



**BOYS & GIRLS CLUB**  
OF WATERTOWN

### Membership information Form

[www.bgcofwatertown.com](http://www.bgcofwatertown.com)

**Confidentiality:** Any information requested is for our records. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary to continue offering Boys & Girls Club programs.

Members Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Members Phone: # \_\_\_\_\_

Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Family Income: \_\_\_\_\_

Membership Type: (Please Circle)

Arrow Prep	Gift	Kidscope	Teen Family
Teen Full Facility	Teen Main Site	WMS Unity	
Youth Family	Youth Full Facility	Youth Main Site	

Ethnicity: (Please Circle)

Caucasian	African American	Asian	Hispanic
Multi-Racial	Native American	Other	

Living With: Parents: \_\_\_ Mom Only: \_\_\_ Dad Only: \_\_\_ Mom/Stepdad: \_\_\_  
 Dad/Stepmom: \_\_\_ Other:(Explain) \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

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

Father/Guardian's Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email Adress: \_\_\_\_\_

Name (s) of persons who may not pick up my child:

	<u>Name</u>	<u>Phone</u>	<u>Relationship</u>
1)	_____	_____	_____
2)	_____	_____	_____

\*NOTE: It is legal for either parent to pick up a member unless we have a copy of a court order restricting visitation.

\*All memberships to the Boys and Girls Club of Watertown allow youth in grades 1-8 access to the GIFT and Power Hour homework assistance programs held at all Watertown locations. Please sign here to allow permission for your child to participate in these programs. Please note, in an effort to monitor the success of the 21<sup>st</sup> CCLC program, members' grades and test scores may be viewed by Boys and Girls Club of Watertown personnel and state officials. All records will be kept confidential.

Parent Signature \_\_\_\_\_

### Medical Information

Emergency Contact Information (other than immediate family). These people MUST live in the Watertown area. MUST HAVE TWO LISTED.

	<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
1)	_____	_____	_____
2)	_____	_____	_____

#### Medical Care:

Doctor: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Health Problems/Special Needs:

List any health/special needs: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

\*\*All allergies, especially food related, need to be in a doctors note. Unless notified by a doctor in writing, that the foods are acceptable for them to eat, we will stick to the allergies listed by the doctor.

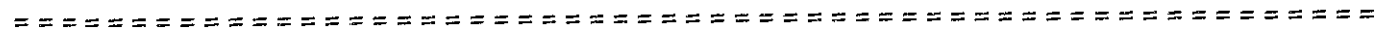
*Travel Authorization*

I DO I DO NOT (Circle one) give permission for my child \_\_\_\_\_ to leave Boys & Girls Club for trips in a Boys & Girls Club bus/van or public school bus for field trips.

Restrictions on such trips: Each child riding in a van will be secured in a seat belt.

Additional restrictions set by parents:

\_\_\_\_\_  
Signature of Parent/Guardian Date

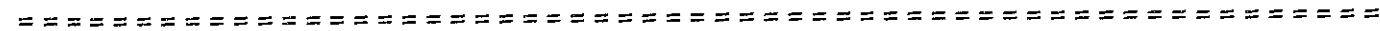


*Picture Release*

I DO I DO NOT (circle one) Give permission to have my child's picture taken.

I DO I DO NOT (circle one) Give permission to have my child appear in any media coverage.

\_\_\_\_\_  
Signature of Parent/Guardian Date



*New Member/Parent Orientation*  
*for the Boys and Girls Club*

5:30p.m.  
Tuesday's

All new members who will be attending the Boys and Girls Club are required to attend an orientation. This orientation is designed to give members and parents a better understanding of the Club, programs, rules and also a tour of the facility.

Website: [www.bgcofwatertown.com](http://www.bgcofwatertown.com)