



MEMBER INFORMATION **New** **Renewal**

Child First Name:	Middle	Child Last Name:	Nickname:	Date of Birth (MMDDYYYY)	Age:
Address:					
no.	street	city/town	state	zip	
School:	Current Grade:	Gender: M F	Child's Cell Phone Number: (if applicable)		
Child Email Address:					

1ST PARENT / GUARDIAN INFORMATION

First Name:	Last Name:
Relationship to Member (circle): Mother Father Step-Parent Aunt / Uncle Sister Brother Cousin Grandparent Foster Parent Other: _____	
1 st Parent/Guardian's Contact Numbers (in the order we should try to reach you):	
• 1st #: _____	• 2nd #: _____
• 3rd #: _____	
• Address (if different from member): _____	
• Employer: _____ Job Title / Occupation _____	
1 st Parent/Guardian's Email:	

2ND PARENT / GUARDIAN INFORMATION

First Name:	Last Name:
Relationship to Member (circle): Mother Father Step-Parent Aunt / Uncle Sister Brother Cousin Grandparent Foster Parent Other: _____	
2 nd Parent/Guardian's Contact Numbers (in the order we should try to reach you):	
• 1st #: _____	• 2nd #: _____
• 3rd #: _____	
• Address (if different from member): _____	
• Employer: _____ Job Title / Occupation _____	
2 nd Parent/Guardian's Email:	

Does your child have any medical concerns (ie: medications currently being taken, allergies, physical limitations or behavioral issues), an IEP at school or anything else that we should be aware of? Please explain (feel free to attached additional info as needed):

**IN CASE OF AN EMERGENCY, WE WILL FIRST CALL THE PARENTS / GUARDIANS LISTED ABOVE.
If they cannot be reached, we will call the following people (in the order listed below).**

Name	Relationship to member	Emergency Contact Phone Number

Please complete and sign the reverse side of this registration form.

<p>Watertown Boys & Girls Club's mission is <i>to inspire and enable all young people, especially those who need us most, to realize their full potential as productive, responsible and caring citizens.</i></p>	FOR OFFICE USE ONLY:		Moneytrax
	Application Received by: _____ Date: _____ FEE: \$ _____		Date: _____
	<input type="checkbox"/> CHECK # _____ <input type="checkbox"/> CASH <input type="checkbox"/> W by _____		Staff: _____
	<input type="checkbox"/> BIDDY <input type="checkbox"/> WAVEMAKERS <input type="checkbox"/> OTHER _____		
Tufts Membership # _____ (copy of card must be attached)			
Input completed on _____ by _____ Exceptions on application:			
<input type="checkbox"/> CADET <input type="checkbox"/> JUNIOR <input type="checkbox"/> TEEN Membership Number _____			
Card issued on: _____ by: _____ Replacement(s): <input type="checkbox"/> on _____ <input type="checkbox"/> on _____			

My child _____ (child's name)
 may join the Watertown Boys & Girls Club (the Club) and participate in the activities offered at the Club.

DEMOGRAPHICS—Your responses to the elements below are kept CONFIDENTIAL and are crucial for funders and help us keep membership fees low by securing donations and grants.

Race (Check One): <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Bi-Racial <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other _____	Ethnicity (please check one): <input type="checkbox"/> Armenian <input type="checkbox"/> Brazilian <input type="checkbox"/> Hatian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Portugese <input type="checkbox"/> Russian	Family Setting: <input type="checkbox"/> Both Parents <input type="checkbox"/> Single Parent (Lives with: _____) <input type="checkbox"/> Guardian <input type="checkbox"/> Aunt / Uncle <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Grandparents(s)	Household Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Public Housing <input type="checkbox"/> Other: _____ Language most used at home: _____
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Assistance Program (Check all that apply): <input type="checkbox"/> Social Security <input type="checkbox"/> Medicaid <input type="checkbox"/> Veterans Compensation <input type="checkbox"/> TANF (Temporary Assistance for Needy Families) <input type="checkbox"/> WIC (Women Infants & Children) <input type="checkbox"/> Other: _____	School Lunch Program (check one) <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Pay for lunch	Total Family Size: (includes parents, children, anyone living in home) (Check One:) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 or more Number of Brothers: _____ Number of Sisters: _____ Is a member of your immediate family currently serving active military duty? <input type="checkbox"/> Y <input type="checkbox"/> N
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Household Annual Income – Select the range that best fits

