



# MEMBERSHIP APPLICATION

## MEMBER INFORMATION

Unit Name: (Please Check)      **KINGSTON**       **SAUGERTIES**

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

Nickname: \_\_\_\_\_ Gender: (Please Check) Male  Female       DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Current address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Main Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color/Features: \_\_\_\_\_

**DOES THIS CHILD REQUIRE PARENT/GUARDIAN PICKUP TO LEAVE FACILITY?**  
(PLEASE CHECK)      YES       NO

## CONTACTS AUTHORIZED TO PICKUP MEMBER

Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Address if different than Member: \_\_\_\_\_

Phone Number #1: \_\_\_\_\_ Type: \_\_\_\_\_ Phone Number #2: \_\_\_\_\_ Type: \_\_\_\_\_

Is this contact 18 years old or older:    Yes \_\_\_\_\_ No \_\_\_\_\_      Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Address if different than Member: \_\_\_\_\_

Phone Number #1: \_\_\_\_\_ Type: \_\_\_\_\_ Phone Number #2: \_\_\_\_\_ Type: \_\_\_\_\_

Is this contact 18 years old or older:    Yes \_\_\_\_\_ No \_\_\_\_\_      Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Address if different than Member: \_\_\_\_\_

Phone Number #1: \_\_\_\_\_ Type: \_\_\_\_\_ Phone Number #2: \_\_\_\_\_ Type: \_\_\_\_\_

Is this contact 18 years old or older:    Yes \_\_\_\_\_ No \_\_\_\_\_      Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Address if different than Member: \_\_\_\_\_

Phone Number #1: \_\_\_\_\_ Type: \_\_\_\_\_ Phone Number #2: \_\_\_\_\_ Type: \_\_\_\_\_

Is this contact 18 years old or older:    Yes \_\_\_\_\_ No \_\_\_\_\_      Email: \_\_\_\_\_

## HOUSEHOLD

**NOTE: Household information is collected for Grant Writing purposes ONLY**

Member lives with: (Please Check all that apply)     Mom     Step Mom     Dad     Step Dad     Grandparents    Other \_\_\_\_\_

Is there a member of the household 65 years old or older:    Yes \_\_\_\_\_      Number in Household: \_\_\_\_\_  
No \_\_\_\_\_

Is there a member of the household handicapped:    Yes \_\_\_\_\_      Single Parent Household:    Yes \_\_\_\_\_ No \_\_\_\_\_  
No \_\_\_\_\_

Does Member reside in a housing development:    Yes \_\_\_\_\_ No \_\_\_\_\_      Annual Household Income Level: \_\_\_\_\_

## MEDICAL INFORMATION

Doctors Name:

Doctors Phone:

Permission for treatment by Doctor/Hospital: Yes \_\_\_\_\_ No \_\_\_\_\_ Medicaid: Yes \_\_\_\_\_ No \_\_\_\_\_

Does Member have Serious Health Problems: Yes \_\_\_\_\_  
No \_\_\_\_\_

If Yes, Explain:

Does Member currently take Medications: Yes \_\_\_\_\_  
No \_\_\_\_\_

If Yes, Explain:

## DISCLAIMER

The Boys & Girls Club of Ulster County is not responsible or liable in any way in the event of harm or injury occurring to the child. It is agreed that the parent/guardian will not hold Boys & Girls Clubs of Ulster County responsible for the welfare or whereabouts of the child. If the Parent/Guardian does file a complaint against the club the Parent/Guardian agrees to pay for Boys & Girls Clubs of Ulster County's legal fees

## GENERAL

Member has permission to be used in Public Relations materials: Yes \_\_\_\_\_ No \_\_\_\_\_

Member may participate in all Club activities in or adjacent to the organizational facilities: Yes \_\_\_\_\_ No \_\_\_\_\_

Birth Certificate on File: Yes \_\_\_\_\_ No \_\_\_\_\_ Birth City/State: \_\_\_\_\_

## MEMBER RESPONSIBILITIES

Membership is open to all youth, at an annual membership fee of \$10, that meet club age rules.  
(Kingston Unit Ages 8 – 18) (Saugerties Unit Ages 6-18)

Boys & Girls Clubs of Ulster County is not responsible for ANY personal items brought in by members.

Club telephones are for EMERGENCY USE ONLY.

Members who do not attend school are not allowed to attend club for that day

Any internal or external disciplinary issue regarding rule infractions will be handed on a case by case basis by Club staff and might result in a member suspension and/or require a parent conference.

RESPECT YOURSELF, RESPECT THE CLUB, RESPECT OTHERS

## NOTES OR AMENDMENTS

## SIGNATURES

Member & Parent/Guardian understand and agree to all sections of this application, including the Disclaimer and Member Responsibilities: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Parent Guardian:

Date:

Signature of Member:

Date:

## FOR OFFICE USE ONLY

Entry Date: \_\_\_\_\_ New/Renewal: \_\_\_\_\_

Membership Fee Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Processed By Staff: \_\_\_\_\_