

# MEMBERSHIP APPLICATION

**Boys & Girls Clubs of Rochester**  
**500 Genesee Street, Rochester, NY 14611**

**Call Club at 328-3077 for fee schedule.**  
**Fee is prorated.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/Guardians Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

**School Information:**

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Special Education: Yes \_\_\_\_\_ No \_\_\_\_\_

**Medical Information:**

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_

Permission for Doctor/Hospital: \_\_\_Yes \_\_\_No Does your family have health insurance: \_\_\_Yes \_\_\_No

Policy #: \_\_\_\_\_ Group#: \_\_\_\_\_

Serious Health Problems: \_\_\_Yes \_\_\_No If yes, explain \_\_\_\_\_

Medications: \_\_\_Yes \_\_\_No Food Allergies: \_\_\_Yes \_\_\_No if yes, explain \_\_\_\_\_

**Household:**

**NOTE: This information is collected for Grant writing purposes ONLY**

Annual	\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
Gross	\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
Household	\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
Income:	\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	
	\$20,001 - \$25,000 _____	\$50,001 - \$55,000 _____	
	\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	

(For Official Use)

Date	Card #	Age	School	Date Expired

Disclaimer:

I \_\_\_\_\_ do hereby give my child permission to attend and participate in the activities sponsored by the Boys & Girls Clubs of Rochester. I hereby release the Boys & Girls Club, its employees, associates, and contributors from liability from any injury, loss or theft incurred by my child while participating. We here at the Boys & Girls Club are no longer responsible for any lost or stolen items. Furthermore, I hereby authorize medical examination and emergency treatment for my child by a qualified licensed physician in the event of an accident. I further understand that the Boys & Girls Club has an "Open Door" policy, which means that my child may come and go at will. Further I give permission for my child's picture to be used in any Boys & Girls Club publication. My signature indicates that I completely understand the above statements.

Parents Signature: \_\_\_\_\_ Member Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY: New Member \_\_\_\_\_ Renewal \_\_\_\_\_ Processed by: \_\_\_\_\_ Amt. Paid:\$ \_\_\_\_\_**

**Housing:**

Do you live with your: \_\_\_ Mom \_\_\_ Step Mom \_\_\_ Dad \_\_\_ Step Dad \_\_\_ Grandparent \_\_\_ Other: \_\_\_\_\_

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 Head of Household: \_\_\_ Female \_\_\_ Male

Current Housing Area: \_\_\_\_\_

Current Single Parent: \_\_\_ Yes \_\_\_ No Current Number in Household: \_\_\_\_\_

Number of Brother: \_\_\_ Ages: \_\_\_\_\_ Number of Sisters: \_\_\_ Ages: \_\_\_\_\_

**General:**

Birth Certificate on File: \_\_\_ Yes \_\_\_ No Birth City: \_\_\_\_\_ Birth State/Country: \_\_\_\_\_

Parent Understood Signed Insurance Disclaimer and Permission Statement: \_\_\_ Yes \_\_\_ No

My child has permission to be used in public relations materials: \_\_\_ Yes \_\_\_ No

My child may participate in all Boys & Girls Club activities in or adjacent to the club building \_\_\_ Yes \_\_\_ No

**Do You Belong to:**

\_\_\_ Boy Scouts or Girl Scouts \_\_\_ School Club \_\_\_ YMCA or YWCA \_\_\_ Church Group

\_\_\_ Other: \_\_\_\_\_

**New Members Background Information:**

How did you hear about the club? ( ) TV ( ) Friends ( ) Relatives ( ) Other Agency

**What Type of Activities/Programs Interest You?** ( ) Sports Leagues ( ) Music ( ) Arts & Crafts

( ) Arts & Crafts ( ) Educational Programs ( ) Group Clubs ( ) Camping ( ) Other \_\_\_\_\_

What are your strongest subjects in school? \_\_\_\_\_

What are your weakest subjects in school? \_\_\_\_\_

Have you ever repeated a grade? \_\_\_\_\_ If so , which grade? \_\_\_\_\_

Are you in any of the following programs? Map ( ) Non-Regents ( ) Regents ( ) Non-Regents ( ) Others ( )

**Emergency Contact Information**

Relationship to Member \_\_\_\_\_

Relationship to Member \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Emergency: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Emergency: \_\_\_\_\_

Person (s) Authorized to Pickup Member:

Person (s) Authorized to Pickup Member:

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

DOB: \_\_\_\_\_ Male Female

DOB: \_\_\_\_\_ Male Female

Address H: \_\_\_\_\_

Address H: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Address W: \_\_\_\_\_

Address W: \_\_\_\_\_

Phone H: \_\_\_\_\_ Cell: \_\_\_\_\_

Phone H: \_\_\_\_\_ Cell: \_\_\_\_\_

Phone W: \_\_\_\_\_ Email \_\_\_\_\_

Phone W: \_\_\_\_\_ Email \_\_\_\_\_