



**BOYS & GIRLS CLUBS
OF UNION COUNTY
UNION CLUB**

TEEN MEMBERSHIP APPLICATION

PLEASE PRINT ALL INFORMATION

DATE: ___/___/___

CLUB # UN _____

EXPIRATION DATE: ___/___/___

_____ MALE ___ FEMALE
CHILD'S LAST NAME CHILD'S FIRST NAME

ADDRESS STREET CITY STATE ZIP

(____) _____ - _____
HOME PHONE # E-MAIL ADDRESS DATE OF BIRTH AGE

_____ GRADE TOWN
SCHOOL NAME

FATHER'S NAME FATHER'S ADDRESS STATE ZIP

(____) _____ - _____
FATHER'S HOME PHONE # FATHER'S EMPLOYER FATHER'S OCCUPATION

(____) _____ - _____
FATHER'S WORK PHONE # FATHER'S CELL/PAGER #

MOTHER'S NAME MOTHER'S ADDRESS STATE ZIP

(____) _____ - _____
MOTHER'S HOME PHONE # MOTHER'S EMPLOYER MOTHER'S OCCUPATION

(____) _____ - _____
MOTHER'S WORK PHONE # MOTHER'S CELL/PAGER #

EMERGENCY CONTACT NAME RELATIONSHIP TO CHILD (____) _____ - _____
HOME/CELL/WORK #

HOW DID YOU HEAR ABOUT THE BOYS & GIRLS CLUB?

___FRIEND ___ADVERTISING ___BROCHURE ___FORMER MEMBER ___OTHER ___ALUMNI

CHILD LIVES WITH: ___BOTH PARENTS ___MOTHER ___FATHER ___OTHER SPECIFY: _____

MEDICAL

ANY CHRONIC OR ACUTE ILLNESS? _____

ANY PRESCRIBED MEDICATION? _____

IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME. IN THE EVENT THAT I CANNOT BE REACHED, I HEREBY GIVE PERMISSION TO THE HOSPITAL AND ATTENDING PHYSICIAN SELECTED BY THE BOYS & GIRLS CLUBS OF UNION COUNTY, INC. TO TAKE ANY NECESSARY ACTION, INCLUDING SURGERY, ANESTHESIA, OR INJECTIONS, THAT IS IN THE BEST INTERSET OF MY CHILD.

OTHER SIDE PLEASE

REQUIRED INFORMATION

THE BOYS & GIRLS CLUBS OF UNION COUNTY, INC. BENEFIT FROM FEDERAL FUNDING. THEREFORE, THE FOLLOWING INFORMATION IS REQUIRED FOR GOVERNMENTAL SURVEYS IN ORDER TO CONTINUE RECEIVING THIS FUNDING. FAILURE TO SUPPLY THIS INFORMATION WILL RESULT IN THE LOSS OF THIS FUNDING.

IT IS MANDATORY THAT YOU FILL THIS OUT, OTHERWISE WE CANNOT ACCEPT THIS APPLICATION.

PLEASE CIRCLE THE NUMBER OF PEOPLE IN YOUR HOUSEHOLD AND THE CORRECT INCOME LEVEL LISTED BENEATH THE HOUSEHOLD SIZE

2 PEOPLE	3 PEOPLE	4 PEOPLE	5 PEOPLE	6 PEOPLE	7 PEOPLE	8 PEOPLE
\$0 TO \$32,100	\$0 TO \$36,150	\$0 TO \$40,150	\$0 TO \$43,350	\$0 TO \$46,550	\$0 TO \$49,800	\$0 TO \$53,000
\$32,101 TO \$46,400	\$36,151 TO \$52,200	\$40,151 TO \$58,000	\$43,351 TO \$62,650	\$46,551 TO \$67,300	\$49,801 TO \$71,900	\$53,001 TO \$76,550
ABOVE \$46,401	ABOVE \$52,201	ABOVE \$58,001	ABOVE \$62,651	ABOVE \$67,301	ABOVE \$71,901	ABOVE \$76,551

CHECK APPLICABLE LINE

WHITE (NON HISPANIC ORIGIN) BLACK (NON HISPANIC) HISPANIC ASIAN OR PACIFIC ISLANDER

NATIVE AMERICAN INDIAN OTHER: _____ HANDICAPPED OR DISABLED

I UNDERSTAND THAT MY CHILD’S MEMBERSHIP AT THE BOYS & GIRLS CLUBS OF UNION COUNTY, INC. IS A PRIVILEGE AND MAY BE REVOKED IF MY CHILD DOES NOT ADHERE TO CLUB POLICIES.

PLEASE BE ADVISED THAT OUR COMPANY PROVIDING MEDICAL PAYMENT INSURANCE HAS TERMINATED ALL FORMS OF COVERAGE. **PLEASE TAKE NOTICE THAT THERE IS NO MEDICAL PAYMENT INSURANCE COVERAGE AVAILABLE OR PROVIDED BY THE BOYS & GIRLS CLUBS OF UNION COUNTY, INC..** YOU, THE PARENT OR GUARDIAN, MUST PROVIDE FOR ANY MEDICAL PAYMENT OR INSURANCE COVERAGE FOR YOUR CHILD.

THE BOYS & GIRLS CLUBS OF UNION COUNTY HAS MY PERMISSION TO USE PICTURES TAKEN OF ME OR MY CHILD IN PUBLICATIONS TO PROMOTE ACTIVITIES CONDUCTED AT THE CLUB.

I GIVE THE BOYS & GIRLS CLUBS OF UNION COUNTY MY PERMISSION FOR MY CHILD TO PARTICIPATE IN ATHLETIC AND RECREATIONAL ACTIVITIES.

ACKNOWLEDGEMENT:

I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS AND **REPRESENT TO HOLD HARMLESS THE BOYS & GIRLS CLUBS OF UNION COUNTY, INC.** FROM ANY LIABILITY, IN CONSIDERATION OF PARTICIPATION OR ATTENDANCE AT CLUB FACILITIES OR FUNCTIONS FOR MYSELF AND MY CHILD.

I HEREBY DECLARE THAT THE ABOVE INFORMATION IS TRUE, ACCURATE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE INFORMATION WILL JEOPARDIZE MY CHILD’S MEMBERSHIP AND MONIES PAID.

AGENCY ACCEPTABLE USE POLICY

Boys & Girls Clubs of Union County’s computer network and Internet access are available to members to enhance their educational experience and become literate in an increasingly technological world. I understand that access to Boys & Girls Clubs of Union County’s Network and the Internet is designed for the educational purposes and we have taken available precautions to educate members on appropriate educational materials. However, it is understood that no matter how much supervision and monitoring that the Club can utilize, there will always be the possibility of my child coming in contact with inappropriate material, and I will not hold the Boys & Girls Clubs of Union County responsible for materials acquired on the network.

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN PRINTED NAME

CHILD’S NAME

DATE

STAFF INITIALS:

RECEIPT #: