BOYS & GIRLS CLUBS
OF GREATER WASHINGTON

2017-2018 Membership Information Form

Martin K. Alloy Boys & Girls Club of Manassas
9501 Dean Park Lane
Manassas, VA 20110
(703) 365-2582
www.bgcgw.org/the-martin-k-alloy-boys-girls-clubs-of-manassas

GREAT FUTURES START HERE.

FOR OFFICE USE ONLY

Date Received: _____
Date Entered: _____
☐New ☐Renewal ☐Former

Membership
Start Date: _____
Termination: _____

Birth Certificate on File: ☐Yes ☐No
Report Card Submitted: ☐Yes ☐No
Member has permission to be in marketing materials: ☐Yes ☐No
Member may participate in all Club activities: ☐Yes ☐No
Member/contact signed permission statement: ☐Yes ☐No

Payment : ☐Cash ☐Credit Card ☐Check #_____ ☐Money Order ☐Waiver
BGCGW Receipt Number: _____ **Staff Initials:**_____

MEMBER (CHILD) INFORMATION

Last Name:_____ First Name:_____ Middle Initial:_____

Street Address: _____Ward (DC only)_____

City:_____ State:_____ Zip Code: _____Phone Number:_____

Email: _____Birthdate:_____Age: _____ Gender: _____
Month Day Year

Ethnicity: *(check all that apply)*
☐African American ☐Caucasian ☐Asian/Pacific Islander ☐Native American ☐Latino/Hispanic ☐Other *(specify)* _____

School for 2017-2018:_____ Grade:_____ Language(s) Spoken: _____

Special Assistance Programs: *(check all that apply)*
☐Not Applicable ☐Free Lunch ☐Reduced Fee Lunch ☐TANF ☐Voucher Program ☐SSI/SSID ☐Other *(specify)* _____

Child Lives With: *(check all that apply)* Family/Household Size _____

☐Mother ☐Father ☐Legal Guardian(s) ☐Siblings ☐Foster Parents/Social Services ☐Homeless ☐Other*(specify)*_____

Chronic Illnesses/Allergies: _____

Does your child have any special needs or different abilities that require accommodations (physical, emotional, mental)? ☐Yes ☐No

If yes, please explain: _____

Current Medications: _____

Insurance: ☐No Insurance/Self-Pay ☐Medicaid ☐Medicare ☐ Regular *(if insured, provide information below)*

Insurance Carrier _____ Group Number_____ Policy Number_____

I give consent for medical treatment for my child in the event of an emergency: ☐Yes ☐No Parent signature_____

PARENT/GUARDIAN INFORMATION

Parent/Legal Guardian 1 ☐ Check here if single parent.

First Name: _____

Last Name:_____

Relationship to Member: _____

Home Address: _____
Street Address

_____
City, State, Zip Code

Cell Phone: _____

Additional Phone:_____

Email: _____

Have you ever served in the military? ☐Yes ☐No Status: _____

Branch_____ Service Dates: _____

Parent/Legal Guardian 2

First Name: _____

Last Name:_____

Relationship to Member: _____

Home Address: _____
Street Address

_____
City, State, Zip Code

Cell Phone: _____

Additional Phone:_____

Email: _____

Have you ever served in the military? ☐Yes ☐No Status: _____

Branch_____ Service Dates: _____

EMERGENCY CONTACT & PICK-UP INFORMATION

Must be different from parents/guardians

Contact First Name: _____	Contact First Name: _____
Contact Last Name: _____	Contact Last Name: _____
Relationship to Member: _____	Relationship to Member: _____
Contact Cell Phone:_____	Contact Cell Phone: _____
Contact Additional Phone: _____	Contact Additional Phone: _____

Authorized to Pick Up Member from Club

Individuals listed as parents/guardians and emergency contacts are also authorized to pick up member.

1._____ 2._____ 3._____

Transportation to and from the Club

How does your child normally travel….

Transportation from School to the Club: ☐School Bus ☐Independent walking ☐Supervised walking ☐Public transportation ☐Adult pick-up ☐BGC Bus ☐Other

Transportation from the Club to Home: ☐School Bus ☐Independent walking ☐Supervised walking ☐Public transportation ☐Adult pick-up ☐BGC Bus ☐Other

CODE OF CONDUCT

Every member of the Boys & Girls Club is required to adhere to a code of conduct. This code of conduct has been designed to ensure that the Club is a safe and positive place where members can learn and enjoy the facilities and programs.

Play fairly and be honest.
Be respectful of the Boys & Girls Club staff.
Say only good things about others.
Resolve disagreements in a positive way.
Be respectful of other members and their property.
Take care of your Boys & Girls Club facility and equipment.
Use appropriate language at all times.
Remove hats before entering building.
Applaud the efforts of others.
Walk at all times unless otherwise directed.
Participate in program areas open to your age group.
Listen when it is the appropriate time to do so.
Dress appropriately at all times.
Smoking, drugs, alcohol and weapons are prohibited!

I have read the completed application and understand the rules of the Boys & Girls Clubs of Greater Washington and request that my child be admitted into membership. I have explained the rules to my child and agree that the Boys & Girls Clubs of Greater Washington will not be responsible for any accident to the boy/girl while on the premises or while engaged in any of its activities away from the Boys & Girls Clubs of Greater Washington. If signed above, I give consent for my child to receive medical attention in the event of an emergency. Also I give my consent for photographs and videos, in which my child may appear, to be used in any way the Boys & Girls Clubs of Greater Washington may care to use them. I also will provide a copy of my child's report card, and if not provided, I authorize BGCGW to obtain my child's report card from his/her school. Lastly, I understand that any materials made possible by and/or at the Boys & Girls Clubs of Greater Washington is solely the property of the Boys & Girls Clubs of Greater Washington. This includes, but is not limited to, recordings, artwork, photographs, written documents, and electronic devices.

_____ _____ _____

Parent/Guardian Signature | Member Signature | Date

Application received and processed by _____

Name and Signature of Club Staff