



BOYS & GIRLS CLUBS of P I T T C O U N T Y

2011 MEMBERSHIP APPLICATION

CLUB: _____

PLEASE ANSWER ALL QUESTIONS

Child's Name: _____

Social Security #: _____ Age: _____

Phone #: _____

Street Address: _____

City: _____ Zip Code: _____

Date of Birth**: _____

Gender: Male _____ Female _____

Race: (Circle One): African American – Caucasian – Hispanic – Asian/Pacific Islander Native American – Bi-Racial – Other _____

Mother's Name: _____

Work #: _____ Cell #: _____

Employer: _____

Position: _____ Email _____

Father's Name: _____

Work #: _____ Cell #: _____

Employer: _____

Position: _____ Email: _____

With whom does your child reside? (Circle One): Parents – Mother & Stepfather – Father & Stepmother – Mother Only – Father Only – Foster Care – Group Home –

Other: _____



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THIS SECTION IS FOR OFFICE USE ONLY

Card #: _____

Date Enrolled: _____

Paid: _____

What school does your child attend: _____

Annual Family Income (for United Way Survey) _____ \$0 – 10,000 _____ \$10,000 – 14,999 _____
\$15,000 – 24,999

Number of people in the household: _____ Does your child receive free or reduced meals at
school? _____ Free

Current Grade Level: _____

_____ \$25,000-34,999 _____ \$35,000-49,999 _____ \$ 50,000 & over

_____ Reduced _____ None

**** WE REQUIRE A COPY OF A BIRTH CERTIFICATE FOR SIX YEAR OLD MEMBERS BEFORE
THEY START ATTENDING THE CLUB.**

**Who referred you to the Boys & Girls Clubs of Pitt County?

Was your child a member of this Boys & Girls Club last year? _____ Yes _____ No

What illnesses or allergies does your child have which the Boys & Girls Clubs should know about?

Does your child regularly take any prescription medication? _____ Yes _____ No

If so, what type of medication?



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EMERGENCY INFORMATION

Please authorize a person to act for the parent in the event of an emergency:

Name: _____

Address: _____

Home #: _____

Cell #: _____

Work #: _____ Employer: _____

Relationship to Member: _____

Family Physician or Pediatrician: _____

Office #: _____

Please list those who are authorized to pick your child up from the Boys & Girls Club (use separate sheet if necessary):

Name: _____

Phone: _____

Relationship to Member: _____

Name: _____

Phone: _____

Cell: _____

Relationship to Member: _____



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I request that my son/daughter be admitted to membership in the Boys & Girls Club. I will be responsible for any inappropriate behavior and/or damage that he/she may cause.

I agree not to hold the Boys & Girls Clubs or its representatives responsible for injuries or accidents in connection with the Club's activities and authorize the Club to administer first aid in case of injury (every attempt will be made to contact parents/guardians). If an injury appears serious enough for hospitalization or medical care, such expense will be borne by the parents or guardians.

I give my consent to the Boys & Girls Clubs of Pitt County to use my child's photograph or likeness for items such as public relations or recognition of programs and activities. My child also has permission to attend any field trips, within Pitt County, which include ECU, movies, bowling, etc.

I also give my consent to the Boys & Girls Clubs of Pitt County to obtain information from my child's school (eg. grade point average, number of in-school and out of school suspensions and the number of days absent).

Please remember that the Boys & Girls Clubs have an open door policy that permits children to come to the club when they want to, and leave to go home when they want to. If you want your child to remain on the premises please instruct them accordingly.

THERE ARE NO REFUNDS PROVIDED BY THE BOYS & GIRLS CLUB FOR ANY AND ALL FEES!

Signature of Parent/Guardian _____

Date: _____