



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

## DAY TIME 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 \$375.00

Semester 2 - February 1, 2020-June 23, 2020 \$375.00

\*\*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.**

Monday 8-3  Tuesday 8-3  Wednesday 8-3  Thursday 8-3

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](mailto:bobbywellington17@gmail.com), please no faxes!**

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

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