



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

ATHLETIC MEMBERSHIP APPLICATION

PLEASE PRINT ALL INFORMATION

DATE: ___ / ___ / ___

CLUB # UN _____

EXPIRATION DATE: ___ / ___ / ___

_____ ATHLETIC PROGRAM NAME(S) _____ MEMBERSHIP TYPE _____

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

_____ ADDRESS _____ STREET _____ CITY _____ STATE _____ ZIP _____

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

_____ SCHOOL NAME _____ GRADE _____ TOWN _____

_____ 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.

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.

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN PRINTED NAME

CHILD'S NAME

DATE

STAFF INITIALS: _____

RECEIPT #: _____