

**BOYS & GIRLS CLUBS of BOSTON (BGCB)**  
**NEW TEEN MEMBERSHIP APPLICATION (AGES 13-18)**

<u>For Office Use Only</u>	
Fee Received _____	Date: _____
Membership Number _____	
Orientation Completed: Y / N	
Proof of Age : Y / N	

Date: \_\_\_\_\_ Member Name: \_\_\_\_\_

Welcome to the Club! **All information below will be kept confidential.** We do not discriminate based on income, race, disability status, sexual orientation or gender. We aim to make any reasonable accommodation or support for our members that will ensure their success at the Club. Some of the information we ask helps us keep our membership rates low and affordable.

**Thank you for printing clearly!**

**Club (check one):**

- Blue Hill (Dorchester)  Charlestown  Chelsea (Jordan)  Condon  Franklin Hill  
 Hennigan  Mattapan  Orchard Gardens  South Boston  Sumner  Yawkey (Roxbury)

**Type of Membership (Check one):**

- New Membership  
 Renew Membership

**PARENT/GUARDIAN(S) INFORMATION**

<p><b>Relationship to Member (circle)</b> Mother Father Step-Parent Aunt/Uncle                  Sister Brother Cousin Grandparent Foster Parent                  Other _____</p> <p><b>Name</b> _____</p> <p><b>Address</b> _____</p> <p><b>City</b> _____ <b>Zip Code</b> _____</p> <p><b>Cell Phone</b> _____</p> <p><b>Home Phone</b> _____</p> <p><b>Work Phone</b> _____</p> <p><b>E-Mail Address</b> _____</p>	<p><b>Relationship to Member (circle)</b> Mother Father Step-Parent Aunt/                  Uncle Sister Brother Cousin Grandparent Foster Parent                  Other _____</p> <p><b>Name</b> _____</p> <p><b>Address</b> _____</p> <p><b>City</b> _____ <b>Zip Code</b> _____</p> <p><b>Cell Phone</b> _____</p> <p><b>Home Phone</b> _____</p> <p><b>Work Phone</b> _____</p> <p><b>E-Mail Address</b> _____</p>
--	---

Did you attend a Boys & Girls Club yourself when you were growing up?  No  Yes (please specify where):

**DEMOGRAPHIC INFORMATION**

Your responses below are kept **CONFIDENTIAL** and are essential for our funders. This information helps keep membership fees low by securing donations and grants. All information is required for membership. Thank you!

<p><b>Total # of People in Household (check one):</b></p> <p><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</p>	<p><b>Member Lives with Most Often (check one):</b></p> <p><input type="checkbox"/> Father only <input type="checkbox"/> Grandparent/s  <input type="checkbox"/> Mother only <input type="checkbox"/> Guardian (s)  <input type="checkbox"/> Both Parents <input type="checkbox"/> Uncle  <input type="checkbox"/> Step Father <input type="checkbox"/> Aunt  <input type="checkbox"/> Step Mother <input type="checkbox"/> Foster Parent  <input type="checkbox"/> Sister/s: How many? _____  <input type="checkbox"/> Brother/s: How many? _____</p>	<p><b>Housing Type:</b></p> <p><input type="checkbox"/> Public Housing / Voucher Program (Section 8)  <input type="checkbox"/> Rent  <input type="checkbox"/> Own  <input type="checkbox"/> Shelter  <input type="checkbox"/> Live with relatives  <input type="checkbox"/> Foster Home  <input type="checkbox"/> Homeless  <input type="checkbox"/> Other _____</p>	<p><b>Single Parent/Guardian household? (check one)</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Parents have joint custody</p>
---	--	--	---

MEMBER NAME: \_\_\_\_\_

*Only Completed Forms will be Processed*

**Household Annual Income – Select the range that best fits**

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

\$113,001 – \$123,000

**Assistance Program (Check all that apply)**

- SSI (Social Security Income)     
 SSD (Social Security Disability)     
 Medicaid  
 Veterans Compensation     
 WIC (Women Infants & Children)  
 SNAP (Supplemental Nutrition Assistance Program) / Food stamps  
 TANF (Temporary Assistance for Needy Families)     
 Other: \_\_\_\_\_

Other: \_\_\_\_\_

**MEMBER INFORMATION**

Member First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female  \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Member cell phone: \_\_\_\_\_ Member email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Has member been in this grade before?  Yes  No

