



**BOYS & GIRLS CLUB
OF HOLLAND**

Date Paid:	_____
Check #:	_____
Amount:	_____
Exp.Date:	_____

MEMBERSHIP APPLICATION 2018-2019

Please return completed forms to:
Boys & Girls Club of Holland
P.O. Box 25, Holland NY 14080

Membership Fees:

- _____ **Grades 2-8: \$120****, expires September 30, 2019 (payment plans are available, inquire with staff)
- _____ **Family Plan:** first and second child pay full rate, third child \$65, fourth child \$45
- _____ **Grades 9-12:** No Membership Fee (individual program fees may apply)

B&G Club Phone #:
537-9370

Renewals and New Members: PLEASE COMPLETE ALL SECTIONS

Child 1 - First Name: _____ Last: _____ Current Grade: _____ GPA: _____
 Nickname: _____ Gender: Male Female Birth Date: _____ Ethnicity: _____

Child 2 - First Name: _____ Last: _____ Current Grade: _____ GPA: _____
 Nickname: _____ Gender: Male Female Birth Date: _____ Ethnicity: _____

Child 3 - First Name: _____ Last: _____ Current Grade: _____ GPA: _____
 Nickname: _____ Gender: Male Female Birth Date: _____ Ethnicity: _____

Mailing Address: _____
 City/State/Zip: _____ Telephone: _____

Communication will be done via e-mail!! Please provide us with your e-mail address so you can get all of the important announcements & the latest information on the Club!

E-Mail _____

Contact Info:

Fathers name _____ Employment: _____ Work # _____
 Address (if different from above) _____ Home # _____ Cell# _____
 Mothers name _____ Employment: _____ Work # _____
 Address (if different from above) _____ Home # _____ Cell# _____
 Emergency Contact _____ Phone # _____ Relationship _____

Medical Information:

Doctor Name: _____ Doctor Phone: _____
 Permission for Doctor/Hospital: Yes No
 Does your family have health and/or accident insurance: Yes No
 Insurance Carrier: _____
 Policy #: _____ Group#: _____
 Special Needs/Health Issues: Yes No **if yes, explain** _____

****Please complete back of application****

Disclaimer:

I, _____ do hereby give my son/daughter _____ permission to attend and participate in activities sponsored by the Boys & Girls Club of Holland. I hereby release the Boys & Girls Club of Holland, its employees, associates, and contributors from liability from any injury, loss or theft incurred by my child while participating. Furthermore, I hereby authorize medical examination and emergency treatment for my child by a qualified, licensed physician in the event of an accident. My signature indicates that I completely understand the above statement.

Parent/Guardian Signature: _____

Permissions: I give my permission to have my child's pictures used in Boys & Girls Club publications, news articles, marketing materials, etc.: ___Yes ___No

Household Information:

Does the member live with their: ___Mom ___Step Mom ___Dad ___Step Dad ___Grandparent ___Other

Number in Household: _____ Household members under 18: _____

___Single Parent Household ___Parent/Step-parent in Military

Financial: We are required to collect this information by our funding sources. All information supplied to the Club will be held in the strictest confidence.

Annual	\$0 - \$25,000	_____
Gross	\$25,001 - \$50,000	_____
Household	\$50,001 - \$75,000	_____
Income:	\$75,001 - \$100,000	_____
	\$100,000+	_____

Do you participate in the free/reduced lunch program at school? ___YES ___NO

If so, you may be eligible for a Scholarship/Campership.

The Boys & Girls Club is fortunate to receive various donations throughout the year, please check this box if your family would be interested in receiving these donations. (Backpacks, food, toys, tickets, etc.)

BOYS & GIRLS CLUB of HOLLAND CODE:

- I WILL be respectful to staff, equipment, and other members.
- I WILL use polite language.
- I WILL talk to a staff person if I have a question or problem.
- I WILL remember the "Golden Rule" and treat others as I would like to be treated.

I have read and understand the Code of the Boys & Girls Club of Holland. I understand that if I fail to abide by the Code while in the Club, I must face the consequences of my actions!

Member Signature: _____