



MEMBERSHIP APPLICATION

A.G. Gaston Boys & Girls Club

FOR OFFICE USE ONLY	
Membership #:	_____
New/Renewal	
Member:	_____
Entry Date:	_____
Expiration Date:	_____
Processed Date:	_____
Processed By:	_____

Unit Name: _____

PLEASE COMPLETE ALL SECTIONS

Date: _____

First Name: _____ Middle: _____ Last: _____

Gender: M F Ethnicity: _____ DOB: _____ AGE: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

School Information:

Current Teacher: _____ Grade: _____

School: _____ Free Lunch: Reduced Lunch:

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 #: _____

Effective date of insurance: _____ Policy holder's name: _____

Serious Health Problems: Yes No If Yes, explain: _____

Medications: Yes No If Yes, explain: _____

Allergies: _____ If yes, list: _____

Any special needs: _____ If Yes, explain: _____

General:

Member has permission to be used in public relations materials, which may include video, advertising, website, and printed materials: Yes No

Club Member Since: _____ Religion: _____

Government assistance: Yes No If yes, Check all that apply:

_____ SSDI

_____ SSI

_____ TANF

_____ DHR VOUCHER/PURCHASE ORDER

_____ CHILD CARE RESOURCES VOUCHER

MEMBERSHIP APPLICATION – A. G. GASTON BOYS & GIRLS CLUB

Child's area of interest:

Academics:____ Sports: ____ Arts/Crafts:____ Leadership: ____ Tutoring: ____
Music:____ Technology:____ Volunteering / Community Service: ____

Household: NOTE: This information is collected for grant writing purposes ONLY

Member lives with: Mom____ Step Mom ____ Dad ____ Step Dad ____ Grandparent ____

Foster Parent: _____ Other: _____

Do you live in Public Housing: _____ If yes, where: _____

Annual	\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
Income	\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
Level:	\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
	\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	\$75,001 - \$80,000 _____
	\$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: _____ Number of children under 18 years old: _____

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 Single Parent: ____Yes ____No

Physical Description of Member:

Eye Color: _____ Hair Color: _____ Skin Color/Features: _____

Height: _____ Weight: _____ Any identifying marks: ____Yes ____No

If yes, please list: _____

Insurance Disclaimer:

I hereby complete the application for my child for membership to the A.G. Gaston Boys & Girls Club. I understand that membership dues are non-refundable. It is expressly understood and agreed by the undersigned that the A.G. Gaston Boys & Girls Club is not liable for loss of property or injury unless such loss or injury results directly from A.G. Gaston Boys & Girls Club's negligence or willful act of an employee of the organization. Due to the Open Door policy of the A.G. Gaston Boys & Girls Club, it is understood that the A.G. Gaston Boys & Girls Club will not be liable for your child leaving the building and /or grounds without permission. It is agreed that the Parent or Guardian will not hold the A.G. Gaston Boys & Girls Club responsible for the welfare or whereabouts of the member. If the Parent or Guardian does file a complaint against the Club, the Parent or Guardian agrees to pay for A.G. Gaston Boys & Girls Club legal fees.

Parent/Guardian Understands the Insurance Disclaimer: ____Yes ____No

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

MEMBERSHIP APPLICATION – CONTACTS
A.G. GASTON BOYS & GIRLS CLUB

Member's Name: _____

PRIMARY CONTACT	
Relationship to Member: _____ Person Authorized to pick up member: Yes__No__ Name: _____ Address(H): _____ Employer: _____ Address(W): _____ Phone #: _____ Type: _____ Phone #: _____ Type: _____ Phone #: _____ Type: _____ Email: _____	Relationship to Member: _____ Person Authorized to pick up member: Yes__No__ Name: _____ Address(H): _____ Employer: _____ Address(W): _____ Phone #: _____ Type: _____ Phone #: _____ Type: _____
Relationship to Member: _____ Person Authorized to pick up member: Yes__No__ Name: _____ Address(H): _____ Employer: _____ Address(W): _____ Phone #: _____ Type: _____ Phone #: _____ Type: _____	Relationship to Member: _____ Person Authorized to pick up member: Yes__No__ Name: _____ Address(H): _____ Employer: _____ Address(W): _____ Phone #: _____ Type: _____ Phone #: _____ Type: _____
Relationship to Member: _____ Person Authorized to pick up member: Yes__No__ Name: _____ Address(H): _____ Employer: _____ Address(W): _____ Phone #: _____ Type: _____ Phone #: _____ Type: _____	Relationship to Member: _____ Person Authorized to pick up member: Yes__No__ Name: _____ Address(H): _____ Employer: _____ Address(W): _____ Phone #: _____ Type: _____ Phone #: _____ Type: _____

