



**BOYS & GIRLS CLUBS**  
OF COASTAL CAROLINA

**Office Use Only:**

Date Received: \_\_\_\_\_  
Date Active: \_\_\_\_\_  
Cash: \$ \_\_\_\_\_ Credit: \$ \_\_\_\_\_  
Check: \$ \_\_\_\_\_ # \_\_\_\_\_  
Staff Initials: \_\_\_\_\_

**MEMBERSHIP APPLICATION**

**Member Information**

*Annual Membership Fee: \$25.00*

Last Name: \_\_\_\_\_ MI: \_\_\_\_\_ First Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender: Male Female

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Race/Ethnicity**

- African American     Hispanic/Latino     Multi-Racial
- Asian or Pacific Islander     American Indian or Alaska Native
- Caucasian     Other \_\_\_\_\_

<b>Member Status</b> (Please choose one)
<input type="checkbox"/> <b>New Member</b>
<input type="checkbox"/> <b>Renewing Member</b>

Language at Home: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_    Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Pick up Information**

**Emergency Contact (*Someone who does not live with member*)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home/Work Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_    Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_

**Two people authorized to pick up member (*Other than parent or guardian*)**

1.) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_    Relationship: \_\_\_\_\_

2.) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_    Relationship: \_\_\_\_\_

**Family History**

**Mother's First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Mother's Employer:** \_\_\_\_\_ **Mother's Occupation:** \_\_\_\_\_

**Work Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **ext. #:** \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Is This a Step or Adoptive Parent?**      Yes      No

**Parent/Guardian E-Mail Address:** \_\_\_\_\_

**Father's First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Father's Employer:** \_\_\_\_\_ **Father's Occupation:** \_\_\_\_\_

**Work Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **ext. #:** \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Is This a Step or Adoptive Parent?**      Yes      No

**Parent/Guardian E-Mail Address:** \_\_\_\_\_

**Number of Brothers/Step Brothers:** \_\_\_\_\_ **Number of Sisters/Step Sisters:** \_\_\_\_\_

**Does Applicant Have Siblings Who Are Members at Boys & Girls Clubs of Coastal Carolina?** \_\_\_Yes \_\_\_No

If Yes, Who? \_\_\_\_\_

**Name of Guardian (if different from mother or father):** \_\_\_\_\_

**Relationship to Guardian:** \_\_\_\_\_

**Guardian's Employer:** \_\_\_\_\_ **Guardian's Occupation:** \_\_\_\_\_

**Work Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **ext. #:** \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Parent/Guardian E-Mail Address:** \_\_\_\_\_

**Medical Information**

**Doctor's Name:** \_\_\_\_\_

**Doctor's Phone:** \_\_\_\_\_

**Preferred Hospital:** \_\_\_\_\_ **Permission for Doctor/Hospital** \_\_\_Yes \_\_\_No

**Insurance Provider:** \_\_\_\_\_ **Group#:** \_\_\_\_\_

**Please Indicate Any Medical Problems and/or Allergies:**

---

---

**Please Indicate Any Medication(s) and dosage Member is Currently Taking:**

---

---

**Confidential Information**

The following information is necessary for our records and the funding our organization receives. The answers you provide are confidential. Your cooperation in providing this information is both appreciated and necessary.

**Annual Household Income (please circle one):**

- |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|
| \$0-\$6,999.00          | \$7,000.00-\$14,999.00  | \$15,000.00-\$24,999.00 |
| \$25,000.00-\$34,000.00 | \$35,000.00-\$37,999.00 | \$38,000.00-40,999.00   |
| \$41,000.00-\$43,999.00 | \$44,000.00-\$46,999.00 | \$47,000.00-\$49,999.00 |
| \$50,000.00-\$99,999.00 | \$100,000-\$200,000     |                         |

**Number of Family Members in the Household: Adults: \_\_\_\_\_ Children: \_\_\_\_\_**

**Check all Services Household is Currently Receiving:**

- SSDI    SSI    TANF    Day Care Volunteer    Food Stamps    General Assistance
- Free or Reduced Price School Lunch    Teen Parent    Veteran Compensation

**Child's Household Type:**

- Single Mother    Single Father    Birth Parents    Birth Parent & Step Parent    Grandparent(s)
- Foster Family    Adoptive Parents    Birth Parent & Significant Other
- Other \_\_\_\_\_

**Child's Family Setting:**

- Both Parents Deceased    Divorced    Married Living Together    Parents Never Married
- One Parent Deceased    Grandparent(s)
- Other \_\_\_\_\_

**Is Parent Active Military? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes) Service Branch \_\_\_\_\_**

**Please Read/Sign Back Page for Club Rules**

## Club Rules

- The Boys & Girls Clubs of Coastal Carolina have an open door policy. This means that it is the parent's responsibility to make sure that their child remains at the Club and does not leave the premises when you expect him/her to be here. We urge you to please emphasize this with your child.
- Members and guests should always follow the Four Club Rules:

<b>Respect Others</b>	<b>Respect the Staff</b>	<b>Respect Yourself</b>	<b>Respect the Club</b>
-----------------------	--------------------------	-------------------------	-------------------------
- Members and guests are encouraged to use the Peace Options when resolving problems:

<b>Compromise</b>	<b>Apologize</b>	<b>Get Help</b>	<b>Walk Away</b>
-------------------	------------------	-----------------	------------------
- All food and drinks are to be consumed in the snack room area only. Gum is not permitted at the Club.
- Boys & Girls Club members, when absent from school due to illness or termination of any kind, may not attend Club activities on those days as it represents a threat to the health/safety of others.
- Jackets, purses, backpacks or any other bag or exterior clothing must be kept in the cubby area and may not be carried/worn around the building during club hours.
- Appropriate footwear must be worn at all times (closed toe). Tennis shoes are required to participate in the gym.
- All prescription and non-prescription medications must be dispensed by Club staff. Medication must be accompanied by a signed and current medicine Dispensing Agreement.
- Cell phones and electronics are not allowed at the Club, members will be asked to turn these items in to staff until dismissal. Members who refuse will be asked to leave the facility.

I give permission to the Boys & Girls Clubs of Coastal Carolina to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment. The Club will not be responsible for any accident to the child while on the premises or while engaged in any off site activities with the Club.

I give my permission to the Boys & Girls Clubs of Coastal Carolina to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential.

As a member of the Boys & Girls Club, your child will have access to the internet. While precautions are being taken, it is possible s/he may access inappropriate sites. The Boys & Girls Club will have rules and consequences at the Club for such behavior.

I give my permission to the Boys & Girls Clubs of Coastal Carolina and my school district to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Club and in life.

I understand that the Boys & Girls Club is not responsible for lost or stolen items. Parents and Club members are responsible for their own transportation to and from the Club. As a drop-in facility, we are not responsible for Club members' whereabouts.

I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the Boys & Girls Clubs in any appropriate manner they so choose. I give my permission to the Boys & Girls Clubs of Coastal Carolina to share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA), Club staff, funders and other community stakeholders for research purposes and/or to evaluate the program's effectiveness. Information disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by Boys & Girls Clubs of Coastal Carolina, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

I request that my child be admitted into membership at the Boys & Girls Clubs of Coastal Carolina. I have read and understand the Boys & Girls Clubs of Coastal Carolina rules, regulations and policies and have communicated them effectively to my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Club Member's Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_