



**BOYS & GIRLS CLUBS**  
 OF GREATER WASHINGTON  
 FREDERICKSBURG REGIONAL BRANCH  
 200 Gunnery Rd, Fredericksburg, VA 22401  
 Phone: (540) 368-9531 Fax: (540) 368-9537

**Membership Application**

**NEW FEE: \$20**

Membership Year from 1/1/08 to 12/31/08

<b>FOR STAFF USE ONLY:</b>		CARD NO.:	_____
AGE	_____	SEX:	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> CASH		DATE PAID:	_____
<input type="checkbox"/> MONEY ORDER		DATE RECEIVED:	_____ STAFF _____
<input type="checkbox"/> CHECK & NO.:	_____	RECEIPT NO.:	_____ STAFF _____
ADDED TO DATA BASE:	_____	ADDED TO BUS LIST.:	_____

CHILD'S NAME: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

SEX:  M  F AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ MEDICAID # \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE # (\_\_\_\_\_) \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ CELL PHONE # (\_\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

NEXT YEAR MY CHILD WILL BE ATTENDING (School) \_\_\_\_\_ IN GRADE \_\_\_\_\_

ETHNIC ORIGIN:  African American  White  Asian  Hispanic  Other \_\_\_\_\_

CHILD LIVES WITH:  Both Parents  Mother  Father  Other \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ WORK PHONE.: (\_\_\_\_\_) \_\_\_\_\_ EXT. \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ WORK PHONE.: (\_\_\_\_\_) \_\_\_\_\_ EXT. \_\_\_\_\_

GUARDIAN(S): \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Please describe any medical problems, conditions, or special concerns regarding your child: \_\_\_\_\_

List all medications your child is taking: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHYSICIAN'S PHONE #: (\_\_\_\_\_) \_\_\_\_\_

PREFERRED HOSPITAL/CLINIC: \_\_\_\_\_ HOSPITAL/CLINIC PHONE #: (\_\_\_\_\_) \_\_\_\_\_

INSURANCE?  No  Yes INSURANCE CO.: \_\_\_\_\_ POLICY #: \_\_\_\_\_

Do you receive any form of public assistance?  No  Yes If yes, what type(s)? \_\_\_\_\_

Is your child a participant in the free/reduced lunch program?  No  Yes

I \_\_\_\_\_ give permission for my child (or ward) \_\_\_\_\_ to join the Boys & Girls Clubs of Greater Washington (BGGCW) and participate in all of the programs and activities. I give permission for my child (or ward) to be transported in the BGGCW vehicles for activities away from the club. If I have any exceptions, I have listed them on the reverse side of this form.

I understand and agree that my child (or ward) must be picked up by closing time or a fee will be charged which must be paid before my child (or ward) can return to the Club. I understand and agree that BGGCW has an open door policy and cannot be responsible for my child (or ward) leaving the Club without permission. I understand that all members are free to come and go from the Club.

I understand and agree that BGGCW does not refund membership and that my child (or ward) must obey all rules (Code of Conduct on reverse side of membership card). I further understand that behavioral problems that cannot be solved can result in my child (or ward) being suspended from BGGCW without monetary refund.

It is expressly understood and agreed that BGGCW shall not be responsible or legally liable for any losses of personal property, for any bodily injuries, or the results thereof, incurred and suffered by the applicant on any property of the BGGCW or in connection with any activities of any of its Branches, or while engaged in any of the BGGCW's activities away from the Club. I understand and agree that BGGCW does not and will not provide medical insurance for my child (or ward).

I hereby give consent for my child's (or ward's) picture or any reproduction thereof (while he/she is engaged in Club activities) to be used for publicity/fundraising purposes. Permission is hereby granted to make changes or alterations and/or use my child's (or ward's) name or any fictitious one for publicity/fundraising purposes.

I give permission for BGGCW staff to obtain age verification of my child (or ward) from their current school along with report cards and academic transcripts.

The undersigned represents that he/she is the parent and/or legal guardian of the minor named above, and represents that he/she has the legal authority to execute the foregoing consent and release.

<b>Signature of Parent/Guardian</b>  _____	<b>Emergency Nos. where Parents/Guardians/Relatives can be reached during club hours - Required For Membership</b> 1. Emergency Name & Phone # _____ (_____) _____ 2. Emergency Name & Phone # _____ (_____) _____ I will instruct my child to: <input type="checkbox"/> Walk home <input type="checkbox"/> Take the bus home <input type="checkbox"/> Wait at the Club to be picked up Persons authorized to pick up my child: 1. _____ 2. _____
<b>Date:</b> _____	