A.G. GASTON BOYS & GIRLS CLUB

TRAVEL PERMIT FORM

By signing below, the parent(s) of the youth agree that neither the A.G. Gaston Boys & Girls Club, nor their representatives, shall be held liable for any accidents or misfortunes while in route to, or returning from, any Boys & Girls Club outing.

The A.G. Gaston Boys & Girls Club must have this permit signed by the parent(s) before the youth is allowed to travel with the Club on any outing during the school year and/or the Summer Program.

This form only gives permission for youth to travel with the Boys & Girls Club. A parent's signature must be on a sign-up sheet for each field trip before the youth will be allowed to attend that field trip or outing. A youth may only attend field trips open to their age group. Some field trips may have limited capacity: these sign-ups will be on a first come, first served basis.

Child's Name _____

Parent/Guardian Name _____

Address _____ Birth Date ____/____/____

_____ Emergency # _____

I authorize permission to travel during the following times:

NOTE: Unchecked means permission is not granted during that specific time frame and the Club member will not be allowed to travel, even when space is available.

- I authorize travel during the school year program only.
- I authorize travel during the Summer Program only.
- I authorize travel during both the school year and the Summer Program.

I hereby give permission to travel with the Boys & Girls Club to any field trips or outings that I sign him/her up for during the school year and/or the Summer Program.

Parent Signature

Date

BGC/DHR Project SMILE Affirmation and Certification for TANF Eligibility

Name of Parent/Caretaker Relative _____ SSN _____
 Spouse's Name (if in home) _____ SSN _____
 Address _____ Phone # _____
 City _____ State _____ Zip Code _____ County _____

A. Are you the parent of a child living with you who is age 5 to 18* and out of school** for the summer? Yes No

OR

B. Do you have any related children living with you who is age 5 to 18* and out of school** for the summer? Yes No

AND

*A child age 18 is eligible through the end of the month of their 18th birthday.

**Out of school includes being in summer school.

C. Are you currently employed, attending school or in training? Yes No If yes, list activity. _____

If the answer to A, B and C above is no, you are not TANF eligible. If the answer to A or B and C is yes, go to the next section.

Name of Child	Relationship	Date of Birth	Name of Child	Relationship	Date of Birth

1. Do you receive Family Assistance (FA) benefits from the Department of Human Resources for children living with you? Yes No
2. Do you receive Food Assistance (Food Stamps) benefits? Yes No

If the answer is yes to question 1 or 2 above, skip to the Affirmation and Agreement Section.

If the answer to both 1 and 2 above is "no" and you are a parent, use the section below to report your family's size. To determine correct family size, include yourself, your spouse in the home, your children and other related children in your care under age 18 living in your home.

Circle the correct family size on the chart below.

Size of Family Unit	Size of Family Unit	Size of Family Unit	Size of Family Unit
1	4	7	10
2	5	8	11
3	6	9	12

If you are a parent, enter your name and that of your spouse (if in the home), amount of monthly gross income and source.

Examples of income: Wages, Social Security, SSI, unemployment compensation, etc.

Name	Monthly Gross Income	Source or Type of Income
1.		
2.		
Total Family Monthly Gross Income Listed Above		\$

Affirmation and Agreement: I certify under penalty of perjury the information given above, including family size and monthly gross income, is correct and true to the best of my knowledge. I further certify that the child(ren) listed above is a U. S. citizen or alien in satisfactory immigration status. I understand that our social security number(s) will be used in computer matching to verify identity and income, if needed. I understand that if I am later determined ineligible for any reason, including agency error, I may have to pay back money paid for my child's participation in Boys and Girls Club activities.

Applicant/Parent/Caretaker Relative Signature _____ Date _____

Return completed form to the Boys and Girls Club serving your area.

BGC Use Only: TANF Eligible? Yes No

Date _____ Eligibility Determined by _____