



**BOYS & GIRLS CLUB
OF CHICOPEE**

Only complete forms with payment will be processed

Membership Application
Application Fee \$30.00 per Program

For Office Use Only	
<input type="checkbox"/> Fee Received	Date: _____
Fee Plan: _____	Date: _____
Membership # _____	In system _____

CVT or CHA Use Only	
Stamp:	
Date: Initials _____	Date: _____

Program Start Date: _____

Program (check one):

- CASPER (Grade K – Age 12)
- Drop - In Youth (Age 6 in Grade 1 – Age 12)
- Drop - In Teen Senecal Teen Center (Ages 13 - 18)
- Drop - In Teen Evenings (Ages 13 - 18) \$30 or \$1.00 per night

Type of Membership (Check one):

- New Membership
- Renew Membership

Member Information:

First Name: _____ (Nick Name) _____	Last Name: _____
Address: _____	
City: _____	Zip Code: _____
Birth Date: ____/____/____ <small>month day year</small>	Age: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
School: _____	Did your child progress to the next grade on time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Grade: _____	Teacher: _____
Is Child a foster child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Child have a history with the Juvenile Justice System? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has Child been adjudicated? (Found guilty of a delinquent act) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does child have any physical, emotional or behavior issues that we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered YES to any of these above questions, membership approval may require a meeting with the Associate and Program Directors so that we may better understand and serve your child.	

Parent Guardian Information:

Parent/Guardian #1 _____	Relationship to Member: _____		
Phone (home): _____	Cell: _____	Would you like to receive text message reminders? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Address (If Different than Member): _____			
City: _____	Zip: _____	Married to Parent/Guardian #2: <input type="checkbox"/> Yes <input type="checkbox"/> No	Military: <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer: _____	Title: _____	Unemployed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Phone: _____	Email: _____		

Parent/Guardian #2 _____	Relationship to Member: _____		
Phone (home): _____	Cell: _____	Would you like to receive text message reminders? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Address (If Different than Member): _____			
City: _____	Zip: _____	Married to Parent/Guardian #1: <input type="checkbox"/> Yes <input type="checkbox"/> No	Military: <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer: _____	Title: _____	Unemployed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Phone: _____	Email: _____		

Emergency Contact Information:

EMERGENCY CONTACTS (in addition to parents/guardians above) **MANDATORY – your form will not be processed if left blank**

Name: _____ Relationship to Member: _____ Phone: _____

Name: _____ Relationship to Member: _____ Phone: _____

Emergency Medical Information:

Insurance Carrier: _____ Policy #: _____

Doctor's Name: _____ Phone #: _____

Doctor's Address: _____ City: _____ Zip Code: _____

Allergies and or Limitations: _____ Current Medications: _____

Has your child been diagnosed with any condition including behavioral? Yes No If yes, please list _____

If your child has any undiagnosed conditions/concerns please list so we may help him/her be more successful (ex. extreme shyness, anxiety, hyperactivity, etc.) *Please see last page to give details* _____

Emergency Hospital: _____

Does your child have a Dentist? Yes No

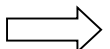
I authorize the Boys & Girls Club staff that are trained in the basics of first aid and/or CPR to give my child first aid when appropriate.
 I give permission to the Boys & Girls Clubs of Chicopee to seek emergency medical treatment for my minor child if I cannot be reached.
 I will be responsible for any/all costs of medical attention and treatment.

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____

Demographic Information: REQUIRED

Racial Group: <i>(check all that apply)</i> <input type="checkbox"/> Caucasian/White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian & White <input type="checkbox"/> African American & White <input type="checkbox"/> Other: Multi Racial	Ethnic Group: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Member lives with... <i>(check all that apply)</i> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparent/s <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Family <input type="checkbox"/> Brother/s: How many? ____ <input type="checkbox"/> Sister/s: How many? ____	Do You Live in Public Housing? <i>(check one)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Do You Live in Section 8 Housing? <i>(check one)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Single Parent? <i>(check one)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Assistance Programs <i>(check all that apply)</i> <input type="checkbox"/> Food Stamps <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Social Security <input type="checkbox"/> TANF(Temporary Assistance for Needy Families) <input type="checkbox"/> Other _____																																																
				School Lunch Program <i>(check one)</i> <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Brings Lunch/Pays for Lunch																																																
Language most used at home: <i>(check one)</i> <input type="checkbox"/> English <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Hindi <input type="checkbox"/> Portuguese <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	Total # of People in Household <i>(check one)</i> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 or more	Household Income: (Based on your household size please circle the income that most accurately reflects your household) <table border="1"> <thead> <tr> <th>Household Size</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> <th>7</th> <th>8</th> </tr> </thead> <tbody> <tr> <td></td> <td colspan="7" style="text-align: center;">Less than 20,600</td> </tr> <tr> <td></td> <td style="text-align: center;">20, 600</td> <td style="text-align: center;">23,200</td> <td style="text-align: center;">25,750</td> <td style="text-align: center;">27,850</td> <td style="text-align: center;">29,950</td> <td style="text-align: center;">31,950</td> <td style="text-align: center;">34,000</td> </tr> <tr> <td></td> <td style="text-align: center;">34, 400</td> <td style="text-align: center;">38,700</td> <td style="text-align: center;">42,950</td> <td style="text-align: center;">46,400</td> <td style="text-align: center;">49,850</td> <td style="text-align: center;">53,300</td> <td style="text-align: center;">56,700</td> </tr> <tr> <td></td> <td style="text-align: center;">51, 150</td> <td style="text-align: center;">57,550</td> <td style="text-align: center;">63,900</td> <td style="text-align: center;">69,050</td> <td style="text-align: center;">74,150</td> <td style="text-align: center;">79,250</td> <td style="text-align: center;">84,350</td> </tr> <tr> <td></td> <td colspan="7" style="text-align: center;">Greater than 84,350</td> </tr> </tbody> </table>			Household Size	2	3	4	5	6	7	8		Less than 20,600								20, 600	23,200	25,750	27,850	29,950	31,950	34,000		34, 400	38,700	42,950	46,400	49,850	53,300	56,700		51, 150	57,550	63,900	69,050	74,150	79,250	84,350		Greater than 84,350						
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Transportation and Authorization for DROP IN PROGRAMS only:

