



The Waltham Boys & Girls Club is a private, non-profit organization with a mission to inspire and enable all young people especially those who need us most, to realize their full potential as productive, responsible and caring citizens.

MEMBERSHIP APPLICATION

Member Information

First Name: _____	Last Name: _____
Address: _____	City: _____ State: _____ Zip Code: _____
Date of Birth (mm/dd/yyyy): _____	Gender: • male • female
School: _____	Grade: _____
Ethnicity: • ___ American Indian or Alaska Native • ___ Asian • ___ Black or African American • ___ White ___ Hispanic or Latino ___ Native Hawaiian or Pacific Islander • ___ Multi-Racial ___ Other	
Child lives with • ___ both parents ___ one parent ___ other/guardian	

Parent/Guardian Information

Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip _____	City: _____ State: _____ Zip: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____ Ext: _____	Work Phone: _____ Ext: _____
Cell Phone: _____	Cell Phone: _____
Email Address: _____	Email _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____

Emergency Contact Information Two additional contacts if parent/guardians cannot be reached.

Name: _____	Name: _____
Relationship to member: _____	Relationship to member: _____
Primary Phone: _____	Primary Phone: _____

Demographic Information

Number of dependents living in household _____
Housing: ___ Rent ___ Own ___ Public Housing ___ Shelter ___ Foster Home • Other: _____
Annual Household Income: ___ Below \$15,730 ___ \$15,730-23,850 ___ \$23,851-\$40,090 ___ \$40,090 - \$61,000 ___ Above \$61,000
Does your child receive: ___ Reduced Price Lunch ___ Free Lunch ___ Neither

Medical Information

Health Insurance Company: _____

Name of Policy Holder: _____ Policy Number: _____

Primary Care Physician: _____ Phone Number: _____

Preferred Hospital _____

Please check all that apply: ·

Diabetes _____ · ADD/ADHD _____ · Seizures /convulsions _____

Medication(s) _____

Other Medical Conditions/illnesses/disabilities/emotional or behavioral (please be specific)

Allergies: ·

· Food _____ Medicine _____

· Environmental _____ · Other _____

Does your Child have/carry an Epipen? · YES · NO ·

Physical Restrictions (Please be Specific): _____

· Asthma _____ **Does your child have/carry an inhaler?** · YES · NO _____

Waltham Boys & Girls Club staff cannot administer medication to any of its members.

DISCLAIMER

I _____ do hereby give my son/daughter _____ permission to attend and participate in activities sponsored by the Waltham Boys & Girls Club. I hereby release the Waltham Boys & Girls club, its employees, associates and contributors from liability from any injury, loss or theft incurred by my child while participating in activities sponsored by the Waltham Boys & Girls club

I give my consent for photographs, audiotapes, and video records of my son/daughter to be used by WBGC for publicity purposes. I also agree to allow WBGC to use photographs, audiotapes, video records or other work produced by my son/daughter for publicity purposes.

In the event of injury, or should emergency care be required and I cannot be reached, I authorize staff from Waltham Boys & Girls Clubs to sign for emergency medical attention for my child.

I further understand that the Waltham Boys & Girls Club has an "open door" policy for all youth, **which means that my child may come and go at will. Please discuss this policy with your child and set appropriate limits.**

I understand that a membership fee of \$20 must be paid at time of enrollment

This information is essential for WBGC funding purposes and to assist in better serving your child. If you have any concerns about handling of this information please speak to the Executive Director at the club. This information is for the sole use of the WBGC and will remain confidential.

By signing below, it is understood that the code of conduct will be adhered to. Failure to comply with club rules and expectations can lead to termination of membership.

_____ Date _____

BOYS & GIRLS CLUB CODE

- I WILL be respectful to staff, equipment, and other members.
- I WILL use polite language.
- I WILL talk to a staff person if I have a question or problem.
- I WILL remember the “Golden Rule” and treat others as I would like to be treated.

Members must wear appropriate swim attire when in the pool.

Members must wear appropriate attire when in the club (nothing revealing, no durags, hats or bandanas)

I have read and understand the Waltham Boys & Girls Club Code. I understand that If I fail to abide by the code there could be consequences related to my actions.

Member Signature _____

Office Use: Entry Date _____ Processed by _____
Expiration Date _____ Member ID # _____
Payment _____ New _____ Renew _____

WBGC LATE PICK UP POLICY
12 years and under only
Effective September 1, 2015

We value your children's time with us each and every day. However we also value the time of our staff.

We realize that "life happens" but in order to maintain our club hours for our youth and staff we will be imposing the following Late Pick up conditions:

Regular Club Hours are:
Monday 2-6pm
Tuesday through Friday 2-7 pm
(school vacation days 9:30-5:30)

1. Each minute past closing time will incur a charge of \$1 per minute
2. Emergency contacts will be notified after 15 minutes
3. If no contact has been made after 45 minutes the child may be brought to the Waltham Police Department on Lexington Street for parental pickup.

Parent Signature: _____

Date: _____

School Information Release:

I give my permission to the Waltham Boys & Girls Clubs and my child's school to exchange information regarding my child. Information that will be shared may include the information provided on this membership application form, school records involving student progress, behavior, and attendance, and other information collected by Waltham Boys & Girls Club and the School Department, including data collected via surveys or tests. The purpose of this exchange is to help both organizations do a better job of helping students be successful in school and out of school. This release is valid for one year and may be revoked by contacting my child's school in writing.

Child's Name

Parent/Guardian Signature

Date

School Child Attends

Grade