

Membership Information Form

For Office Use Only – Last updated 0/4/07



Boys and Girls Club of Brattleboro
 17 Flat Street
 Brattleboro, VT 05301
 Phone: (802) 254-5990
 Fax: (802) 246-2562
 Bellows Falls: (802) 376-0001
 Westgate: (802) 257-2430

<p>Member Status</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;"> <input type="checkbox"/> New <input type="checkbox"/> Renewing <input type="checkbox"/> Former </div> <p>Fee Paid</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <input type="checkbox"/> \$2.00 Visit Fee </div> <div style="text-align: center;"> <input type="checkbox"/> \$25.00 Annual Fee </div> </div> <p><input type="checkbox"/> Photo Taken</p>	<p style="text-align: center;">Data Entry</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Rec'd: <input style="width: 80%;" type="text"/> Entered: <input style="width: 80%;" type="text"/> ID Issued: <input style="width: 80%;" type="text"/> </div> <p>Unit</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> Flat St. <input type="checkbox"/> Westgate <input type="checkbox"/> Bellows Falls </div>
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Member Contact Information (Please Print)

Member First Name:	Middle Name:	Last Name:
Name of Person Member Lives With:	Home Phone Number:	Secondary or Cell/Pager Number
Home Address:		Member Email Address:
City:	State:	Postal Code:
***Emergency Contact:	***Emergency Phone & Extension:	
***Second Emergency Contact:	***Second Emergency Phone & Extension:	

Demographic

Gender:	Date of Birth:	Age:	School:	Grade:	Member Before?	Number of Years:
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input style="width: 80%;" type="text"/>
Ethnicity (Please circle the most appropriate choice):				Family Totals:		
Asian Hispanic Caucasian Native American Black Multi-Racial Other/Please Specify: _____				Household		
Both Parents Mother Father Grandmother Grandfather Legal Guardian Foster Family Other/Please Explain: _____				<input style="width: 80%;" type="text"/>		
				<input style="width: 80%;" type="text"/>		

Parent/Guardian

Father's First Name:	Father's Last Name:	Father's Work Phone & Ext.:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Father's Employer:	Father's Occupation:	Father's Email Address:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Mother's First Name:	Mother's Last Name:	Mother's Work Phone & Ext.:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Mother's Employer:	Mother's Occupation:	Mother's Email Address:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Guardian's First Name: []	Guardian's Last Name []	Guardian's Work Phone & Ext.: []
Guardian's Employer: []	Guardian's Occupation: []	Guardian's Email Address: []

Medical/Emergency

Medical Problems/Allergies: []	Medications: []
Physician: []	Physician Phone: []
Insurance Company: []	Insurance Policy Number: []

Confidential: We apologize in advance for asking the following private information. It is necessary for our records and the funding our Organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Member's Social Security Number: [][][][][][][][][]	Check all that Apply: <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance <input type="checkbox"/> School Lunch <input type="checkbox"/> Vet. Compensation	Annual Family Income (Please Circle): <table> <tr> <td>Under \$10,000</td> <td>\$10,001 - \$20,000</td> </tr> <tr> <td>\$20,001 - \$30,000</td> <td>\$30,001 - \$40,000</td> </tr> <tr> <td>\$40,001 - \$50,000</td> <td>\$50,001 - \$60,000</td> </tr> <tr> <td>\$60,001 - \$70,000</td> <td>\$70,001 - \$80,000</td> </tr> <tr> <td>\$80,000 and up</td> <td></td> </tr> </table>	Under \$10,000	\$10,001 - \$20,000	\$20,001 - \$30,000	\$30,001 - \$40,000	\$40,001 - \$50,000	\$50,001 - \$60,000	\$60,001 - \$70,000	\$70,001 - \$80,000	\$80,000 and up	
Under \$10,000	\$10,001 - \$20,000											
\$20,001 - \$30,000	\$30,001 - \$40,000											
\$40,001 - \$50,000	\$50,001 - \$60,000											
\$60,001 - \$70,000	\$70,001 - \$80,000											
\$80,000 and up												
Medicaid Number: []												
Primary Language Used in the Home: []												

- *I promise not to be under the influence of alcohol or other drugs while at the Club.
- *I promise not to engage in violence in any form while at the Club.
- *I promise to respect other members and staff at the Club.
- *I promise to respect the property, equipment and furniture at the Club.

I understand that my privileges may be revoked if I break any of the above promises.

Club Member's Signature

Date

I have read the completed application; understand the rules of the Boys and Girls Clubs of Brattleboro and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Boys and Girls Clubs of Brattleboro will not be responsible for any accident to the boy/girl while on the premises or while engaged in any of its activities away from the Boys and Girls Clubs of Brattleboro. I understand that the Club is not responsible for the time or manner in which he/she may arrive or leave the Club and that the Brattleboro Boys and Girls Clubs and its property are not responsible for personal injury or loss of property. I give my consent for photographs, in which my son/daughter may appear, to be used in any way the Boys and Girls Clubs of Brattleboro may care to use them.

Parent or Guardian Signature

Club Member's Signature

Date: Month ____ Day ____ Year ____



**BOYS & GIRLS CLUBS
OF BRATTLEBORO**

17 Flat Street, Brattleboro, Vt 05301

As a member of the Boys and Girls Clubs of Brattleboro I understand the need to have agreements on how we will all treat each other while in any Club facility or at any Club sponsored event or activity. By signing this statement I agree to abide by this basic set of behavioral expectations and accept any consequences, good or bad, that may come from my behavior.

Basic Behavioral Agreement

1. I agree to treat myself, other members, visitors, volunteers and staff with respect at all times. *This means following directions, no name calling, put downs or rude comments.*
2. I agree to treat property of the Club and of the others members with respect. *This means not taking or using anything without permission of the owner and returning properly when asked by the owner without argument.*
3. I agree to be a positive role model to my fellow Club members, and will remind them of these agreements and help them live up to them.
4. I will use appropriate language while in the Club or on Club-sponsored activities. *This means not swearing or being verbally abusive.*
5. I will pick up after myself: throwing away my trash, taking my personal belongings, and returning things where I found them.
6. I agree to not use violence or threatening language at anytime. *This includes pushing, shoving, hitting ate., even in a "joking" way.*

The Boys & Girls Clubs of Brattleboro strives to be a positive place for kids and to meet that goal we all need to work together.

Member's Signature

Date

I understand that this is by no way a complete list of possible behaviors that can come up on any given day, but I understand that my child's behavior must meet a basic acceptable level while in the Boys & Girls Club and on Club sponsored events.

Parent's Signature

Date

Amateur Athletic Waiver And Release of Liability

(Read before signing)

In consideration of being allowed to participate in any way in the 17 Flat Street Brattleboro Boys & Girls Club athletic/sports program, related events and activities, I, _____, the undersigned acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS The Boys & Girls Club of Brattleboro their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

x _____ Age: _____ Date Signed: _____
Participant's Signature

For Participants of Minority Age ***(Under age 18 at the time of registration)***

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

x _____ Phone: _____ Date Signed: _____
Parent/Guardian's Signature