



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. We ask the information below to provide the safest environment possible for all young people.
Thank you for printing clearly!

MEMBERSHIP APPLICATION

Membership Information

First Name: _____	Last Name: _____
Address: _____	City: _____ State: _____ Zip Code: _____
School: _____	Grade: _____ DOB (mm/dd/yyyy): _____
Ethnicity: (Please circle) American Indian or Alaska Native / Asian / Black or African American / White / Hispanic or Latina / Native Hawaiian or Pacific Islander / Multi-Racial / Other: _____	

Caretaker Information

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
City: _____ State: _____ Zip Code: _____	City: _____ State: _____ Zip Code: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email Address: _____	Email Address: _____

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

Name: _____	Name: _____
Relationship: _____	Relationship: _____
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: (Please circle one) Rent / Own / Shelter / Foster Home / Other: _____
Annual Household Income: (Please Circle one) 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-\$90,601-\$90,601-\$100,000 Over \$100,000
Does your child receive: (Please circle one) Reduced Price Lunch / Free Lunch / Neither

Medical Information

Primary Care Physician: _____ Phone Number: _____

Preferred Hospital: _____

Please Circle all that apply: Diabetes / ADD/ ADHD / Seizures / Convulsions / Asthma

Medication(s) _____

Other Medical Conditions (Please be specific): _____

Allergies (Circle 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? (Circle all that apply) Yes No

Does your child have/carry an inhaler? Yes No

Transportation

My child will arrive at the program...

- With the Club Van from Kennedy
- With the Club Contracted Bus from McDevitt
- With the Club Van from the Waltham High School
- Other

DISCLAIMER

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

- I, the caretaker 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 for any injury, loss or theft incurred by my child while participating in activities sponsored by the Waltham Boys & Girls Club.
- I, the caretaker of the minor listed on this application, give my consent for photographs, audiotapes, and video recordings of my child to be used by Waltham Boys & Girls Club and affiliated partners for publication 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 their 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 of 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 member 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.

Caretaker Signature: _____ Date: _____

WALTHAM BOYS & GIRLS CLUB CODE

At the Waltham Boys & Girls Club we...

- Bring our Club cards everyday
- Are respectful to fellow club members and staff
- Say only good things about others
- Avoid improper language
- Keep the hallways clear for everyone's safety
- Always try to do the right thing and make good choices

Members must wear appropriate attire when in the Club (nothing revealing or graphic).

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: _____

PICK UP

We value your children's time with us each and every day. We also value the time of our staff. We realize that "life happens", but in order to maintain our club hours for youth and staff, we will be imposing the following

Late Pick Up conditions:

Regular Club Hours:

Monday

2-6pm

Tuesday - Friday

2-6:30pm (Middle School)

2-7:30pm (High School)

***Unless there are other activities/programs going on at later times**

Caretaker Signature: _____ **Date:** _____



School Information Release:

I give 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.

School Child Attends

Grade

Individual Education Plan (IEP or 504 Plan) Yes No

Caretaker Signature

Date