



***Our mission:*** to inspire and enable all young people, especially those who need us most, to realize their full potential as productive, responsible and caring citizens.

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

Nickname: \_\_\_\_\_ Address: \_\_\_\_\_ E-mail \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender:  Male  Female

**School Information:** (we need a copy of the school district determination letter to qualify for a scholarship)

Current School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Current Teacher: \_\_\_\_\_ Receive Free/Reduced Price Lunch: Yes  No

**Student Pin Number:** \_\_\_\_\_ (Student data is summarized for reporting to funders and for grants.)

**Parents Information:**

Name and Relationship: \_\_\_\_\_ Name and Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contacts: (emergency contacts are also authorized to pick up your child)**

1.) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Medical Information:** Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Permission for Doctor/Hospital: Yes  No

Any health problems we need to know about: Yes  No  Please describe: \_\_\_\_\_

**Demographic Information** (this information is collected for grant writing purposes only):

Child lives with: Mom  Step Mom  Dad  Step Dad  Other: \_\_\_\_\_

Is there a Member of the Household 65 years old or Older: Yes  No

Is there a Member of the Household Handicapped: Yes  No

Current Head of Household: Female  Male

Current Single Parent: Yes  No  Current Number in Household: \_\_\_\_\_

Number of Brothers: \_\_\_\_\_ Ages: \_\_\_\_\_ Number of Sisters: \_\_\_\_\_ Ages: \_\_\_\_\_

**Data Collection and Sharing:** In order to determine the effectiveness of the programs we offer we may collect and share data about your child. We may also administer surveys to determine their opinions.

**Data Collection Permission:** I give my permission to the Boys & Girls Club of Denison to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude any references to any individual responses. The aggregated results of these analyses may be shared with Club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or Club impact on members.

**Data Sharing:** understand that the Boys & Girls Club of Denison may share information about the minor child listed on this application with Boys & Girls Clubs of America for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include information provided on this membership application form, information provided by the child's school or school district, and other information collected by the Boys & Girls Club of Denison, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

**Disclaimers:**

1. The Boys & Girls Clubs of Denison, Inc. (BGCD) is not responsible or liable in any way in the event of harm or injury occurring to the child. It is agreed that the parent or guardian will not hold (BGCD) responsible for the welfare or whereabouts of the child. If the Parent or Guardian does file a complaint against the Club the Parent or Guardian agrees to pay for BGCD legal fees.
2. I understand the BGCD "open door" policy.
3. I have received a copy of the BGCD "Membership Information" booklet and agree to abide by the policies.
4. The Club may have periodic field trips in the Grayson County area during our normal hours of operation and no additional permission will be needed for my child to participate.
5. Photographs and videos of Club activities may include your child and may be used for public relations purposes.
6. Your child will be granted access to the Internet upon completion of our Internet safety program.
7. Members ages 6 - 12 are allowed to watch PG movies without additional permission.
8. Members ages 13 and older are allowed to watch PG-13 movies without additional permission
9. Members ages 13 and older are allowed to use the Club's Open Door Policy.
10. Members may be photographed for promotional items or Club marketing.
11. By signing this application you agree that you understand and agree to our dues and fees policy and you agree to pay these dues and fees on Friday for the following week (pay in advance).
12. PLEASE VISIT OUR WEBSITE [www.boysgirlsclubdenison.org](http://www.boysgirlsclubdenison.org) for ALL SAFETY GUIDELINES and added information.

Civil Rights Disclaimer:

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

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The Boys & Girls Club of Denison is not licensed by the State of Texas. We are not a child day care program or facility.

Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY** Membership #: \_\_\_\_\_ Entry Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Status: \_\_\_\_\_ New or Renewal Member: \_\_\_\_\_  
Paid Amount and Method: \_\_\_\_\_ Processed by: \_\_\_\_\_