Member's sibling(s) are current or past Club members?  Yes  No

Is member in foster care?  Yes  No

Has member attended another BGCB Club/Program?:  Yawkey  Jordan  Orchard Gardens  Blue Hill  Sumner  Hennigan  
 South Boston  Franklin Hill  Mattapan  Charlestown  Condon

How will your child get home from the Club? (Check all that apply)  Walker  Adult Pick-Up  Other: \_\_\_\_\_

<b>Race (Check One):</b> <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American/Pacific Islander <input type="checkbox"/> Other: _____	<b>Language most used at home (Check One):</b> <input type="checkbox"/> Other: _____ <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Haitian Creole <input type="checkbox"/> French <input type="checkbox"/> Hindi <input type="checkbox"/> Vietnamese <input type="checkbox"/> Portuguese <input type="checkbox"/> Cambodian <input type="checkbox"/> Spanish <input type="checkbox"/> Cape Verdean	<b>How well does the Member speak English?</b> <input type="checkbox"/> Not well <input type="checkbox"/> Medium well <input type="checkbox"/> Very well	<b>Is Member on a daycare voucher?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---	---

MEMBER NAME: \_\_\_\_\_

*Only Completed Forms will be Processed*

### Allergies

*Please check here if your child does not have any known allergies.* (Check below for allergies.)

**Food:**  Peanuts  Tree Nuts  Dairy/Lactose  Soy  Wheat  Seafood/Shellfish  Eggs  Other: \_\_\_\_\_

**Medicine:**  Penicillin  Aspirin  Amoxicillin  Other: \_\_\_\_\_

**Environmental:**  Bee Stings  Pollen  Dust  Mold  Grass

**Other:**  Latex  Perfumes / Colognes  Lotions  Other: \_\_\_\_\_

**Does your child use an Epipen?**  No  Yes (please specify what allergies they use it for): \_\_\_\_\_

### Medical Conditions

*Please check here if your child does not have any known medical conditions.* (Check below for medical conditions.)

Asthma  Diabetes  Hearing Impairment  Blindness  ADHD  Autism  Seizures  Anxiety / Depression  Other: \_\_\_\_\_

**Are you concerned about a medical condition that will impact their time at the Club?**  Yes  No If yes, please explain: \_\_\_\_\_

**Does your child use an inhaler?**  Yes  No **Does your child use insulin?**  Yes  No

**Does your child self administer medication?**  Yes  No If so, what medication does your child take? \_\_\_\_\_

**Other medical information to share with staff:** \_\_\_\_\_

### Medical Contact Information

**Health Insurance Company:**  Mass Health  Tufts  Harvard Pilgrim  Fallon Community Health  Blue Cross/Blue Shield

Neighborhood Health  Other \_\_\_\_\_

**Name of policy holder** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

**Primary Care physician name** \_\_\_\_\_

**Physician phone number** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** Two people who can be contacted if you cannot be reached. You may not list yourself.

**Is this person authorized to pick up member?**  Yes  No

**Name:** \_\_\_\_\_

**Relationship to Member (circle)** Aunt/Uncle Sister Brother Cousin  
Grandparent Family Friend Other: \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Is this person authorized to pick up member?**  Yes  No

**Name:** \_\_\_\_\_

**Relationship to Member (circle)** Aunt/Uncle Sister Brother Cousin  
Grandparent Family Friend Other: \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_

Only Completed Forms will be Processed

**Sexual Health Accessibility** *(only answer if your child is, or will be, ages 14-18 this year)*

Would you like your child (age 14-18) to receive education on sexually transmitted disease and pregnancy prevention methods, as well as have access to condoms and oral dams ?

Yes  No

*(Note: You can ask Club staff for more information.)*

**MEMBER SUPPORT QUESTIONNAIRE**

Our goal is to learn as much as possible about our members to make any *reasonable accommodation* or support to ensure their success at the Club. Each Club has the right to make membership decisions based on the resources and capacity of their facility and staff.

