCHOOL: _____ TEACHER: _____ GRADE: _____

LIVES WITH: Mother Father Stepfather Stepmother Guardian Foster Parents

Grandparents Other _____

Number of people in household _____ Number of Children in Household _____

Head of Household Male Female

Single Parent Yes No

Optional

ETHNICITY African-American Hispanic Pacific Islander White Asian Native American

Cape Verdean Multi-racial Other _____

By choosing not to answer, I forfeit all scholarship opportunities. _____ (Initial) I do not want to answer.

ANNUAL INCOME \$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
 60,001-75,000 75,001-80,000 80,001-85,000 85,001-90,000+

Mother/Guardian's Name: _____ Father/Guardian's Name: _____

Works At: _____ Works At: _____

Work Phone #: _____ Work Phone #: _____

Cell #: _____ Cell #: _____

Are you eligible to receive free or reduced lunch at school? Yes No

Please list any MEDICAL CONDITION(S) or DISABILITIES your child may have: _____

Allergies: _____ Medications: _____

Medical Coverage: Yes No Medicaid: Yes No Date of Last Medical Exam: _____

Health Coverage: _____ Policy #: _____

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

In consideration of admittance, I hereby authorize agents of Boys & Girls Clubs of Providence to authorize and arrange for medical examination and/or treatment of my child should an emergency arise within Club facilities, during transport and at Club sponsored field trips and events. Yes No

Relatives or other persons to be contact in an emergency:

Name: _____ Relationship _____ Phone #: _____ Cell #: _____

Name: _____ Relationship _____ Phone #: _____ Cell #: _____

PERMISSION STATEMENT: This section must be completed and signed.

I hereby give permission to my child to become a member of the Boys & Girls Club of Providence. Yes No

I understand Boys & Girls Clubs of Providence and its personnel are not responsible for personal injury or loss of property.

Signature

I hereby give permission for any photographs in which my child may appear to be used by the Club and partner organizations in their literature and publicity. Yes No

Were you (parent/guardian) a member of a Boys & Girls Club as a child or teenager? Yes No

If "Yes", name of club(s): _____ City/State: _____

Your current mailing address (if different from your child's address): _____

E-mail: _____ Can BGCP contact you regarding upcoming alumni events and activities? Yes No

WAIVER OF LIABILITY In accordance with section 7-6-9 of the Rhode Island General Laws entitled "Exemption from Liability", I hereby waive my liability that the BOYS & GIRLS CLUB OF PROVIDENCE, its officers, directors, trustees, agents, servants, or employees might have for, and agree that said BOYS & GIRLS CLUBS OF PROVIDENCE, its officers, directors, trustees, agents, servants, or employees shall not be liable for any bodily injury to the participant incurred while such a participant is practicing for or participating in, any contest or exhibition of an athletic or sports nature sponsored by the BOYS & GIRLS CLUBS OF PROVIDENCE: and hereby assume the risk of any bodily injury to such participant incurred which such participant is practicing for or participating in any contest or exhibition of an athletic nature sponsored by the BOYS & GIRLS CLUBS OF PROVIDENCE.

Member/Guardian understood Waiver of Liability and Permission Statement.

Parent/ Legal Guardian Signature

Staff Signature

Would you like to sponsor a child/children who cannot afford a membership fee? Yes \$24 per child

Cash Check Bill Me Amount: \$ _____