

# **BOYS & GIRLS CLUBS OF NORTHTOWNS**

## **MEMBERSHIP APPLICATION**

### **CSAT Club** 2010-2011

**First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Gender:** M \_\_\_ F \_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Current Age:** \_\_\_\_\_ **Grade Level 10-11:** \_\_\_\_\_

**Ethnicity :** *( Please check all that apply)* White: \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American \_\_\_\_\_ Other \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Parent Email** (for CSAT Director Use only): \_\_\_\_\_

**Emergency Contact: Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

### **Contact Information:**

#### **Parent/Guardian**

Relationship To Member: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

#### **Parent/Guardian**

Relationship To Member: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

My son/daughter \_\_\_\_\_ has permission to become a member of the Boys & Girls Clubs of the Northtowns CSAT Boys & Girls Club. This after-school program operates Monday - Friday 3:30- 6:00 pm. All members must be picked up no later the 6:00 pm daily.

My child must obey the rules set forth in the Program Expectations and agrees to take care of club personal/property and equipment. If at any time my child is suspended or expelled from the Club for any reason I understand that no membership fees will be returned. In addition, The Boys and Girls Club of the Northtowns nor its affiliates are responsible for any loss or damage to student possessions during the course of this program.

I also give permission to release all of my child's academic, demographic, and behavioral school records from 2009-2010 & 2010-2011 to the Boys & Girls Clubs of the Northtowns for all grant related purposes. Signature of this form constitutes permission to appear in video or still photography taken while participating in this program. All video and still photography is the property of the Boys and Girls Club of the Northtowns and its affiliates, and may be reproduced for publicity purposes.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

**Payment Info** (Office Use Only): Date Received: \_\_\_\_\_ Receipt Number: \_\_\_\_\_  
Check: \_\_\_\_\_ Cash: \_\_\_\_\_ Money Order: \_\_\_\_\_

## **Member Health/Medical Information**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Info: (Name) \_\_\_\_\_ (Phone) \_\_\_\_\_

HEALTHY HISTORY – PLEASE CHECK WHETHER YOUR CHILD HAS A HISTORY OF ANY OF THE FOLLOWING

YES	NO	
___	___	Allergies ( <i>please specify</i> ) _____
___	___	Ear Infection
___	___	Asthma
___	___	Bee Sting Reaction
___	___	Convulsions
___	___	Heart Condition
___	___	Special Diet
___	___	Diabetes

ARE THERE ANY MEDICAL RESTRICITONS OR LIMITATIONS TO YOUR CHILD?

\_\_\_ No \_\_\_ Yes, Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I GIVE MY PERMISSION FOR THE CSAT BOYS & GIRLS CLUB TO APPLY THE FOLLOWING:

(CHECK ALL THAT APPLY)

- TOPICAL OINTMENTS (FOR MINOR CUTS AND SCRAPES)
- SUNSCREEN
- TOPICALLY APPLIED INSECT REPELLENTS

### **Medical Disclaimer:**

This health information is accurate and correct insofar as I know. In the event that I cannot be reached in an emergency, I authorize the Boys and Girls Club of the Northtowns and/or its agents to obtain the proper treatment to assure the health and well being of my child. This authorization shall extend to and include hospitalization for first aid where/when necessary.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

## **Designated Pick-Up People**

It is a requirement of the Boys & Girls Clubs of the Northtowns that each parent/guardian provide the names of authorized persons that can pick up their child. If the person's name is not listed below they will not be allowed to pick up the member. Any changes must be address with the club director immediately **IN WRITING**.

1. Relationship To Member: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

2. Relationship To Member: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

3. Relationship To Member: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

4. Relationship To Member: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### **DO NOT PICK UP LIST:**

Your Childs safety is our number one concern. If there is someone you DO NOT want to pick up your child, or someone you believe may attempt to pick up your child please indicate below. This person will be placed on the DO NOT pick up list.

Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Any additional information: \_\_\_\_\_