

# 2009-2010 MEMBERSHIP ENROLLMENT FORM

BOYS & GIRLS CLUBS OF HARFORD COUNTY  
 Westminster Unit, 25 Union St. Westminster, MD 21157  
 410-386-0135, Fax: 410-386-0024

*The Positive Place For Kids*



**BOYS & GIRLS CLUBS**  
OF HARFORD COUNTY

### FOR STAFF USE ONLY

Receipt Number \_\_\_\_\_  
 Enrollment Date: \_\_\_\_\_  
 Child's tracking number: \_\_\_\_\_  
 Cash \_\_\_ Money Order \_\_\_ Check \_\_\_ BGS \_\_\_  
 Renewal? Yes / no

**Any information requested on this form is used for recording purposes or required for funding.  
 The answers you provide on this membership form will be kept CONFIDENTIAL.**

### PARENT Information *(Please Print)*

*\* denotes required information*

First Name*		Middle Name	Last Name*	
Gender (circle one)  Male      Female	Annual Family Income *	Less than \$12,000 _____ \$12,000 to \$17,000 _____ \$17,000 to \$25,000 _____ \$26,000 to \$ 35,000 _____ \$ 36,000 to \$60,000 _____ \$61,000 to \$80,000 _____ \$81,000 and over _____	Family Size:	Home Address*:
	*Telephone # Home                      Mobile                      Work		*E-mail Address:	
Employer:		Job Title:		
Military Branch:	Status:	Start Date:	End Date:	
Spouse - Parents/Guardian *First Name:                      *Last Name:			Gender: Male ___ Female ___	
*Home Address:		*Mobile Phone:	E-mail Address:	
Employer:		Job Title:		
Military Branch:	Status:	Start Date:	End Date:	

### YOUTH Information

First Name*		Middle Name	Last Name*	
Nickname		Birth date*:	Male ___ Female ___	
Ethnicity: African American _____ Native American _____ Caucasian _____ Hispanic _____ Asian _____ Multiracial _____ Other _____	Membership Type: Check one  School Year _____  Summer Fun Club _____		School Enrollment Information*  School: _____  Grade: _____	
	Home Phone:	Home Address:		
Check All that apply*: TANF ___ Food Stamps ___ General Assistance ___ SSDI ___ SSI ___ Veterans Compensation ___				
School Lunch (Free/Reduced) ___ Medicaid ___ Can Swim ___ Single Parent Home ___				

**YOUTH Medical Information:**

Insurance Company:	Insurance Policy/Group Number:	Health Problems/Allergies:	
Medications:		Disabilities/Psychological Conditions:	
Physician:	Physician Phone:	Hospital:	Hospital Phone:
<b>Pick Up Information: (Two people authorized to pick up member)</b>			
1. First Name	Last Name	Phone : Home	Work
Emergency Contact ____ Primary Emergency Contact ____ Lives with member ____			
2. First Name	Last Name	Phone: Home	Work
Emergency Contact ____ Primary Emergency Contact ____ Lives with member ____			

**I have read the completed application, understand the rules of the Boys & Girls Clubs of Harford County and request that my son/daughter/ward be admitted into membership.**

**I have explained the rules to my son/daughter/ward and agree that the Boys & Girls Clubs will not be responsible for any accident to the boy/girl while on the Boys & Girls Clubs premises or while engaged in any of its activities away from the Boys & Girls Clubs.**

**I give my consent for photographs or videoing taping in which my son/daughter/ward may appear, to be used in any way the Boys & Girls Clubs may care to use them as long as it is consistent with the BGCHC mission.**

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Member's Signature**

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

*Note to Parent:*

*Member participation in Boys & Girls Clubs programs is likely to produce positive outcomes when members attend three times a week or more. Boys & Girls Clubs staff welcomes high levels of member participation in all programs as well as special programming.*

