



BOYS & GIRLS CLUBS
OF MEDFORD & SOMERVILLE

Boys & Girls Club Membership Application

ONLY COMPLETE FORMS WILL BE PROCESSED

Date: _____

Club (check one):

- Healey Club (Healey students, siblings, school neighbors age 7 years through 8th Grade)
- Medford Club (youth age 7 years through high school graduation; 6 year olds under special circumstances – please speak with Club Director)

Type of Membership:

- New Membership
- Renew Membership

1) MEMBER INFORMATION			
First Name	M.I.	Last Name	Member ID#
Birth Date: ____ / ____ / ____ Age: _____		School: _____	
City/State of Birth: _____		Grade (2018-19 School Year): _____ Teacher: _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer		Did your child progress to the next grade on time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can Child swim? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your child have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		City	State
		Zip Code	
Home Phone:		Cell Phone:	
Member Email:			
Does Child have siblings that attend the Club? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Child a foster child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name: _____ Grade: _____		Child of Military and does not live on base? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name: _____ Grade: _____		Does Child Have a history with Juvenile Justice? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name: _____ Grade: _____		Has Child been homeless in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2) EMERGENCY MEDICAL INFORMATION	
Insurance Carrier	Policy #:
Doctor's Name:	Phone #:
Doctor's Address	City
	State
	Zip Code
Allergies: (check all that apply) <input type="checkbox"/> Peanuts <input type="checkbox"/> Eggs <input type="checkbox"/> Dairy/Lactose <input type="checkbox"/> Wheat <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Soy <input type="checkbox"/> Seafood/Shellfish <input type="checkbox"/> Bees <input type="checkbox"/> Latex <input type="checkbox"/> Penicillin <input type="checkbox"/> Other: _____	Medical Conditions: (check all that apply) <input type="checkbox"/> Autism <input type="checkbox"/> Visually Impaired <input type="checkbox"/> ADHD <input type="checkbox"/> Learning Disability <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Mobility Impaired <input type="checkbox"/> Seizures <input type="checkbox"/> Other: _____
Medications: (please list all medications) _____ Does your child use an Epi Pen? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child use an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you concerned about a medical condition that will impact your Child's time at the Club? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ Preferred Emergency Hospital: _____
I authorize the Boys & Girls Clubs of Medford and Somerville Staff that are trained in the basics of first aid and/or CPR to give my child first aid when appropriate and I give permission to the Boys & Girls Clubs of Medford and Somerville to seek emergency medical treatment for my minor child if I cannot be reached. While Staff can provide first aid and/or CPR, they cannot dispense medication of any kind. I will be responsible for any/all costs of medical attention and treatment.	
Parent/Guardian Signature: _____ Date: _____	

3) PARENT/GUARDIAN INFORMATION	
Parent/Guardian #1 Name:	Relationship to Club Member:
Home Address (if different than Member):	Home Phone #:
	Cell #:
Employer:	Work #:
Email Address:	Unemployed: <input type="checkbox"/> Yes <input type="checkbox"/> No Club Alum: <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian #2 Name:	Relationship to Club Member:
Home Address (if different than Member):	Home Phone #:
	Cell #:
Employer:	Work #:
Email Address:	Unemployed: <input type="checkbox"/> Yes <input type="checkbox"/> No Club Alum: <input type="checkbox"/> Yes <input type="checkbox"/> No

4) EMERGENCY CONTACTS (in addition to parents/guardians above) MANDATORY			
Name:	Relationship:	Home Phone #:	Cell #:
Name:	Relationship:	Home Phone #:	Cell #:

