



**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**



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**