



**MEMBERSHIP APPLICATION**  
**COMMUNITY BOYS & GIRLS CLUB of WILMINGTON, NC, Inc.**

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_

NICKNAME: \_\_\_\_\_

GENDER: \_\_\_ M \_\_\_ F ETHNICITY: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**SCHOOL INFORMATION**

CURRENT TEACHER \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADES: \_\_\_\_\_ FEE LEVEL: \_\_\_\_\_

**PARENTS INFORMATION**

MOTHER'S NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_  
HOME WORK CELL

FATHER'S NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_  
HOME WORK CELL

**EMERGENCY CONTACTS /AUTHORIZED TO PICK UP:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

	POX	HEPATITIS	MMR	HIB	POLIO	DTP SHOT	CHICKEN
1 <sup>ST</sup> SHOT	_____	_____	_____	_____	_____	_____	_____
2 <sup>ND</sup> SHOT	_____	_____	_____	_____	_____	_____	_____
3 <sup>RD</sup> SHOT	_____	_____	_____	_____	_____	_____	_____
4 <sup>TH</sup> SHOT	_____	_____	_____	_____	_____	_____	_____
5 <sup>TH</sup> SHOT	_____	_____	_____	_____	_____	_____	_____

DO YOU BELONG TO OTHER GROUPS?

\_\_\_ BOYS SCOUTS OR GIRLS SCOUTS \_\_\_ SCHOOL CLUB \_\_\_ YMCA OR YWCA

\_\_\_ CHURCH GROUP \_\_\_ OTHER: \_\_\_\_\_

REASON FOR JOINING: \_\_\_ FUN \_\_\_ LEARNING \_\_\_ SPORTS \_\_\_ OTHERS: \_\_\_\_\_

HOUSEHOLD

*NOTE: THIS INFORMATION IS COLLECTED FOR GRANT WRITING PURPOSES ONLY*

MEMBER LIVES WITH: \_\_\_ MOM \_\_\_ STEP MOM \_\_\_ DAD \_\_\_ STEP DAD \_\_\_ GRANDPARENT  
\_\_\_ OTHER: \_\_\_\_\_

HOUSING DEVELOPMENT: \_\_\_\_\_

ANNUAL	\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
	\$5,001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
INCOME	\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
	\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	\$75,001 - \$80,000 _____
LEVEL	\$20,001 - \$25,000 _____	\$50,001 - \$55,000 _____	\$80,001 - \$85,000 _____
	\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	\$85,001 - \$90,000 _____