My child will depart from the Boys & Girls Clubs by:

- Unsupervised Walk
- Supervised Walk: by Name: _____ Relationship to Member: _____
- Pick Up (By parents, emergency or authorized contacts)

Other Authorized Contacts for Pick-up (Must be 18+ years old):

Name: _____ Relationship to Member: _____ Phone: _____

Name: _____ Relationship to Member: _____ Phone: _____

- Should departure methods change requests must be stated in writing and maintained in the child's file or the above plan must be implemented. Please inform program staff of any changes. Verbal or written permission and picture ID is required for anyone not included on the list above.
- Parent and Club members are responsible for their own transportation to and from the Club.
- As a drop-in facility, staff supervision is limited to inside the building. We recommend that you and your child set some firm rules about leaving the club, visiting friends in the neighborhood, going to the store, etc.

Consents:

<p>My child has permission to leave the Building with staff on field trips. (ex: Parks, playgrounds):</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Please Initial: _____</p>	<p>My Child has permission to use computers at the Club:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Please Initial: _____</p>	<p>My child has permission to Watch PG-13 movies:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Please Initial: _____</p>	<p>My child has permission to be used in public relation materials for the Boys & Girls Clubs of Chicopee (that is, to have their picture and/or name in newspapers, newsletters, and/or any other promotional materials and to offer them for use or distribution in other non-Boys & Girls Clubs publications, electronic or otherwise, without notifying me. I hereby waive any right to inspect or approve the finished photographs, videos, printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs or videos.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Please Initial: _____</p>
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Parent Release Form:

I, the parent/guardian of the minor child listed on the application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Chicopee, and the Boys & Girls Clubs of America, 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.

School Information

I give my permission to the Boys & Girls Club of Chicopee and _____ School to exchange information regarding my child, _____. The purpose of the exchange is to help both organizations do a better job of helping my child be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting my child's School or the Boys & Girls Clubs in writing.

Information Exchange

I give my permission to the Boys & Girls Club of Chicopee and health and public safety officials to exchange information regarding my child, _____. This release is valid for one year and may be revoked at any time by writing to the Boys & Girls Clubs of Chicopee.

Surveys and Questionnaires

I, the parent/guardian of _____, give permission for Boys & Girls Clubs of Chicopee to survey my child about his or her Club experience and behaviors, skills and attitudes using Boys & Girls Clubs of America's Youth Development Outcome Measurement Tool Kit surveys or other survey instruments.

Technology

As a member of the Boys & Girls Club, my child will have access to the Internet. While precautions are taken by the Boys & Girls Clubs of Chicopee, it is possible that s/he may access sites inappropriate for him/her. The Boys & Girls Clubs will have rules and consequences for such behavior. However, I will not hold the Boys & Girls Clubs of Chicopee or their staff, employees, volunteers, or directors responsible for the consequences of any such access by my child.

Miscellaneous

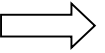
I authorize the Boys & Girls Club of Chicopee to release my child to all parent/guardians, emergency and authorized contacts listed above. In the event that parent/guardian, emergency and authorized contacts cannot be reached, I hereby give my permission to the physician selected by the Boys & Girls Club of Chicopee to hospitalize and secure treatment for my child.

Disclaimer

I hereby give permission for my child to become a member of the Boys and Girls Clubs of Chicopee. I understand that the Club is not responsible for personal injury or loss of personal property and that I will be financially responsible for any intentional damage or vandalism to the Club caused by my child.

Parent/Guardian Signature: _____ **Print Name:** _____ **Date:** _____

*Your signature confirms that all information provided above is true and accurate



Additional Information:

If your child has any undiagnosed conditions/concerns (ex. extreme shyness, anxiety, hyperactivity, etc.) that you listed on the first page, please give details here. Please include information on how we can help your child when dealing with these concerns. Any tips on how to help your child will help us ensure a successful/happy experience here at the Boys & Girls Club of Chicopee.

Condition/Concern/Behavior: _____

What we should look out for:

Details (tips/tricks/suggestions) on how to help:

