

**BOYS & GIRLS CLUB OF THE SMOKY MOUNTAINS
MEMBERSHIP APPLICATION**

(Revised 12/04)

FOR OFFICE USE ONLY:

RECEIPT NUMBER _____

ORIENTATION DATE _____

DATE RECEIVED _____

CIRCLE ONE School Year: 1st Semester / 3rd Semester
Summer: 2nd Semester
Families First

PAYMENT: _____

CIRCLE ONE: New Member Renewing Member

MEMBERSHIP INFORMATION:

Name (print) _____ Sex: M / F (circle one)

Address: _____ City: _____ Zip Code: _____

Age: _____ Date of Birth: _____ Race: White Black Hispanic Asian American Indian Multi-Racial (circle one)

Phone Number: _____ Cell Phone# _____ Social Security # _____

Emergency Contact Name: _____ Phone Number: _____

Name of School: _____ Grade: _____ Teacher: _____

I wish to become a member of The Boys & Girls Club of the Smoky Mountains, and I promise to do everything in my power to take care of the Boys & Girls Club building, games, equipment and good name. I will be loyal to the Boys & Girls Club and will respect other members, staff and volunteers at all times. I understand that I will be held responsible for any property, games or equipment destroyed or defaced by me.

Signature of Member: _____ Date: _____

FAMILY INFORMATION:

Child lives with:

Both birth parents: _____ Birth mother only: _____ Birth Father only: _____ Birth mother and another: _____

Birth father and another _____ Other: _____ (Please explain) _____

Check which applies:

Does your child/children receive: free lunch _____ reduced lunch _____ full price lunch _____ at school.

Father Name: _____ Employed at: _____ Phone# _____

Mothers Name: _____ Employed at: _____ Phone# _____

Guardians Name: _____ Employed at: _____ Phone# _____

PLEASE COMPLETE INFORMATION ON THE BACK

Is there any allergies, health conditions or medications we should be aware of? Yes _____ No _____

If yes please explain in detail: _____

Other People who may pick up your child/children not already listed on this form.

1. Name: _____ Relationship: _____ Phone# _____

2. Name: _____ Relationship: _____ Phone# _____

3. Name: _____ Relationship: _____ Phone# _____

4. Name: _____ Relationship: _____ Phone# _____

I certify that I give my child permission to join the Boys & Girls Club of the Smoky Mountains and appear in pictures, videos, images and likenesses of Boys & Girls Club activities to be used for publicity purposes.

I understand and agree that if my child must be transported to and from the Boys & Girls Club, he/she must be picked up by closing time or a late fee may be charged for waiting by staff. A fee of \$5.00 will be charged if parent is between 10 minutes and 15 minutes late for pick up. A fee of \$5.00 additional dollars will be added every 15 minutes there after up to one hour late. After one hour we will be forced to call the local Police for assistance. All late fees must be paid before members can return to the Club programs.

I further understand and agree the Boys & Girls Club of the Smoky Mountains has an open door policy and cannot be responsible for your child/children leaving the Boys & Girls Club premises without permission. Children are not permitted to leave Boys & Girls Club property without written permission of legal parent or guardian. I understand that once a fee is paid or a contract signed they may attend as little or as much as they wish during the designated timeframe. **No refunds will be issued!**

All Boys & Girls Club branches accept Visa and Mastercard for dues payments.

A \$20 service fee will be charged for all returned checks. Membership privileges will be revoked until fees are paid in full

As parent or guardian of the above child, I approve his/her joining the Boys & Girls Club of the Smoky Mountains and agree not to hold the Boys & Girls Club of the Smoky Mountains, its Board of Directors, Officers, Staff, or Volunteers responsible and/or liable, and hereby **RELEASE** them from liability or **losses of any personal property and or any injuries or accidents suffered by my child at the Boys & Girls Club facilities or in connection with membership or participation in any Boys & Girls Club activities.**

In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Boys & Girls Club staff member in charge of the activity to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child/children as named above.

Signature of Parent/Legal Guardian _____ Date: _____

Volunteer Opportunities are Available: Please see the Branch Director for details.....

If you can make an extra weekly or monthly contribution to help a needy family please see the Branch Director for a donation form.