



**MEMBERSHIP APPLICATION**

Clubhouse:  FP  O  W  SS  NP  Camp Davis

July 1 through June 30, \_\_\_\_\_

<b>FEE:</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>Form A</b>
	\$18	\$17	\$16	\$15	\$14	\$13	\$12	\$11	\$10	\$9	\$7	\$3	

**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

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.**

<u>ANNUAL INCOME</u> ( <input checked="" type="checkbox"/> ) <input type="checkbox"/> \$0-\$5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-15,000	<input type="checkbox"/> 15,001-20,000
<input type="checkbox"/> 20,001-25,000	<input type="checkbox"/> 25,001-30,000	<input type="checkbox"/> 30,001-35,000	<input type="checkbox"/> 35,001-40,000
<input type="checkbox"/> 40,001-45,000	<input type="checkbox"/> 45,001-50,000	<input type="checkbox"/> 50,001-55,000	<input type="checkbox"/> 55,001-60,000
<input type="checkbox"/> 60,001-75,000	<input type="checkbox"/> 75,001-80,000	<input type="checkbox"/> 80,001-85,000	<input type="checkbox"/> 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 \$18 per child**

Cash  Check Bill Me Amount: \$ \_\_\_\_\_