



Office Use Only	
Fee: _____	Entry Date: _____
Member ID: _____	
Processed By: _____	

Our goal is to learn as much as possible about our members to make any reasonable accommodation or support that will ensure their success at the Club. All information will be kept confidential. We ask the information below to provide the safest environment possible for all young people.

Thank you for printing clearly!

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

Emergency Contact Information Two other people who can be contacted if you cannot be reached.

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

Demographic Information Your responses below are kept CONFIDENTIAL and are crucial for funders and help us keep membership fees low by securing donations and grants.

Total number of people living in household _____
Housing: ___Rent ___Own ___Public Housing ___Shelter ___Foster Home Other: _____
Annual Household Income: · Below \$15,730 · \$15,731-\$23,850 · \$23,851-\$29,450 · \$29,451-\$34,200 · \$34,201-\$40,890 · \$40,891-\$49,000 · \$49,001-\$56,000 · \$56,001-\$64,750 · \$64,751-\$73,000 · \$73,001-\$78,900 · \$78,901-\$84,750 · \$84,751-\$90,600 · \$90,601-\$100,000 · Over \$100,000
Does your child receive: · Reduced Price Lunch · Free Lunch · Neither

Medical Information

Health Insurance Company: _____ 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 (check all that apply):

Food: · Peanuts · Tree Nuts · Dairy/Lactose · Strawberries · Soy · Wheat · Seafood/Shellfish · Eggs

Medicine: · Penicillin · Aspirin · Amoxicillin

Environmental · Bee Stings · Pollen Dust · Mold · Grass

· Other: _____

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

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

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

DISCLAIMER

You must agree to and check each box below in order to complete registration.

I, the parent/guardian of the minor listed on this application do hereby give my child 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, the parent/guardian of the minor listed on this application, give my consent for photographs, audiotapes, and video recordings of my son/daughter to be used by Waltham Boys & Girls Club and affiliated partners for publicity purposes.

I 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 give permission for the Club to survey my child about his or her Club experience and behaviors, skills and attitudes using Boys & Girls Clubs of America's (BGCA) Outcome Measurement Tool Kit or other survey instruments. I give my permission to WBGC to share information about my child for research purposes and/or to evaluate the program's effectiveness. All information shared will be kept confidential shared via de-identifying data or sharing information in aggregate.

I understand and agree that any creative work developed by participants and members engaging in activities at a WBGC club or program, including without limitation, musical compositions, lyrics, recordings, or other creative works of art or technology by the member individually or collectively with any other staff or members or otherwise, is the sole and exclusive property of WBGC.

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.

Parent/guardian signature: _____ Date: _____



WALTHAM BOYS & GIRLS CLUB CODE

At the Waltham Boys & Girls Club we...

- Bring our Club cards everyday
- Are respectful to fellow members and staff
- Say only good things about others
- Keep our hands to ourselves at all times
- Try our hardest to participate in programs and activities
- Play fair and are honest
- Avoid improper language
- Walk at all times unless we are in the gym
- Practice good manners
- Are encouraged to ask staff for help
- Keep the hallways clear for everyone's safety
- Always try to do the right thing and make good choices

Members must be aged 7-18 and enrolled in K-12.

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 Code of the Waltham Boys & Girls Club. I understand that if I fail to abide by the code while in the Club, I will face the consequences of my actions.

Member Signature: _____

LATE PICK UP POLICY - 12 years and under only

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:
Monday through Friday 2-6:30 pm
(School vacation & snow day hours 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 police will be notified

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

School Child Attends

Grade

Individual Education Plan (IEP) · Yes · No

Parent/Guardian Signature

Date