5) DEMOGRAPHICS (All information provided will remain confidential. This information is used for funding purposes to keep costs affordable.)			
Government Assistance: <i>(Check all that apply)</i> <input type="checkbox"/> Food Stamps/SNAP <input type="checkbox"/> Mass Health/Medicaid <input type="checkbox"/> TAFDC <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Unemployment Assistance <input type="checkbox"/> Veterans Assistance	Member lives with: <i>(Check all that apply)</i> <input type="checkbox"/> Mother <input type="checkbox"/> Father <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/s <input type="checkbox"/> Foster Parent/s	Member's Primary Language: <i>(Check one)</i> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Mandarin <input type="checkbox"/> Creole <input type="checkbox"/> Hindi <input type="checkbox"/> Portuguese <input type="checkbox"/> Tibetan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Punjabi <input type="checkbox"/> Other: _____	Single Parent? <i>(Check one)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No School Lunch Program: <i>(Check one)</i> <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Brings Lunch/ Pays for Lunch <input type="checkbox"/> Unknown
Race/Ethnicity: <i>(Check all that apply)</i> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Bi-racial <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-racial <input type="checkbox"/> African-American/Black <input type="checkbox"/> Other: _____	Housing: <i>(Check one)</i> <input type="checkbox"/> Public Housing <input type="checkbox"/> Private <input type="checkbox"/> Section 8 Voucher <input type="checkbox"/> Emergency Housing (Shelter, hotel, etc.)	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 Combined Yearly Income: <i>(Please write annual income in the space below)</i> \$ _____

6) ADDITIONAL INFORMATION

Please use this section to share any information that you feel would help Club Staff to best support your child. For example, a recent trauma, particular behavior, fears, etc.

Application continues on the back of this page.

Consents and Permissions - BGCMS = Boys & Girls Clubs of Medford and Somerville

Please check yes or no and initial.

- My child has permission to leave the building with staff on local field trips (ex: parks, playgrounds).
 Yes No _____
- My child has permission to use computers at the Club.
 Yes No _____
- My child has permission to watch PG-13 movies.
 Yes No _____
- My child has permission to be used in public relation materials for the BGCMS, 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- BGCMS publications, electronic or otherwise, without notifying me. I hereby waive any right to inspect or approve the finished photographs or 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 photograph.
 Yes No _____

Please initial after each statement. (You must initial all statements - MANDATORY)

- 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 BGCMS, 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. **X**_____
- I give my permission to the BGCMS and the individuals/organizations listed below, to exchange information regarding my child _____. The purpose of these exchanges is to help everyone do a better job of helping my child be successful.
1. School: _____ **Contact Person** _____ **Phone and Email:** _____
2. Counselor: _____ **Contact Person** _____ **Phone and Email:** _____
3. Other: _____ **Contact Person** _____ **Phone and Email:** _____
 These releases are valid for one year and may be revoked at any time by contacting BGCMS in writing. **X**_____
- I give my permission to BGCMS 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 BGCMS. **X**_____
- I understand that my child may be asked to complete surveys relative to Club programming. This information is used to improve Club services, and is always kept confidential. **X**_____
- As a member of BGCMS, my child will have access to the Internet. While precautions are taken by the BGCMS, it is possible that s/he may access sites inappropriate for him/her. BGCMS will have rules and consequences for such behavior. However, I will not hold the BGCMS or their staff, employees, volunteers, or directors responsible for the consequences of any such access by my child. **X**_____
- I understand that the Club is a drop in program and is not, or claims to be, a licensed day care center. Our Clubs maintain an OPEN-DOOR or DROP-IN policy and that supervision is provided INSIDE the Club's facility at all times. Occasionally, supervised outdoor programming also occurs on the Club's property. I understand that my child is able to come and go at will. (This does not include Vacation Camps or Summer Camps) **X**_____
- I hereby give permission for my child to become a member of the BGCMS. 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. **X**_____

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

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

Print Name: _____



BOYS & GIRLS CLUBS
OF MEDFORD & SOMERVILLE

Authorization & Release of Information Form

Dear _____:
(Name of school)

My child _____ is participating in programs at the Boys & Girls Club of Medford. These programs may include:

- Power Hour: Mandatory daily homework assistance, including help with problems, homework being checked for accuracy and completion, and weekly incentives.
- Additional homework help when my child requests it.
- High Yield Learning Activities that foster teamwork and critical thinking.

In an effort to strengthen these programs for my child, I hereby give permission to the Boys & Girls Club of Medford Director, Assistant Director, Teen Director, Education Coordinator, and Education Program Leader to speak with and get information from my child's teacher(s) and/or Guidance Counselor regarding homework, academic reports (report cards, test scores, behavior management plans/interventions, 504 plans and IEP's) and any extra assistance which may be helpful to my child's academic and personal progress.

If you have any questions or need to reach the Club, please feel free to contact them at:

Phone: (781) 391-5958 or Email Noah Segal the Education Coordinator: NSegal@bgcms.org

Sincerely,

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date

(Please Print)

Child's Name: _____

Grade: _____