

2019

Membership
No.

Boys & Girls Club of Greater New Bedford
MEMBERSHIP APPLICATION
 (Club Membership is \$50.00 - good until 12/31/19)

MEMBER INFORMATION

D.O.B. / /	Age	Male	Female	(Transportation - circle one)	Van	Parent	Walk
Last Name:			First Name			M.I.	
Address:				Own	Rent	Public Housing (circle one)	
City:		State:		ZIP Code:			
Phone: ()		School				Grade	
ETHNICITY: (OPTIONAL) African-American White Cape Verdean Hispanic Native American Multi-Racial Asian Other (circle one)							

PARENT/GUARDIAN INFORMATION

Mother/Guardian Name			Single Parent____ Married____ Divorced____				
Address:			Email:				
City:		State:		ZIP Code:			
Home Phone ()		Work Phone: ()		Cell Phone: ()			
Occupation:		Employer					
Father/Guardian Name			Single Parent____ Married____ Divorced____				
Address:			Email:				
City		State		Zip Code			
Home Phone ()		Work Phone: ()		Cell Phone: ()			
Occupation:		Employer					

EMERGENCY CONTACTS

1. Name:			Relationship:				
Address			City/State/Zip				
Home Phone: ()			Cell Phone: ()				
2. Name:			Relationship:				
Address:			City/State/Zip				
Home Phone: ()			Cell Phone: ()				

MEMBERSHIP APPLICATION (CONTINUED)

MEDICAL/PERSONNEL INFORMATION

Doctor:	Clinic:
Address:	Phone: ()
	Health Insurance:
Phone: ()	

MEDICAL INFORMATION

Asthma	Y	N	
Allergies	Y	N	Please specify
Bee Stings	Y	N	
Medications	Y	N	Please specify
Physical Restrictions	Y	N	Please specify
Other Issues	Y	N	Please specify

By my signature, I agree to absolve the **Boys & Girls Club of Greater New Bedford, Inc.**, the Board of Directors, staff and volunteers connected with the program of any responsibility and/or financial compensation in the case of accident or injury to my child.

I also authorize emergency medical care at my expense if in the event of an accident or illness to my child while in the care of the **Boys & Girls of Greater New Bedford, Inc.**, and deemed appropriate by the judgment of the staff. I also authorize release of medical information from my child's physician to those providing treatment.

Signature of Parent/Guardian	Date:
Signature of Club Member	Date:

**PARENT/GUARDIAN
EMAIL ADDRESS:** _____

CONSENT SHEET

I, the undersigned, do hereby consent to the use by the Boys & Girls Club of Greater New Bedford New Bedford of my son/daughter's image or likeness in photographs, audio tapes and video records, regardless of how these materials are used for publication or publicity purposes, including use for its website on the World Wide Web, newsletters, brochures, or annual reports.

In addition, I waive all claims to compensation or damages based on the use of my son/daughter's image or likeness, by the Boys & Girls Club of Greater New Bedford. I also waive the right to or approve the finished photograph or layout. I understand that this consent is perpetual, that I may not revoke it, and that it is binding on my heirs and assigns.

The undersigned released and forever discharges the Boys & Girls Club of Greater New Bedford, its agents, officers and employees from any and all claims for invasion of privacy or defamation.

X _____
Signature of Parent/Guardian _____
Date

I give permission for my child to go onto the Internet under the supervision of the Computer Lab instructor
Yes _____ No _____

X _____
Signature of Parent/Guardian

My child has my permission to leave the Boys & Girls Club at any time without my consent.
Yes _____ No _____

X _____
Signature of Parent/Guardian

➤ **PLEASE NOTE....**

If YOUR child does not have permission to leave the club, AND he/she needs to leave for some reason, (go to friend's house, to store, etc.) they must have a signed note from their parent/guardian or they cannot leave.