NUMBER IN HOUSEHOLD: \_\_\_\_\_

IS THERE A MEMBER OF THE HOUSEHOLD 65 YEARS OLD OR OLDER: \_\_\_ YES \_\_\_ NO

IS THERE A MEMBER OF THE HOUSEHOLD HANDICAPPED: \_\_\_ YES \_\_\_ NO

CURRENT SINGLE PARENT: \_\_\_ YES \_\_\_ NO

AT SCHOOL, DOES CLUB MEMBER RECEIVE FREE LUNCH: \_\_\_ YES \_\_\_ NO

MEMBER MAY PARTICIPATE IN ALL CLUB ACTIVITIES IN OR ADJACENT TO THE CLUB BUILDING: \_\_\_ YES \_\_\_ NO

**MEDICAL INFORMATION**

DOCTOR NAME: \_\_\_\_\_ DOCTOR PHONE: \_\_\_\_\_

PERMISSION FOR TREATMENT BY DOCTOR/HOSPITAL: \_\_\_ YES \_\_\_ NO

MEDICAID: \_\_\_ YES \_\_\_ NO

DOES YOUR FAMILY HAVE HEALTH AND/OR ACCIDENT INSURANCE: \_\_\_ YES \_\_\_ NO

INSURANCE CARRIER: \_\_\_\_\_

POLICY#: \_\_\_\_\_ GROUP#: \_\_\_\_\_

DATE HEALTH INFO RECEIVED: \_\_\_\_\_

SERIOUS HEALTH PROBLEMS: \_\_\_ YES \_\_\_ NO IF YES, EXPLAIN: \_\_\_\_\_

MEDICATIONS: \_\_\_ YES \_\_\_ NO IF YES, EXPLAIN: \_\_\_\_\_

DATE MEDICAL INFO RECEIVED: \_\_\_\_\_

**THE COMMUNITY BOYS & GIRLS CLUB ALLOWS ME THE PRIVILEGE TO:**

- DEMONSTRATE MY INTELLIGENCE BY CORRECTING THOSE WHO USE PROFANITY.
- SOLVE CONFLICTS WITH FELLOW MEMBERS BY REPORTING THE PROBLEM TO A STAFF MEMBER AND KEEPING YOUR HANDS TO YOURSELF.
- NOT BRING CIGARETTES NAD OTHER TOBACCO PRODUCTS ON CLUB PROPERTY AND SAFEGUARD MY FELLOW CLUB MEMBER'S PROPERTY.
- MAKE A TELEPHONE CALL HOME FOR THE PURPOSE OF EMERGENCIES ONLY.
- CALL EVERYBODY BY HIS OR HER REAL NAME
- TAKE PRIDE IN MY CLUB KEEPING THE AREAS NEAT AND CLEAN INSIDE AND OUT.
- RUN, JUMP, AND SHOUT WHEN YOU PARTICIPATE IN OUTSIDE ACTIVITIES AND HELP KEEP THE INSIDE ACTIVITIES AT A MORE QUIET LEVEL.
- REPRESENT MYSELF, FAMIL, CLUB AND COMMUNITY INA POSITIVE MANNER WHEN ON FIELD TRIPS.
- ALWAYS ASSIST CLUB STAFF WHEN THEY ARE IN NEED OF HELP TO MAKE THE CLUB A BETTER PLACE.
- HAVE FUN AND CONTINUE TO COME TO THE CLUB IF I FOLLOW THESE "BASIC PRIVILEGES".

**MEMBERSHIP OATH:**

- I WISH TO PARTICIPATE IN THE PROGRAMS OF THE COMMUNITY BOYS & GIRLS CLUB.
- I WILL GLADLY FOLLOW TH "BASIC PRIVILEGES" AND TREAT OTHERS WITH RESPECT.
- I WILL MEET THE CHALLENGE OF REACHING MY FULL POTENTIAL THROUGH MY FAMILY, SCHOOL, BOYS & GIRLS CLUB AND COMMUNITY
- I PROMISE TO MAKE PROPER USE OF ALL CLAUB PROPERTY AND WILL NOT PERMIT ANDY BOYS/GIRLS TO USE MY MEMBERSHIP CARD FOR ANY PURPOSE WHATSOEVER.

**MEMBER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENTS PERMISSION AND SIGNATURE:**

I HERBY APPROVE OF THIS APPLICATION AND GIVE MY PERMISSION FOR MY SON/DAUGHTER TO JOIN THE COMMUNITY BOOYS & GIRLS CLUB. ALSO, I PROMISE TO BE PROMPT IN PICKING MY CHILD UP BEFORE THE END OF THE CLUB'S PROGRAM HOURS OF OPERATION. IN THE EVENT, I CANNOT BE REACHED IN CASES OF EMERGENCEY, I HEREBY AUTHORIZE ANDY MEDICAL AND/OR SURGICAL CARE, INCLUDING DIAGNOSTIC AND TREATMENT, TO BE RENDERED TO MY CHILD BY ANY LICENSED PHYSICIAN OR SURGEON, OR BY ANY LLICENSED HOSPITAL, WHEN ACCOMPANIED BY AN ADULT LEADER OF THE COMMUNITY BOYS & GIRLS CLUB OF WILMINGTON, NC, INC. WE ASSUME FULL FINANCIAL RESPONSIBILITY FOR SUCH CARE, INCLUDING PRESCRIBED MEDICATIONS AND TRANSPORTATION BY AMBULANCE AND AGREE TO MAKE FULL PAYMENT FOR SAME FOR SAME UPON RECEIPT OF STATEMENT OF FEES.

I AGREE TO ASSIST THE CLUB STAFF IN TEACHING AND ENFORCING THE ABOVE "BASIC PRIVILEGES". FURTHERMORE, I WILL ALLOW CLUB PHOTOGRAPHS WHICH INVOLVES MY CHILD TO BE USED FOR PUBLICITY MATERIALS FOR THE COMMUNITY BOYS & GIRLS CLUB OF WILMINGTON, NC, INC.

\*PROOD OF AGE MAY BE REQUIRED \*\*\*\* MEMBERSHIP FEE IS NON-REFUNDABLE

**PARENTS OR GUARDIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**BOYS & GIRLS CLUB REPRESENTATIVE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PERMISSION TO WALK HOME**

**I GIVE PERMISSION FOR MY CHILD \_\_\_\_\_ TO SIGN HIS/HERSELF OUT OF THE COMMUNITY BOYS & GIRLS CLUB OF WILMINGTON AND TO WALK HOME TO HIS/HER HOUSE LOCATED AT**

\_\_\_\_\_  
ADDRESS

**I UNDERSTAND THAT MY CHILD WILL NO LONGER BE THE TRSPONSIBILITY OF THE COMMUNITY BOYS & GIRLS CLUB OF WILMINGTON ONCE HE/SHE HAS SIGNED OUT.**

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
PARENT SIGNATURE