

(for office use only)

- ☐ North End
- ☐ Central Clubhouse
- ☐ Adult
- ☐ Punch Card ☐ League/Program
- ☐ Yearly Membership ☐ Military



- ☐ Teen (13-18)
- ☐ Pre-Teen (5-12)
- ☐ Pre-School (0-4)
- ☐ Adult (19-55)
- ☐ Adult (55+)
- ☐ New ☐ Renew

Membership Application

Processed by: \_\_\_\_\_

Date entered: \_\_\_\_\_

INFORMATION

Member's Name: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_ ) \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ ☐ E-mail: \_\_\_\_\_

(Youth only) School: \_\_\_\_\_ Grade (in Sept 2017): \_\_\_\_\_

Teacher's Name (elementary school only): \_\_\_\_\_

On time grade progression? ☐ Yes ☐ No

PRIMARY & EMERGENCY CONTACT INFORMATION

Primary Contact: \_\_\_\_\_ Relationship to member: \_\_\_\_\_

☐ Cell \_\_\_\_\_ ☐ Other \_\_\_\_\_ ☐ Email \_\_\_\_\_

Authorized to pick-up member ☐ Yes ☐ No

Secondary Contact: \_\_\_\_\_ Relationship to member: \_\_\_\_\_

☐ Cell \_\_\_\_\_ ☐ Other \_\_\_\_\_ ☐ Email \_\_\_\_\_

Authorized to pick-up member ☐ Yes ☐ No

Emergency Contact: \_\_\_\_\_ Phone/Cell: ( \_\_\_ ) \_\_\_\_\_ Relationship: \_\_\_\_\_

(other than parent/guardian & over 18 years old) Authorized to pick-up member ☐ Yes ☐ No

Emergency Contact: \_\_\_\_\_ Phone/Cell: ( \_\_\_ ) \_\_\_\_\_ Relationship: \_\_\_\_\_

(other than parent/guardian & over 18 years old) Authorized to pick-up member ☐ Yes ☐ No

Youth lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian ☐ Stepmother ☐ Stepfather ☐ Grandparents

MEDICAL INFORMATION

Please list any medical restrictions, allergies, or dietary restrictions: \_\_\_\_\_

Any restriction of activity for physical, emotional or psychological reasons? ☐ Yes ☐ No Explain: \_\_\_\_\_

Any condition now requiring regular medication? ☐ Yes ☐ No Name of medication: \_\_\_\_\_

Does your family have health and/or accident insurance: ☐ Yes ☐ No

Family Health Plan Name: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Permission for Treatment by Physician/Hospital: ☐ Yes ☐ No

Physician's Name: \_\_\_\_\_ Physician's Phone: ( \_\_\_ ) \_\_\_\_\_

HOUSEHOLD INFORMATION- youth only

NOTE: This information is collected for grant writing purposes ONLY

Ethnic/Racial Origin: ☐ Caucasian ☐ African American ☐ Hispanic ☐ Asian ☐ Native American

☐ Multi-Racial ☐ Other: \_\_\_\_\_ (please specify)

School lunch eligibility ☐ Free School Lunch ☐ Reduced Price School Lunch

Number in Household: \_\_\_\_\_ ♦ Current Head of Household: ☐ Female ☐ Male ♦ Single Parent Household: ☐ Yes ☐ No



**PLEASE READ AND SIGN THE FOLLOWING:**

I understand that the Club and its personnel are not responsible for personal injury or loss of property. I agree to observe whatever rules are decided upon as best for the welfare of all. The Boys & Girls Club of Newport reserves the right to dismiss a Member from the Club. Refunds will not be made due to dismissal.

In accordance with Section 7-6-9 of the RI General Laws entitled "Exemption from Liability", I hereby waive any liability that the Boys & Girls Club of Newport, its officers, directors, trustees, agents, servants and employees might have and agree that said Boys & Girls Club of Newport, shall not be liable for any and all bodily injury to the participant incurred while such participant is engaged in programs or services. This includes practicing for, or participating in any contest or exhibition of an athletic or sports nature sponsored by the Boys & Girls Club of Newport; and hereby assume the risk of any bodily injury to such participant incurred while such participant is practicing for or participating in any contest or exhibition of an athletic or sports nature sponsored by the Boys & Girls Club of Newport.

The health history on the reverse of this form is correct so far as I know, and the herein described has permission to engage in all prescribed activities, except as noted by me and the physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by and the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injections or surgery.

**Boys & Girls Club of Newport - Hours for Drop-In Members – Pre-Teen – During the School Year:**

Monday – Friday 2:30 p.m. to 8:00 p.m.

**Boys & Girls Club of Newport - North End Hours - Teen Members – During the School Year:**

Monday – Thursday 2:30 p.m. – 7:00 p.m., Friday 2:30 p.m. – 6:00 p.m.

Members will be held accountable for their actions to ensure a safe and fun environment for all. As a drop-in facility, I understand that the Club is not responsible for Club members' whereabouts. Additionally, I will not send toys, CD players, MP3 players, jewelry, cell phones, handheld games or other valuables to the Club. I understand the Boys & Girls Club of Newport is not responsible for lost, damaged or stolen items.

(Youth only) I give my permission to the Boys & Girls Club of Newport to share information about my child listed on this application with the Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information disclosed to BGCA may include: the information provided on this membership application form; information provided by the minor child's school or school district; and any other information collected by the Boys & Girls Club of Newport, including but not limited to data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

(Youth Only) I understand that as a member of the Boys & Girls Club of Newport, my child will have access to the Internet. While precautions are taken, it is possible s/he may access inappropriate sites. The Boys & Girls Club of Newport has rules and consequences for such behavior. All children must abide by the Club Member Technology Rules & Regulations.

(Youth Only) Among the many services available during the after-school program, the Club provides a wide variety of homework help, academic support programs and social/ emotional competency programs. In order for us to assess and monitor the needs of our members and provide appropriate services, the Boys & Girls Club of Newport would like to collect the report cards, NECAP scores and any behavioral information for your child in addition to having them participate in a diagnostic online survey. **I authorize the Club to access this information.** This release is valid for one year and may be revoked at any time by contacting the Boys & Girls Club of Newport in writing.

(Youth Only) I hereby consent and authorize the Boys & Girls Club of Newport to survey my child about their Club experience, behaviors, skills and attitudes using a variety of survey instruments.

I hereby consent for my child to utilize Club transportation including club vans, busses or walk to/from home. **In order to opt out of the transportation release, please complete a letter requesting the opt out and leave it with the front desk.**

I hereby consent and authorize the Boys & Girls Club of Newport to use and reproduce photographs and video taken of myself or my child for publicity, advertising and marketing purposes of every description. **In order to opt out of the photo release, please complete a letter requesting they opt out option and leave it with the Front Desk.** I also consent to my child utilizing the transportation offered by the Boys & Girls Club of Newport. Additionally, I consent to my child participating in all Club activities in or adjacent to the Club building.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_