<input type="checkbox"/> \$0 - \$13,000	<input type="checkbox"/> \$33,001 – \$37,000	<input type="checkbox"/> \$53,001 – \$56,000	<input type="checkbox"/> \$69,001 – \$73,000	<input type="checkbox"/> \$86,001 – \$89,000	<input type="checkbox"/> \$124,000 or over
<input type="checkbox"/> \$13,001 – \$17,000	<input type="checkbox"/> \$37,001 – \$43,000	<input type="checkbox"/> \$56,001 – \$59,000	<input type="checkbox"/> \$73,001 – \$76,000	<input type="checkbox"/> \$89,001 – \$96,000	Other: _____
<input type="checkbox"/> \$17,001 – \$23, 000	<input type="checkbox"/> \$43,001 – \$46,000	<input type="checkbox"/> \$59,001 – \$63,000	<input type="checkbox"/> \$76,001 – \$79,000	<input type="checkbox"/> \$96,001 – \$103,000	
<input type="checkbox"/> \$23,000 – \$27,000	<input type="checkbox"/> \$46,001 – \$49,000	<input type="checkbox"/> \$63,001 – \$66,000	<input type="checkbox"/> \$79,001 – \$83,000	<input type="checkbox"/> \$103,001 – \$113,000	
<input type="checkbox"/> \$27,001 – \$33,000	<input type="checkbox"/> \$49,001 – \$53,000	<input type="checkbox"/> \$66,001 – \$69,000	<input type="checkbox"/> \$83,001 – \$86,000	<input type="checkbox"/> \$113,001 – \$123,000	

CONSENTS: please circle Yes (Y) or No (N) and initial

Surveys and Questionnaires - I, the parent/guardian of the minor child listed on the application, give permission for Watertown Boys & Girls Club (WBGC) to survey my child about his or her Club experience and behaviors, skills and attitudes using Boys & Girls Clubs of America's (BGCA) Outcome Measurement Tool Kit or other survey instruments. I give my permission to WBGC to share information about my child with BGCA or other program partners for research purposes and/or to evaluate the program's effectiveness. All information shared will be kept confidential shared via de-identifying data or sharing information in aggregate. (Y / N) Please Initial: _____

Transportation - I understand that my child may be transported in the Club's vans or associated vehicles to and from Club related events. (Y / N) Please Initial: _____

Public Relations Materials - I, the parent/guardian give permission for the minor child listed on the application to have their picture and/or name in newspapers, newsletters, and/or any other promotional materials for WBGC, as well as audio or video records, and for use or distribution in other non-WBGC publications, electronic or otherwise. I also agree to allow WBGC to use photographs, audiotapes, video records or other work produced by my minor child for publicity purposes. I hereby waive any right to royalties or other compensation arising therefrom. (Y / N) Please Initial: _____

WAIVER: please sign at bottom

Parent Release - I, the parent/guardian of the minor child listed on the application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the WBGC, and BGCA, 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 understand the Club is not, nor claims to be, a licensed day care center. I have read and understand the policies listed in the "Club Policies and Member Expectations" packet.

Medical - In the event of injury, or should emergency care be required and I cannot be reached, I authorize staff from Boys & Girls Clubs of Boston to sign for emergency medical attention for my child.

Disclaimer - I certify that the application is factual and complete to the best of my ability. I hereby give permission for my child listed on the application to become a member of WBGC and participate in the activities offered at the Club. I have read a copy of the Watertown Boys & Girls Club's "Policies and Member Expectations" to review with my child and I understand that my child's failure to comply with the rules of the Club may result in temporary suspension and/or cancellation of membership with no refund of fees. If my child's membership card is lost, I understand the replacement fee for a new card is \$2.00. I understand the Club is not responsible for personal injury or loss of personal property and that I will be financially responsible for any intentional damage or vandalism to the Club caused by my child. It is understood that the code of conduct will be adhered to and a member's failure to comply may result in membership termination.

Release and Covenant Not to Sue: In consideration for allowing my child to participate in activities provided, hosted, or sponsored by or otherwise affiliated with or connected to the Watertown Boys & Girls Club. (the "Activities"), I agree to indemnify, release, hold harmless, forever discharge and covenant not to sue Watertown Boys & Girls Club and any of its directors, overseers, officers, trustees, employees, agents, affiliates, successors and assigns, and to absolve them from any and all liability for any claim or suit, of any kind or nature, arising out of my child's participation in the Activities whether or not such Activities are on the premises of the Boys and Girls Clubs of Boston or elsewhere.

Member Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

*Your signature confirms that all information provided above is true and accurate