ORANGEBURG AREA BOYS & GIRLS CLUB **Club Membership Application**

DATE:	
$D \cap L$	

Summer	□ Academic Year
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			r ⊔ Academ	ic Year		
	•		•		IMERMAN CENTER	
☐ TBE/CANNON BRIDGE ☐ MIDWAY ☐ FORT MOTT ☐ ELLOREE ☐ JOHN FORD PLEASE PRINT AND CHECK APPROPRIATE ANSWER TO ALL QUESTIONS						
			SECTION 1		1	
Name						
(First Birth Date*		(Middle)	(La	*	(Nickname) State	
Sex: □ Male □	Female Ra	ace*: White	□ Black □ Hispa	anic 🗆 Oriental 🗆	Other	
Street Address						
City			State	Zip		
School:		Grad	de Level :	□ Free Lunch	□ Reduced Lunch	
Require Parent or G			□ No			
			SECTION 2			
Primary Emergency	Contact Info	rmation: Nan	ne:			
Home Phone # ()		Cell Phone # (_)		
Relationship:			Authorized to I	Pickup: □ Yes	□ No	
Secondary Emergen	cy Contact In	formation: Na	ame:			
Home Phone # ()		Cell Phone # (_)		
Relationship:				Pickup: □ Yes		
As parent or legal guardian of the participant named above, I authorize Orangeburg Area Boys & Girls Club to seek medical and/or surgical treatment which is reasonably necessary to care for the participant. I further authorize the medical facility that treats the participant to release all information needed to complete any and all insurance claims. I also acknowledge that I am responsible to pay all costs associated with the participant's medical care and authorize all insurance payments, if any, to be made directly to the medical facility.						
Signature: (Parent/Guardian)		Dat	e:			
SECTION 3						
Family Household (Check One)	Household In	come (Check Or			
□ Mother only □ Father only □ Both Mother & Father □ Grandparent □ Other						
□ <\$10,000 □ \$10,001 - \$19,999 □ \$20,000-\$29,999 □ \$30,000 or more □ SNAP, SSI or FI Benefits						
Father's Name			Mother ⁵	's Name		
Guardian's Name _						
Father Employed at			Work	# ()	-	
Mother Employed at	t		Work	z#()	-	

MEDICAL IINFORMATION

Are your immunization	ons up-to-date? □ Yes □ No	
Does your family have	ve health and/or accident insurance?	□ Yes □ No
Do you have any seri	ous health problems? □ Yes □ No	If yes, please explain:
		Policy No:
Medicaid: □ Yes	□ No Policy Name:	Policy No:
-	<u> </u>	Boys & Girls Club five Corps Program i.e. s; Sports, Fitness & Recreations and Education
Parent or Guardian	n's Signature:	
□ No □ Ves ((Please specify)	
•	e of my Club and property. If at an will be returned to me.	y time I am asked to return my card, I
Member's Signature		
that the Club is Not I	Responsible for <u>the time or manner</u> i	nber of the Boys & Girls Club. I understand in which he/she may arrive at or leave the e not responsible for loss of personal property. se
events and activities permission for my chused in published repmy child by name, pl	where there is a possibility that the naild to be interviewed, for his/her pictorts regarding the program. I undenotographs, film or videotape. I gra	o permission for my child to participate in news media will be there for coverage. I give ture to be taken and for his/her picture to be erstand and agree these reports may identify nt permission to allow Orangeburg Area Boys is positive community service being provided
permission to Orange	eburg Area Boys & Girls Club and l	or her school bus at their club location. I give Boys & Girls Club of America to collect and d to evaluate Boys & Girls Club programs.
Parent's (guardian's)) signature	
Staff signature		
	STAFF USE (ONLY
	SECTION 4 (Club staff member v	
Men	nbership fee \$50.00 of which \$20.00	due upon return of application
Application Date:	Expiration/Renev	val Date:
	Fee Fully Paid? □ Yes □ No	Receipt #

Revised 4/5/2016