



Boys & Girls Club of Boston (Unit of Orchard Park)

AFTERSCHOOL TEEN CLUB

2020-2021 MEMBERSHIP APPLICATION

PLEASE DO NOT RETURN THIS TO THE SCHOOL

First Name: _____ Middle: _____ Last: _____

Nickname: _____

Gender: M F Ethnicity: _____ (for funding/grants use only) DOB: _____ (required)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Parent Cell Phone: _____

Parent Email: _____ ***** For our use only, pertinent information is distributed often through email. Please provide email address that is monitored often.*****

Child lives with: Mom Dad Both Other

School Information:

Current School: HMS

Grade: _____

Food Program: ****Yes**

(Do you receive Free / Reduced Lunch)

Referred by: _____ (optional)

Please select:

Semester 1- September 8, 2020-January 31, 2021 \$200.00

Semester 2 - February 1, 2020-June 23, 2020 \$200.00

****Dates for the end of school may change with changes to the school calendar through the year****

Days Child Will Be Attending Club: Parents may choose the days of the week that their child will participate in the program.

If your child is going to miss a scheduled day, **please notify the Administrative Office at the Boys & Girls Club of Hamburg AND the School Office by NOON.**

Monday3-6 Tuesday3-6 Wednesday3-6 Thursday3-6

Friday3-6

Special information: _____

PLEASE NOTE: If the Hamburg Central Schools are closed, the Teen Club program is also closed.

Which number & person should be contacted first? _____

Contact Info: Persons Authorized to Pick Up Child

Fathers name: _____ Employer: _____ Phone #: _____

Mothers name: _____ Employer: _____ Phone#: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Additional Person: _____ Relationship: _____ Phone #: _____
****If you'd like to add additional people please write on the back of this form.****

Medical Information:

Doctor Name: _____ Doctor Phone: _____

Does your family have health and/or accident insurance: ___Yes ___No

Serious Health Problems: ___Yes ___No If Yes, explain: _____

Medications: ___Yes ___No If Yes, explain: _____

Permissions: I DO NOT give my permission to have my child's pictures used in Boys & Girls Club publications, website, news articles, marketing materials, and to participate in the Boys & Girls Clubs of America Survey Yes

Disclaimer: I, _____ do hereby give my son/daughter _____ permission to attend and participate in activities sponsored by the Boys & Girls Club of Boston. I hereby release the Boys & Girls Club of Boston, its employees, associates, and contributors from liability from any injury, loss or theft incurred by my child while participating. Furthermore, I hereby authorize medical examination and emergency treatment for my child by a qualified, licensed physician in the event of an accident.

My signature indicates that I completely understand the above statement.

Parents Signature: _____

BOYS & GIRLS CLUB CODE

- I WILL be respectful to staff, equipment, and other members.
- I WILL use polite language.
- I WILL talk to a staff person if I have a question or problem.
- I WILL remember the "Golden Rule" and treat others as I would like to be treated.

I have read and understand the Code of the Boys & Girls Club of Boston. I understand that if I fail to abide by the Code while in the Club, I must face the consequences of my actions!

Student's Signature: _____

COMPLETED application paperwork to our location or mail to:

Boys & Girls Club of Boston, 8550 Boston State Rd., Boston, NY 14025

Or email to bobbywellington17@gmail.com, please no faxes!

Application will not be processed without Payment, Signed Policy Sheet and Report Card!

****** PLEASE DO NOT RETURN TO SCHOOL ******