



MEMBERSHIP APPLICATION

BOYS & GIRLS CLUB
OF GREATER DERRY

MAIN OFFICE: 40 East Derry Rd – Derry, NH 03038 – (603) 434-6695 – www.derrybgclub.org

CONFIDENTIALITY: Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted with an asterisks (*)

HEAD OF HOUSEHOLD INFORMATION:

First Name*: _____ Last Name*: _____ Relationship: _____

Work #: (____) ____ - _____ Cell #: (____) ____ - _____ *Please put any home numbers under member information

E-Mail Address: _____

Employer: _____ Military Branch: _____

Annual Household Income (circle one): \$9,999 or Less \$10,000 - \$14,999 \$15,000 - \$19,999 \$20,999 - \$29,999 \$30,000 - \$39,999 \$40,000 - \$49,999 \$50,000 - \$74,999 \$75,000 - \$99,999 \$100,000 or More Total Number in Household: _____

ADDITIONAL PARENT/GUARDIAN INFORMATION:

First Name: _____ Last Name: _____ Relationship: _____

Work #: (____) ____ - _____ Cell #: (____) ____ - _____ *Please put any home numbers under member information

E-Mail Address: _____

Employer: _____ Military Branch: _____

First Name: _____ Last Name: _____ Relationship: _____

Work #: (____) ____ - _____ Cell #: (____) ____ - _____ *Please put any home numbers under member information

E-Mail Address: _____

Employer: _____ Military Branch: _____

MEMBER INFORMATION:

Name*: (First): _____ (MI): _____ (LAST): _____ DOB*: ____/____/____

Gender*: _____ Ethnicity (Circle one): Caucasian African-American Hispanic Asian Multi-Racial Other: _____

School (Circle)*: DVS Barka EDMES Grinnell SR GHMS WRBMS Pinkerton Chester Acad. Hampstead Acad. North Elem. Londonderry High Londonderry Mid. Matthew Thornton Other: _____ Grade*: _____

Address*: _____ Home #: (____) ____ - _____

City*: _____ State*: _____ Zip*: _____

Family Setting: _____ Two Parent Home _____ Single Parent Home _____ Other Household Setting: _____ Aunt/Uncle _____ Both Parents _____ Brother _____ Father Only _____ Father/Step-Mother _____ Foster Family _____ Grandparent(s) _____ Half Mother/Half Father _____ Legal Guardian _____ Mother Only _____ Mother/Step-Father _____ Sister

EMERGENCY INFORMATION:

Do you have insurance? Yes or No (Please circle one) Do you receive free or reduced lunch? Yes or No (Please circle one)

Any Medical Conditions (if yes, please describe): _____

Any Medications that need to be taken at the Club (if yes, please describe): _____

Allergies (if yes, please describe): _____

EMERGENCY CONTACT (not a parent/Guardian)*: Name: _____ Phone #: (____) ____ - _____ Relationship: _____

**WAIVER AND RELEASE OF LIABILITY, AND AUTHORIZATION FOR MINORS:
(IMPORTANT – READ BEFORE SIGNING)**

Parent/Guardian:

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Greater Derry, and Boys & Girls Club of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death of any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the club.

MEDICAL TREATMENT:

I give permission to the Boys & Girls Club of Greater Derry to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.

SURVEYS AND QUESTIONNAIRES:

I, the parent/guardian of the minor listed on this application give permission for the Boys & Girls Club of Greater Derry to survey my child about his/her club experience or behaviors, skills and attitudes using Boys & Girls Clubs of America's Youth Development Outcome Measurement Tool Kit surveys or other survey instruments.

TECHNOLOGY:

As a member of the Boys & Girls Club of Greater Derry, your child will have access to the Internet. While precautions are being taken, it is possible that your child may access inappropriate sites. The Boys & Girls Club will have such rules and consequences at the Club for such behavior; however, we will not be responsible for the consequences of such access.

MEDICAL:

I assume full responsibility for the member's health being such that the activities will in no way aggravate any condition present. If in doubt, medical advice will be sought and followed. I agree that the Boys & Girls Club of Greater Derry will be notified in advance of any changes in the member's health status that may affect the member's needs during club activities. I declare the statements on this form to be true.

MISCELLANEOUS:

I understand that the Boys & Girls Club of Greater Derry is not responsible for lost or stolen items.

I, Parent or Legal Guardian, give/grant the Boys & Girls Club of Greater Derry permission to use any films, photographs, audio or videos, and internet uses taken for the purpose of informing the public about the Boys & Girls Club of Greater Derry. I further grant them the right to exhibit, distribute, sell or otherwise dispose of these materials.

I also understand that the Club is not, nor claims to be, a licensed day care center (RSA 170-E: 4).

I have attended a New Member Orientation meeting.

I have read the completed application and this form, understand the rules of the Boys & Girls Club of Greater Derry and request that my child be admitted into membership.

Parent/Guardian Signature: _____ **Date:** ____/____/20__

Member:

Prior to participating, I agree as a member of the Boys & Girls Club of Greater Derry to respect staff, guests, visitors, and neighborhood property. I will inspect the facilities and equipment to be used, and if I believe anything is unsafe, I will immediately advise a counselor, coach, instructor, supervisor, or other event organizer of such condition(s) and refuse to participate. I understand and agree to the Club's zero tolerance policy with respect to: drugs, alcohol, tobacco, weapons, and unreasonable behavior towards members, staff, and guests, including but not limited to sexual harassment or misconduct, abuse of internet access, destruction or theft of personal or Club property, discrimination towards others based on age, gender, religion, race, color, sexual orientation, disability, group, or association.

I understand and agree that members have an obligation to each other and the Club to **attend to safety** by looking out for others both physically and emotionally. Members are obliged to **be respectful and responsible** and will take responsibility for the care and maintenance of the building and the equipment within. I agree to **speak the truth** and be honest in terms of perception, feedback, and opinions.

By signing this agreement, I understand and agree that **my membership is a privilege** based on acceptable behavior and that a violation of this agreement, as well as the policies and procedures set forth in the Club policies manual, will result in disciplinary action, including at the sole discretion of the staff, loss of membership privileges. I further understand that in all cases regarding illegal drugs, alcohol, weapons or violent behavior, the local Police Department will be notified and both the victim and offender's guardians shall be notified by the Police Department.

I have read and understand the expectations outlined on this form and in the policies and procedures manual. I understand that by signing this document I am entitled to the privileges that go with membership. **Failure to meet the above mentioned expectations could result in forfeiture of membership.**

Member Signature: _____ **Date:** ____/____/20__

(Print if Necessary)

PLEASE BE SURE TO SIGN ABOVE. YOUR CHILDS MEMBERSHIP WILL NOT BE ACTIVE UNTIL SIGNED.

THANK YOU!

OFFICE USE ONLY

MEMBERSHIP #: _____ **MEMBERSHIP DATE:** ____/____/20__ **EXPIRATION DATE:** ____/____/20__ **ENTERED BY:** _____