COMMENTS:

Boys & Girls Club of Greater New Bedford

MEMBERSHIP RULES

2018

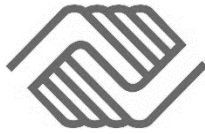
Read all the rules carefully. You will be responsible for all of them

1. NO REFUNDS
2. All members are required, at all times, to **RESPECT** Club staff, Club rules, Club property and other Club members.
3. All members are **REQUIRED** to present their memberships cards upon entering the building at the front desk. No one else may use your card. If you lose your card, you may purchase a new one for **\$2.00**.
4. No member is allowed to loiter inside or outside the front entrance of the building.
5. Members who constantly leave the building will be asked to leave for the remainder of the day or evening.
6. Possession of tobacco, alcohol or drugs is **strictly prohibited**.
7. **Appropriate language** must be used at **all times**.
8. Fighting, horseplay, wrestling, snow ball fights, etc. are prohibited.
9. Weapons of any kind, **including** toy weapons, (water pistols, etc.) are **strictly prohibited**.
10. Food and/or drinks **are not allowed** in any gymnasium, **only water**.
11. All Cadet Members (7 – 9 years) are required to leave the building by 6:00 pm.
Repeated violations will result in cancellation of his/her membership.
12. The Boys & Girls Club **is not responsible** for lost or stolen items. Lockers are provided by members (must provide their own lock). Locks **must be removed** at the end of each day.
- 13. ALL CLUB PHONES ARE FOR CLUB BUSINESS ONLY!!! No member is allowed to receive personal calls.**
14. Any member who is having a problem with another member or members should report the problem to a staff member **immediately**.
- 15. Any member receiving any type of injury, no matter how slight, must report to a staff member immediately.**
16. Damage to Club property will result in suspension from the club, as well as restitution for all damages.
17. **Members are required to wear appropriate clothing at all times.** Clothing that includes offensive, negative or foul language or design is not allowed.
18. Any member riding a bicycle to the Club must lock it in the "bike rack". For safety reasons, skateboards, roller blades and scooters are **prohibited** from the Club.
19. No running in hallways. Gum chewing will **not be allowed** in the Club.

ANY MEMBER FAILING TO COMPLY WITH THE RULES AND REGULATIONS MAY HAVE HIS/HER MEMBERSHIP REVOKED WITH NO REFUND OF MEMBERSHIP FEES.

I have reviewed these rules with _____ and support these rules.

Member's Name



**BOYS & GIRLS CLUB
OF GREATER NEW BEDFORD/WAREHAM**

INCOME CERTIFICATION FORM

please circle one.

INCOME LEVEL	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Extremely Low Income	0 - 12,400	0- 14,150	0 - 15,900	0- 17,650	0- 19,100	0- 20,500	0- 21,900	0- 23,300
Very Low Income	12,401- 20,650	14,151- 23,600	15,901- 26,550	17,651- 29,450	19,101- 31,850	20,501- 34,200	21,901- 36,550	23,301- 38,900
Low Income	20,651- 33,000	23,601- 37,700	26,551- 42,400	29,451- 47,100	31,851- 50,900	34,201 54,650	36,551- 58,450	38,901- 62,200
Over Income	33,001- above	37,701- above	42,401- above	47,101 above	50,901 above	54,651- above	58,451- above	62,201- above

Ethnicity: (select one only) Hispanic or Latino Not Hispanic or Latino

Race: (select one)

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Black /African American | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Am. Indian/Alaskan Native & Black/African Am. |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Other Multi-Racial |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> American Indian/Alaskan Native & White | |

Other: (select all that apply)

- Seniors (62 years or older)
- Handicapped or Disabled
- Female Head of Household
- Minors (up to age 18)

Applicants' Signature

Typed or Printed Name

If client is below 18 years of age, parent or legal guardian must verify income and sign form.

I certify, under the penalties of law, this income information is correct and I understand that the information I have provided on my family income is subject to verification by authorized representatives of the City of New Bedford Office of Housing and Community Development, and the U.S. Department of Housing and Urban Development. **This information will be kept confidential and used for HUD monitoring purposes only.**

Signature of Parent/Legal Guardian: _____ **Date:** _____