



**BOYS & GIRLS CLUB
OF MASSENA**

MEMBERSHIP FORM

This section to be completed by Boys & Girls Club Staff:

Grade: _____ School: _____

Date Received: _____

Membership Status: _____

.....
**Please Print Clearly, Thank You.*

Member's First Name: _____ Middle: _____ Last: _____

Home Address: _____ Town: _____ State: _____ Zip Code: _____

Date of Birth: ___/___/___ Age: _____ Sex: Male Female (Please Circle One)

Home Phone #: (____) _____ E-Mail Address: _____

School: _____ Grade Last Year: _____ Grade This Year: _____ Ethnicity: _____

*I give the Boys & Girls Club of Massena permission to obtain information from my child's school regarding report cards, attendance and standardized testing.

*Parent/Guardian Signature: _____ Date: _____

Any Medical Problems and/or Disabilities we should be aware of: (if yes, please describe) _____

Father's Name/Guardian: _____ Work Telephone: (____) _____ Ext.: _____

Place of Employment: _____ Mobile Phone #: (____) _____

Mother's Name/Guardian: _____ Work Telephone: (____) _____ Ext.: _____

Place of Employment: _____ Mobile Phone #: (____) _____

I have _____ Brothers (List Names & Ages) Name: _____ Age: _____ DOB: ___/___/___

I have _____ Sisters (List Names & Ages) Name: _____ Age: _____ DOB: ___/___/___

(*If You Need More Room Please Use Back Of Paper) Name: _____ Age: _____ DOB: ___/___/___

My Child Does: Does Not: Have permission to walk home without a parent or guardian. (Please Check One)

- (Circle all that apply):**
- | | | | | |
|----------------------------|------------------|-------------------------|-------------------|----------|
| 01 - TANF | 02 - Food Stamps | 03 - General Assistance | 04 - SSDI | 05 - SSI |
| 06 - Veterans Compensation | | 07- Day Care Voucher | 08 - School Lunch | |
| 09 - Medicaid | | 10 - Can Swim | | |

In An EMERGENCY, Please Contact:

Emergency Contact Name: _____ Phone #: (____) _____

Authorized Person To Pick Up Your Child(ren) Other than Parent(s):

Name: _____ Phone #: (____) _____

Relationship: _____

TURN OVER TO ENROLL ADDITIONAL CHILDREN

Boys & Girls Club of Massena, 30 Bayley Road, PO Box 564, Massena NY 13662
info@bgcmassena.org | www.BGCMassena.org | Phone: 315-250-7806



Second Member

First Name: _____ Middle: _____ Last: _____
 Home Address: _____ City: _____ State: _____ Zip Code: _____
 Date of Birth: ___/___/___ Age: _____ Sex: Male Female (Please Circle One)
 Home Phone #: (____) _____ E-Mail Address: _____
 School: _____ Grade Last Year: _____ Grade This Year: _____ Ethnicity: _____
 Any Medical Problems and/or Disabilities we should be aware of: (if yes, please describe) _____

Third Member

First Name: _____ Middle: _____ Last: _____
 Home Address: _____ City: _____ State: _____ Zip Code: _____
 Date of Birth: ___/___/___ Age: _____ Sex: Male Female (Please Circle One)
 Home Phone #: (____) _____ E-Mail Address: _____
 School: _____ Grade Last Year: _____ Grade This Year: _____ Ethnicity: _____
 Any Medical Problems and/or Disabilities we should be aware of: (if yes, please describe) _____

Fourth Member

First Name: _____ Middle: _____ Last: _____
 Home Address: _____ City: _____ State: _____ Zip Code: _____
 Date of Birth: ___/___/___ Age: _____ Sex: Male Female (Please Circle One)
 Home Phone #: (____) _____ E-Mail Address: _____
 School: _____ Grade Last Year: _____ Grade This Year: _____ Ethnicity: _____
 Any Medical Problems and/or Disabilities we should be aware of: (if yes, please describe) _____

I have read the BGCM Member Handbook and understand the rules of the Boys & Girls Club of Massena (BGCM) and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the BGCM will not be responsible for any accident to the boy/girl while on the BGCM Club premises or while engaged in any of its activities away from the BGCM Club. I give my consent for photographs or videos in which my son/daughter may appear participating in club activities, to be used in any way the BGCM may care to use them. I also agree to allow my child to participate in Youth Surveys conducted by the BGCM. All club members will be encouraged to live healthy by eating right and participating in 20% of their time at the club in physical activity & exercise. Members of the BGCM will be expected to use any technological devices including BGCM property (computers) and personal property (cell phones) in a responsible and appropriate manner. Any misuse will result in losing privileges of future use. Members are expected to participate in academic programs in the Learning Center when scheduled.

Parent or Legal Guardian Signature

Date