What hopes do you have for your child at the Club? \_\_\_\_\_  
\_\_\_\_\_

What are your child's strengths? \_\_\_\_\_  
\_\_\_\_\_

Please indicate if your child could use extra support in any of the following areas:

<p><b>Physical</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Uses/needs a wheelchair</li> <li><input type="checkbox"/> Uses/needs elevator access</li> <li><input type="checkbox"/> Other</li> </ul> <p><b>Communication</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Sign Language</li> <li><input type="checkbox"/> Non-Verbal</li> </ul>	<p><b>Other common areas where members might need additional support:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Transitioning from one activity to another</li> <li><input type="checkbox"/> Managing overstimulation (ex. to lights or noise)</li> <li><input type="checkbox"/> Following directions</li> <li><input type="checkbox"/> Making and keeping friendships</li> <li><input type="checkbox"/> Managing a large group experience</li> <li><input type="checkbox"/> Managing frustration</li> <li><input type="checkbox"/> Controlling anger or other feelings</li> <li><input type="checkbox"/> Asking for help</li> </ul> <p>Other: _____</p>
--	--

What might your child find frustrating or upsetting, and how can we support them? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child receive additional support in school or in the community ?

Individualized Education Plan (IEP)  504 (accommodation)  Speech Coach  Meets with School or Private Counselor  
 Other: \_\_\_\_\_

Are there any current providers that know your child that would be helpful for us to speak with (e.g. teacher, counselor, physician)?  Yes  No **\*If Yes, please see Club Social Worker to sign a release for information.**

Is there anything else you would like us to know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEMBER NAME: \_\_\_\_\_

*Only Completed Forms will be Processed*

**For purposes of the Consents, Waivers and Releases on this page "BGCB" refers to and includes Boys and Girls Clubs of Boston, Inc. and all of its Clubs, sites and programs.**

**CONSENTS:** *please check yes or no*

**Surveys and Questionnaires** - I, the parent/guardian of the minor child listed on the application, give permission for BGCB 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 BGCB 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.

Yes  No

**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 BGCB, as well as audio or video records, and for use or distribution in other non-BGCB publications, electronic or otherwise, without notifying me. I also agree to allow BGCB to use photographs, audiotapes, video records or other work produced by my minor child for publicity purposes. I hereby waive any right to inspect or approve any of the above that may be used now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising therefrom.

Yes  No

**WAIVERS AND RELEASES:** *please sign at bottom*

**Creative Works** - I, the parent or guardian of the minor child listed on the application, hereby acknowledge, understand and agree that any creative work developed by participants and members engaging in activities at a BGCB club or program, and all right, title and interests therein and thereto, including without limitation, musical compositions, lyrics, recordings, or other creative works of art or technology thereof by the member individually or collectively with any other staff or members or otherwise (all of the foregoing hereinafter referred to as the "Work"), is the sole and exclusive property of BGCB. BGCB shall not be limited or restricted in any way by the parent/guardian and member or any third party from any uses or purposes determined by BGCB in its sole and exclusive discretion. The parent/guardian and member represent and warrant that neither the Work, nor any part or element thereof, infringes or violates the rights of any kind or nature of any person or entity, and shall indemnify and hold harmless BGCB against all claims, actions, losses, damages, judgments and liabilities resulting from a breach thereof. In no event shall the parent/guardian or member have any right to sue BGCB or seek or obtain injunctive or other equitable relief in connection with the Work or any part or element thereof or any distribution or exploitation of any kind thereof.

**Miscellaneous** - I understand BGCB is not, nor claims to be, a licensed day care center. (*Unless your child is registered in the licensed School Age Child Care Program.*)

**Medical** - In the event of injury, or should emergency care be required and I cannot be reached, I authorize BGCB staff to arrange for emergency medical attention for the minor child listed on the application.

**Disclaimer** - I certify that the application is factual and complete to the best of my ability. I hereby give permission for the minor child listed on the application to become a member of BGCB. I understand BGCB 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 BGCB caused by my child. I understand participation is contingent upon acknowledging receipt of BGCB's parent handbook and a commitment to attend an orientation session prior to participation. 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 the minor child listed on the application to participate in activities provided, hosted, or sponsored by or otherwise affiliated with or connected to BGCB (the "Activities"), I agree to indemnify, release, hold harmless, forever discharge and covenant not to sue BGCB, BGCA and any of their directors, 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 the child's participation in the Activities whether or not such Activities are on the premises of BGCB or elsewhere. I further covenant not to sue or make any demand or claims against BGCB, or other parties released hereby, for or by reason of any damage or personal injury from the child's participation in the Activities, whether or not such Activities are on the premises of BGCB or elsewhere. This Release and Covenant Not to Sue is intended to be read to the broadest extent permissible under the laws of Massachusetts and to the extent any part hereof is deemed invalid, the remainder will be interpreted to conform as closely as possible with the above.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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