



**Boys and Girls Club of North Central Florida, Inc.  
Membership Application  
21<sup>st</sup> CCLC Program Site**



**FOR OFFICE USE ONLY: CLUB LOCATION** \_\_\_\_\_  
**DATE RECEIVED** \_\_\_/\_\_\_/\_\_\_ **STAFF INITIAL** \_\_\_\_\_ **Membership #** \_\_\_\_\_

**THIS INFORMATION WILL BE KEPT CONFIDENTIAL AND USED FOR STATISTICAL PURPOSES ONLY**

**MEMBERSHIP INFORMATION**

Name (print) \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Date of Birth \_\_\_/\_\_\_/\_\_\_ Race: W B H O (circle one)  
 Male \_\_\_ Female \_\_\_ Current School \_\_\_\_\_ Current Grade \_\_\_\_\_ Teacher \_\_\_\_\_  
**Does your child have any allergies?** Yes \_\_\_ No \_\_\_ If yes, please list: \_\_\_\_\_  
 Any Special Needs \_\_\_\_\_  
 Any Medical Conditions that we need to be aware of \_\_\_\_\_

**Persons AUTHORIZED to pick up child** \_\_\_\_\_  
 \_\_\_\_\_

**My child is AUTHORIZED to walk from the club:** Yes \_\_\_ No \_\_\_

**FAMILY INFORMATION**

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Father's Employment \_\_\_\_\_ Phone \_\_\_\_\_  
 Mother's Employment \_\_\_\_\_ Phone \_\_\_\_\_

**Family Demographics for Grant Purposes**

Total # of children in family under 18 \_\_\_ Total family income (check one) \$0-\$15,000 \_\_\_ \$15,001-\$30,000 \_\_\_ over \$30,000 \_\_\_  
 Do you receive AFDC or food stamps? Yes \_\_\_ No \_\_\_

**EMERGENCY CONSENT**

Person AUTHORIZED to act for parent in an emergency:  
 Name (print) \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_  
 Address \_\_\_\_\_ Employed at \_\_\_\_\_  
 Family Physician or Pediatrician \_\_\_\_\_  
 Address \_\_\_\_\_ Office Phone \_\_\_\_\_

**PLEASE READ THIS PORTION CAREFULLY BECAUSE YOU ARE CONSENTING THAT YOU UNDERSTAND AND AGREE TO THESE STATEMENTS**

I certify that I give my child permission to join the Boys and Girls Club of North Central Florida, Inc. and to appear in pictures of Boys and Girls activities to be used for publicity purposes, including social media.

I understand and agree that if my child must be picked up by closing time and parent/guardian must come in and sign out child.

I understand that the Boys & Girls Club of North Central Florida has an attendance policy of three days per week that I must follow or my child will lose their membership.

I understand and agree that my child must adhere to the rules and regulations of the Boys & Girls Club of North Central Florida.

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I understand and agree that I will be financially responsible for any equipment destroyed or defaced by my child.

I understand and agree that the Boys & Girls Club of North Central Florida is part of the Project Learn Program that requires every child to work on their homework during Project Learn.

I understand and agree that my child participates in the 21CCLC program that requires that The Boys & Girls Club of North Central Florida access your child's progress in school. I understand and agree that the School District will give the Boys & Girls Club of North Central Florida access to your child's standardized test scores, report card grades, ESE status, attendance record, disciplinary actions and demographic data.

I understand and agree that my child may participate in the Boys & Girls Club of America's National Youth Outcome Initiative survey.

The Boys & Girls Club of North Central Florida receives grants from the Department of Juvenile Justice for prevention programs. I understand and agree that my child is entered into our DJJ prevention programs and the DJJ JJIS System.

As parent or guardian of the above child, I approve his/her joining the Boys and Girls Club of North Central Florida, Inc. and agree not to hold the Boys and Girls Club, its Board of Directors, Officers, Staff or Volunteers responsible and/or liable, and here RELEASE them from liability for losses of any personal property and for any injuries or accidents suffered by my child at the Boys and Girls Club facilities or in connection with membership or participation in any Boys and Girls Club activities.

In the event I cannot be reached in an Emergency, I hereby give permission to the physician selected by the Boys and Girls Club to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date