



Registration Form: 2017-2018

<i>For Office Use Only</i>				MC	ATB	PL	SC
Paid:	CK#	CC	Cash				
Club #:			Date:				
	New	Renew	ETO:				
Orientation:			Card:				

Please PRINT all information and answer all questions. Only complete forms will be processed!
 All information provided remains confidential and is used for both safety and funding purposes, to keep costs affordable.

MEMBER INFORMATION

First Name _____ Last Name _____
 Date of Birth ____/____/____ Gender _____
 Street Address _____ Apt./Suite (if applicable) _____
 Zip Code _____ Cell Phone _____ E-Mail _____
 If a renewing member, in what year did you first join the Club? _____ T-Shirt Size _____

SCHOOL INFORMATION

School Name _____
 Type of School (circle one): Charter Home Parochial Private Public
 Current Grade Level _____ Did your child progress to the next grade on time? (circle one) Yes No
 Teacher's Name _____ Anticipated High School Graduation Year _____

MEDICAL INFORMATION

Insurance Carrier _____ Policy # _____
 Allergies _____ Medications _____
 Medical, Physical, Social Disabilities (check all that apply):
 ADD Autism/Aspergers Mobility Impaired
 ADHD Diabetes None
 Allergies Hearing Impaired Other
 Asthma Learning Disability Visually impaired

Explain any medical, physical or social challenges: _____

I authorize the Boys & Girls Club staff that are trained in the basics of first aid and/or CPR to give my child(ren) first aid when appropriate and I give permission to the James L. McKeown Boys & Girls Club of Woburn to seek emergency medical treatment for my child(ren) if I cannot be reached. I will be responsible for any and/or all costs of medical attention and treatment.

Parent/Guardian Signature: _____ Date: _____

PARENT/GUARDIAN # 1 INFORMATION

Name _____ Relationship to Member _____
 E-Mail _____ Phone _____
 Address (if different than member) _____
 Other Phone _____ Employed? YES NO
 Employer Name _____ Former Club member? YES NO



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PARENT/GUARDIAN #2 INFORMATION

Name _____ Relationship to Member _____

E-Mail _____ Phone _____

Address (if different than member) _____

Other Phone _____ Employed? YES NO

Employer Name _____ Former Club member? YES NO

EMERGENCY CONTACT INFORMATION For the rare case in which parents are unable to be reached during an emergency.

Name #1 _____ Relationship to Member _____

Phone _____ Other Phone _____

Name #2 _____ Relationship to Member _____

Phone _____ Other Phone _____

DEMOGRAPHIC INFORMATION This is confidential and used to help the Club secure funding.

Ethnicity: (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Two or More Races <input type="checkbox"/> Other _____	Member lives with: (check all that apply) <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian	Single Parent Household? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status Of Parent/Guardian: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Size of Family: <input type="checkbox"/> 2 Persons <input type="checkbox"/> 3 Persons <input type="checkbox"/> 4 Persons <input type="checkbox"/> 5 Persons <input type="checkbox"/> 6 Persons <input type="checkbox"/> 7 Persons <input type="checkbox"/> 8 Persons
Household Public Benefits: (check all that apply) <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance <input type="checkbox"/> Veterans Compensation <input type="checkbox"/> None	School Lunch Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Neither Housing: <input type="checkbox"/> Section 7 <input type="checkbox"/> Section 8 <input type="checkbox"/> Public Housing <input type="checkbox"/> Low Income Housing <input type="checkbox"/> Emergency Housing (shelter, hotel) <input type="checkbox"/> Other (private home, apartment, etc.)	Annual Income: <input type="checkbox"/> Below \$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"/> Over \$50,000 Language Most Used:	Homeless in last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No History with Juvenile Justice? <input type="checkbox"/> Yes <input type="checkbox"/> No Was child adjudicated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Status Offender? <input type="checkbox"/> Yes <input type="checkbox"/> No Child of Military? <input type="checkbox"/> Yes <input type="checkbox"/> No Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No



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Parent/Guardian Consent & Release Information _____

Please initial after each statement:

- *I hereby release, waive, acquit and forever discharge the James L. McKeown Boys & Girls Club of Woburn, their representatives, successors, insurers, assigns or any other person or entity associated with the above organization such as staff, directors, volunteers from all liability, claims, demands, or causes of action for any and all loss, damage, or injury and any claim of damages resulting from use of facilities owned or controlled by the above organization, or participation in activities either at or away from the Club. X _____*
- *My child has permission to be used in public relation materials for the James L. McKeown Boys & Girls Club of Woburn. Examples of these materials include photographs, videos, literature, web pages, and new releases in both traditional and electronic media. X _____*
- *I understand that my child may be asked to complete surveys and/or assessments relative to programming. This information is used to improve Club services, and is always kept confidential. I understand that the James L. McKeown Boys & Girls Club of Woburn may share information about my child with Boys & Girls Clubs of America for research purposes and/or to evaluate the program's effectiveness. X _____*
- *I give my permission for my child to participate in mentoring activities as a member of the James L. McKeown Boys & Girls Club of Woburn. X _____*
- *I give my permission to the James L. McKeown Boys & Girls Club of Woburn and _____ School to exchange information regarding my child _____. The purpose of the exchange is to help both organizations do a better job of helping my child be successful in school, at the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting my child's school or the Boys & Girls Club in writing. X _____*
- *I understand that my child will have access to the internet while at the Club and that he/she will be instructed on the proper use of a computer, including appropriate websites. I will not hold the James L. McKeown Boys & Girls Club of Woburn, its staff, directors, or volunteers responsible for any of my child's inappropriate access. X _____*
- *I understand that my child and I are responsible for information presented in the Parent Handbook (available at the front desk and online at www.bgcwoburn.org). I understand that failure to comply with the rules and regulations of the Club may result in cancellation of membership with no refunds of fees. X _____*
- *I understand that the Main Street Clubhouse Drop-In Program is not a licensed childcare facility and that it maintains an OPEN-DOOR or DROP-IN policy and that supervision is provided INSIDE the Club's facility at all times. Occasionally, supervised outdoor programming also occurs on the Club's property. I understand that my child is able to come and go at will. X _____ (This does not include After the Bell, Project Learn, Vacation Clubs or Summer Camp.)*

Member Signature

Parent/Guardian Signature

Date