



BOYS & GIRLS CLUB
OF HAWTHORNE

YOUTH MEMBERSHIP APPLICATION

Membership is required for participation in Club programs. All memberships expire in August.

Membership year runs from September to August.

Child's/Member's Name	Telephone
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Address	City	State	Zip
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Male	Female	D.O.B. (MM/DD/YYYY)	Age
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School	Grade
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Guardian/Father's Name	Guardian/Mother's Name
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Employer/Occupation	Employer/Occupation
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Work Phone	Work Phone
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Cell Phone	Cell Phone
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ALL UPDATES & INFORMATION ARE COMMUNICATED THROUGH EMAIL. PLEASE PROVIDE LEGIBLE EMAIL ADDRESSES BELOW.

Email Addresses: (Guardians)

PEOPLE AUTHORIZED TO PICK UP MY CHILD

Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship

ALL INFORMATION BELOW IS FOR THE BOYS & GIRLS CLUB OF AMERICA ANNUAL REPORT.

ALL FAMILIES AND ANSWERS WILL HAVE FULL CONFIDENTIALITY. RESULTS ARE USED FOR GRANT AND FUNDING OPPORTUNITIES.

Child lives with:	Mother	Father	Both
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Is there an immediate family member in the military? Y/N	If yes, what branch?
Active? Y/N	

Ethnicity of child / member:	Am.Indian or Alaska Native	Asian	White
Native Hawaiiin/Pacific Islander	Black/African Am.	Hispanic/Latino	
Other			

Parental Release Form

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Hawthorne, and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

I, _____ do hereby give my son/daughter _____ permission to attend and/or participate in programs sponsored by the Boys & Girls Club of Hawthorne. I understand that my child's membership at the Boys & girls Club of Hawthorne is a privilege and may be revoked at any time.

Medical Treatment

I give permission to the Boys & Girls Club of Hawthorne 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.

(Optional) School Information [] No, I do not give my permission. (If checked, please initial here _____)

I give my permission to the Boys & Girls Club of Hawthorne and Hawthorne or Haledon 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. This release may be revoked at any time by contacting your child's School District or the Boys & Girls Club in writing.

Surveys and Questionnaires

I, the parent/guardian of the minor child listed on this application, give permission for Boys & Girls Club of Hawthorne to survey my child about his or her Club experience, behaviors, skills and attitudes using Boys & Girls Clubs of America's National Outcomes Survey or other survey instruments.

Technology

As a member of the Boys & Girls Club, your child will have access to the Internet. While precautions are being taken, it is possible who s/he may access inappropriate sites. The Boys & Girls Club will have rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access.

Miscellaneous

I understand who 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. For drop-in activities, we are not responsible for Club members' whereabouts. It is the responsibility of me, the parent/guardian, to instruct my child as to when and with whom he/she will leave the club.

I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the Boys & Girls Club and its activities. I have read the completed application and this form, understand the rules of the Boys & Girls Club and request my child be admitted into membership. . () Yes () No

I give my permission to the Boys & Girls Club of Hawthorne to share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be 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 Club of Hawthorne, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Parent / Guardian Signature

Date: ____/____/____