

Member Type New Member
 Renewing Member

Member Name: _____

Date: _____

2025-2026 Enrollment Form

\$250 Membership Fee

\$125 Membership Fee with proof

Of SNAP Eligibility



Payment: \$ _____

Cash Credit Check#: _____

Staff Initials: _____

#of youth members in family: _____

PRIMARY CONTACT

Role in Household Mother Aunt/Uncle Brother Grandparent Guardian
 Father Sister Cousin Foster Parent Step-Parent

Name _____
Email Address _____
Mobile Phone _____
Address _____
City, State, Zip _____
Employer _____
Employer Phone _____
May we call you at work? _____

Military Status

Current / Former Military Yes No **Status** Active Duty Reserve/Guard Veteran **Branch** Air Force Marine Corps Army National Guard Coast Guard Navy

MEMBER DETAILS

Member Information

Total past years of membership with Boys & Girls Clubs _____
Name _____
Address _____
City, State, Zip _____
Birth date _____

Gender Male Female

Racial / Ethnic Identity American Indian or Alaska Native Asian Black or African American Hispanic or Latino Native Hawaiian or other Pacific Islander White Other

School Information

Teacher & Grade _____
School Name _____

Allergies

Food & Seasonal Allergies: _____

Medical Information

Diagnosed Medical Conditions	<input type="checkbox"/> Asthma	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Autism	
	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Seizures	
	<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Anxiety/Depression	
		<input type="checkbox"/> Oppositional Defiance Disorder	

Please list any other physical, mental or medical limitations.

Does the member receive additional support in the school/community?	<input type="checkbox"/> Individualized Education Plan (IEP)
	<input type="checkbox"/> Speech Coach
	<input type="checkbox"/> Meets with school or private counselor
	<input type="checkbox"/> Other _____

Insurance

Insurance Carrier _____

Group Number _____ **Member/Policy Number** _____

AUTHORIZED CONTACTS

Authorized Contact 1	Authorized Contact 2
Full Name _____	Full Name _____
Phone _____	Phone _____
Mobile Phone _____	Mobile Phone _____
Work Phone _____	Work Phone _____
Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship _____	Relationship _____

NON-AUTHORIZED CONTACTS

Please list any individuals that ARE RESTRICTED from picking up the member.

Non-Authorized Contact 1	Non-Authorized Contact 2
Full Name _____	Full Name _____
Phone _____	Phone _____
Relationship: _____	Relationship: _____

Household Support

Child's Family Setting:

Mother Only Father Only Foster Care 1 Parent/1 step 2 Parent Family Grandparents

Other _____

Number of adults in household _____

Number of children in household _____

Household Income \$0 – 40,000 \$40,001 – 60,000 \$60,001 +

School Lunch Free Reduced Not Eligible

ALL HOUSEHOLD INFORMATION IS STRICTLY FOR REPORTING PURPOSES AND IS KEPT CONFIDENTIAL

WAIVERS & RELEASES

Data Collection

- Yes No I give my permission to the BGC 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 all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, BGCA, funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members. This release may be revoked at any time by contacting the BGC in writing.

Medical

- Yes No I give permission to the BGC to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.

Technology

- Yes No As a member of the Boys & Girls Club, our child may have access to the internet. While the Boys & Girls Club has rules prohibiting such conduct and precautions are taken by the Club to prevent such access, it is possibly your child may access inappropriate sites. The Boys & Girls Club will not be responsible for such unauthorized access.

Transportation

- Yes No Parents and Club members may be responsible for their own transportation to and from the Club.
- Yes No My child will ride the Club assigned BUS during the school year.
- Yes No I agree to pick up my child on time and understand that failure to do so may result in additional fees being charged and/or local authorities being contacted.
- Yes No My child is ALLOWED to leave the building on their own.
- Yes No My child may attend "WALKING CLUB" with a CLUB STAFF.

Data Sharing

- Yes No I give my permission to the BGC to share information about the minor child listed on this application with BGCA for research purposes and/or to evaluate the program's effectiveness. Information that will be 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 other information collected by BGC, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential. This release may be revoked at any time by contacting the BGC in writing.
- Yes No The Boys & Girls Club of St. Marys intends to administer the Boys & Girls Clubs of America National Outcomes Survey to ALL club members between the ages of 9 and 18years old in the spring months. The purpose of this survey is to obtain information regarding perceptions of the Club Experience, Behaviors, Skill, and Attitudes. **Please inform a Club Director in writing if you DO NOT want the survey administered to your child.

Press / Media

- Yes No I give my permission for my child's picture, video image, or any other graphic depiction or likeness, to be used by BGC, Boys & Girls Clubs of America and its activities.

Miscellaneous

- Yes No I understand that the Boys & Girls Club is not responsible for lost or stolen items.
- Yes No My child has permission to participate in any and all activities, programs, and field trips sponsored by the Boys & Girls Club of St. Marys. I understand that all safety precautions will be taken and I will NOT hold Boys & Girls Club of St. Marys Staff or Volunteers legally liable for accidents in connection with any activities.

APPLICATION APPROVAL

I understand that the club is NOT, NOR CLAIMS TO BE, a licensed daycare. AS A DROP-IN FACILITY, THE BOYS & GIRLS CLUB OF ST. MARYS IS NOT RESPONSIBLE FOR CLUB MEMBERS, WHEREABOUTS.

I, the parent/guardian of the minor child listed on this application, on behalf of the minor child listed herein and for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of St. Marys and Boys & Girls Clubs of America (BGCA), their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

Your signature below confirms that all information above is true and accurate.

Parent/Guardian Signature

Date

SAFETY POLICIES

I, _____, the parent/guardian of the minor child listed on this application, have read and am agreeing to the Safety Policies and Protection of Youth Policies that the Boys & Girls Club of St. Marys have put in place. I understand that the full version of these policies can be found in the Parent Handbook, located at the front desk of the Boys & Girls Club of St. Marys.

I, the parent/guardian of the minor child listed on this application, on behalf of the minor child listed herein and for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of St. Marys and Boys & Girls Clubs of America (BGCA), their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

Your signature below confirms that all information above is true and accurate.

Parent/Guardian Signature

Date

Payment Options:

1. I, _____, agree to the Daily Payment Plan where \$5/day per member is paid until the full amount is paid.

2. I, _____, agree to the Three Installment Plan where 1/3 of balance is due on October 1, 2025; January 1, 2026; and April 1, 2026.

***Youth membership fee, \$250 for 2025-2026. With proof of SNAP eligibility, youth membership fee will be \$125.**

****Each additional child per family will receive a \$25 discount**

*****If membership fee is paid in full by October 1, 2025, families will receive a 10% discount.**

WE WILL BE UTILIZING HEJA APP FOR COMMUNICATION NEEDS THROUGHOUT THE SCHOOL YEAR

Your team
Boys & Girls Club After School '25- '26
is on Heja

To join your team, download Heja on the App Store or Google Play. Open Heja, and enter the team code below.

Team code copied!

PO-179657

