

Boys & Girls Club of Abilene Membership Application

Office Use Only
Amount Pd: _____
Receipt #: _____

Child's Name: First: _____ Middle: _____ Last: _____

Nickname: _____ Gender: ___ M ___ F DOB: _____

Address: _____ City, State: _____ Zip: _____

Home Phone #: _____ Club Member Since: _____

Ethnicity/Race

Ethnicity: ___ Hispanic/Latino ___ Non-Hispanic/ Non-Latino
Race: ___ Asian ___ Black/African American ___ Multi-Racial ___ Native American/Alaska Native ___ White/Caucasian

School Information

Pickup after school: ___ Yes ___ No School Attending: _____
Grade: _____ Current Teacher: _____

Medical Information

Doctor's Name: _____ Doctor's Phone: _____
In Case of Emergency
Permission for Treatment by Doctor/Hospital ___ Yes ___ No Medicaid: ___ Yes ___ No
Does your family have health and/or accident insurance: ___ Yes ___ No
Any Serious Health Problems: ___ Yes ___ No If Yes, explain: _____

Medications: ___ Yes ___ No If Yes, explain: _____

Household Information*

*Because we are dependent on grants to keep Membership Dues low this section must be filled out completely in order to be enrolled
Member lives with (check all that apply):

___ Mom ___ Dad ___ Step Mom ___ Step Dad ___ Grandparent ___ Foster Parent ___ Other _____

Number of people in Household: _____ Housing Development?: _____

Does your child receive free or reduced lunches? ___ Yes ___ No

Annual Income Level: ___ \$0 - \$12,000 ___ \$12,001 - \$18,000 ___ \$18,001 - \$24,000 ___ \$24,001 - \$30,000
___ \$30,001 - \$36,000 ___ \$36,001 - \$42,000 ___ 42,001 - \$48,000 ___ greater than \$48,001

Current Head of Household: ___ Female ___ Male ___ Both Single Parent Household: ___ Yes ___ No

Is there any member of the household 65 years or older? ___ Yes ___ No Handicapped? ___ Yes ___ No

Military: ___ Yes ___ No If Yes: ___ Active ___ Reserve Service branch: _____

1. I give my child permission to go on special trips as scheduled if they sign up in advance and behave in an appropriate manner.

Parent's or Guardian's Signature: _____

2. I give my child permission to use the B&GC computers to access the internet

Parent's or Guardian's Signature: _____

3. I have received a copy of the Parent's Handbook

Parent's or Guardian's Signature: _____

4. I understand that membership dues are due on the 7th each month and if I am 1 month behind my child will not be allowed to attend the club until all dues are current.

Parent's or Guardian's Signature: _____

5. If school pickup is checked yes, I give permission to the Boys & Girls Club of Abilene, Inc. to pick up my child at school and transport him/her to the Club. The child is responsible for being where he/she needs to be for pickup and B&GC staff is NOT allowed to go into the school to get them. If a child is left at school because he/she was not where they were supposed to be it is the parent's responsibility to pick the child up from the school.

Parent's or Guardian's Signature: _____

Disclaimer:

I will do everything possible to work with my child and the staff to ensure he/she and all members have a fun and learning experience at the Club

It is agreed that the B&GC assumes no liability for injury or other losses as a result of being a member of the B&GC, and I agree to hold harmless the B&GC except those injuries or damages caused by intentional acts or gross negligence. I also understand that the B&GC is not responsible for loss of personal property.

It is further agreed that any photographs taken of the B&GC member may be used for public relations purposes without further permission from me.

I hereby give authority to the employees of the Boys & Girls Club of Abilene, Inc. to have emergency first aid administered to my child.

I understand Special Activities/Field Trips will be offered where I may have to provide funds for my child to participate.

I understand that all membership dues paid to the B&GC are NONREFUNDABLE.

I understand that my child needs to be picked up from the Club by the stated closing time and that continuous late pick up will result in suspension of membership.

I UNDERSTAND THAT THE Boys & Girls Club of Abilene, Inc. IS NOT A LICENSED DAYCARE FACILITY AND IS NOT REGULATED BY THE DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES.

Parent's or Guardian's Signature: _____ Date: _____

MEMBERSHIP APPLICATION – CONTACTS

Member's Name: _____

PRIMARY CONTACT

Relationship to Member: _____

Parent/Guardian: Y N Emergency Contact: Y N

Person Authorized to Pick-up Member: Y N

Name: _____

DOB: _____

Home Address: _____

Employer: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Email: _____

Relationship to Member: _____

Parent/Guardian: Y N Emergency Contact: Y N

Person Authorized to Pick-up Member: Y N

Name: _____

DOB: _____

Home Address: _____

Employer: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Email: _____

Relationship to Member: _____

Parent/Guardian: Y N Emergency Contact: Y N

Person Authorized to Pick-up Member: Y N

Name: _____

DOB: _____

Home Address: _____

Employer: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Email: _____

Relationship to Member: _____

Parent/Guardian: Y N Emergency Contact: Y N

Person Authorized to Pick-up Member: Y N

Name: _____

DOB: _____

Home Address: _____

Employer: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Email: _____

Relationship to Member: _____

Parent/Guardian: Y N Emergency Contact: Y N

Person Authorized to Pick-up Member: Y N

Name: _____

DOB: _____

Home Address: _____

Employer: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Email: _____

Relationship to Member: _____

Parent/Guardian: Y N Emergency Contact: Y N

Person Authorized to Pick-up Member: Y N

Name: _____

DOB: _____

Home Address: _____

Employer: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Email: _____

Abilene Independent School District Bus Waiver

For Boys & Girls Club Members

I, _____, understand that the Abilene Independent

(Parent/Guardian's Name)

School District (AISD) will be free of all custodial responsibilities for my child,

_____, if he/she chooses to get off the bus at a Boys & Girls Club of

(Member's Name)

Abilene location. Understanding this, I give my child permission to ride the AISD school bus

from school to the _____ Club.

(Name of the Club)

(Parent/Guardian's Signature)

(Date)



BOYS & GIRLS CLUB
OF ABILENE