



BOYS & GIRLS CLUB
OF GREATER WESTFIELD, INC.

Renewal
 New Member

2016 ~ 2017
BASKETBALL - PARK & REC

Member First Name: _____ Last: _____
Gender: M F **Ethnicity:** African American, Asian, Caucasian, Hispanic, Multi-Racial, Native American, Pacific Islander
Member DOB: MM/ DD/ YYYY: / / City and State or Country of Birth _____
School: _____ Grade (K-12): _____ **(School lunch)** free, reduced, NotApp
Street Address: _____ City: _____
State: _____ Zip: _____ **Parent Email:** _____

Main Contact Parent/Guardian: _____ relationship: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Employer _____ Address _____

2nd Contact Parent/Guardian: _____ relationship: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Employer: _____ Address _____

Member lives with: Mom & Dad Mom Dad Step Mom Step Dad Grandparent Foster Parents:

Household: NOTE: This information is strictly confidential and collected for grant writing and fund-raising purpose ONLY.

\$0,000 - \$5,000	\$30,001 - \$35,000	\$60,001 - \$65,000
\$5,001 - \$10,000	\$35,001 - \$40,000	\$65,001 - \$70,000
\$10,001 - \$15,000	\$40,001 - \$45,000	\$70,001 - \$75,000
\$15,001 - \$20,000	\$45,001 - \$50,000	\$75,001 - \$80,000
\$20,001 - \$25,000	\$50,001 - \$55,000	\$80,001 - \$85,000
\$25,001 - \$30,000	\$55,001 - \$60,000	\$85,001 - \$90,000+

Household Size: _____ Number under 18 in Household: _____ Member of the Household 65 years old or older: Y N
Member of the Household Handicapped: Y N Head of Household: M F Both Single Parent: Y N
Parent or Guardian in the Military: Y N Branch _____ Base _____ Rank _____
Status: Guard Reserve Active **If active or reserve ask for additional form to receive a military discount.**

Medical Information: Doctor Name: _____ Phone: _____
Permission for Treatment by qualified medical personnel: Yes No
Health insurance: Yes No Insurance Carrier: _____
Serious Health Problems/Allergies: Yes No If Yes, explain: _____

Medications: (Even if taken at home): Yes No _____

Insurance and Liability Waiver Release:
Participation in Boys & Girls Club activities may involve risk of injury. To my knowledge I (or my ward) have no health impairment which might interfere with or preclude any participation in Boys & Girls Club activities. As a parent, guardian or participant, I am aware of these hazards and my (or my ward's) ability to participate. I understand that I will assume full responsibility for any accidents, injuries or damage to personal property incurred thereby releasing the Boys & Girls of Greater Westfield, its' staff, volunteers and its' directors of all liability. I understand that participation in any recreational, dance or sport activity involves risk. I further understand that the Club maintains an open door policy and that supervision is provided inside the Club's facility at all times. Occasionally, supervised outdoor programming occurs on the Club's property. This waiver includes any transportation, which may be provided by the Boys & Girls Club of Greater Westfield, or any other agency involved in it programs. Boys & Girls Club of Greater Westfield reserves the right to suspend, revoke, or deny membership based on Club policies.
Parent/Guardian Signature: _____

Parent/Guardian gives permission:
to use member in positive publicity in video, print, and photos: Yes No
for member to participate in all Club activities in or adjacent to the club building: Yes No
Parent/Guardian Understood, Signed Insurance and Liability Disclaimer and Permissions Yes No

Parent/Guardian **print** name: _____
Parent/Guardian **Signature:** _____ Date _____