



**BOYS & GIRLS CLUB  
OF SAN ANGELO**

2762 Ben Ficklin Rd. San Angelo TX 76903  
(325) 653-3673  
1802 N Lillie St. San Angelo, TX 76903  
(325) 655-8242

# GREAT FUTURES START HERE.

Processed by: \_\_\_\_\_

Entry date: \_\_\_\_\_

Valid  
6/6/2021-8/5/2022

CLUB NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

## MEMBERSHIP APPLICATION

To become a member, return this application with the \$40.00 membership fee

Member Name: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ Public Housing Unit # \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Home Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

## HEALTH & MEDICAL INFORMATION

Doctor / Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance:  MediCal or  Private Company: \_\_\_\_\_ or  None

Medical information we should be aware of:

Asthma  Seizures  Bee Stings/Insect Bites  Learning Disabilities  Physical Restrictions  Behavioral Issues

Other Please Specify: \_\_\_\_\_  Allergies: \_\_\_\_\_

List All Medications Your Child is taking:

## PARENTAL CONTACTS

Father's Name: \_\_\_\_\_ Father's Employment: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Authorized to Pickup Y N

Mother's Name: \_\_\_\_\_ Mother's Employment: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Authorized to Pickup Y N

## EMERGENCY CONTACT (Other than parent / guardian child is living with)

Name #1 \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized to Pickup Y N

Name #2 \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized to Pickup Y N

**I want to become a member of the Boys & Girls Clubs of San Angelo. I will be responsible for taking care of our Club and its' property. I will follow the rules and be considerate of others so the Club can be enjoyable for everyone.**

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

**ALL MEMBERSHIPS EXPIRE ON THE LAST DAY OF SCHOOL**

(Complete Backside)

**DEMOGRAPHICS: Check Boxes That Apply**

**\*\* The following information is necessary for our records and for the funding that our organization receives.**

**The answers you provide are completely confidential.**

**Your cooperation in providing this information is both appreciated and necessary. \*\***

**Ethnicity**

- Hispanic
- African American
- Caucasian
- Asian / Pacific Islander
- Native American
- Multi Racial

**Member Lives With**

- Both Parents
- Mother only
- Father only
- Guardian
- Grandparent
- Aunt / Uncle
- Brother /Sister
- Foster Home
- Homeless
- Other \_\_\_\_\_

**Income Level**

- Under \$10,000
- \$10,000 - \$20,000
- \$20,000 - \$30,000
- \$30,000 - \$40,000
- \$40,000 - \$50,000
- Over \$50,000

Number of people in the Home # \_\_\_\_\_

**Qualified Services**

- Reduced Fee / Free Lunch
- Welfare
- Lonestar
- WIC
- Other \_\_\_\_\_

**Lives In:**

- Public Housing
- HUD Housing

**Parent is in:**

- Military

**Branch**

**Stationed**

**The Boys & Girls Club of San Angelo does not discriminate based on political affiliation, race, color, national origin, sex, religious creed, age or disability.**

**PARENT / GUARDIAN APPROVAL**

- I approve of my child's (or ward's) membership to participate in the Club Programs, Sports and Activities (collectively; the "Activities") conducted by staff, volunteers, or agents within the BGC owned or leased property or in any off-site locations. I am fully aware of the risks and hazards connected with the participation in some Activities. I HEREBY VOLUNTARILY PERMIT MY CHILD (or WARD) TO PARTICPATE IN CLUB ACTIVITIES. I UNDERSTAND AND HOLD HARMLESS THE BOYS & GIRLS CLUBS OF IN THE EVENT OF RISKS, LOSS, DAMAGE, OR PERSONAL INJURY TO MY CHILD.
- **Medical Authorization:** In case of accident or sudden illness to my child (or ward), and I cannot be reached, I give my consent for my child to be given emergency treatment by a physician or hospital.
- **Photo Release:** I give my consent for my child's (or ward's) name and photographs or video in which my child may appear, can be used for educational and publicity purposes when done responsibly and without coercion. I agree that no compensation will be paid for photographs or videotaping.
- **School Release:** I give consent for my child's (or ward's) school to release my child's grades and attendance records to the Boys & Girls Clubs of San Angelo staff so that they may help my child improve in school.
- **Survey Release:** I give my consent for my child (or ward) to participate in Boys & Girls Club Outcome Measurement Survey or other type of survey to determine the effectiveness of the programs in which my child participates.
- **Internet Policy Release:** I give my consent for my child (or ward) to participate in the computer learning center and to have internet privileges after completing an internet safety class.
- **Parent Handbook:** I have read the Parent Handbook and have noted the following:
  - I hereby understand that the Boys & Girls Club has an Open-Door Policy and all children are free to come and go as they please. I will instruct my child (or ward) to remain at the facility if I do not want my child to leave.
  - I also understand that I cannot drop off or leave my child (or ward) earlier than the established hours of operation.
  - I understand that it is my responsibility to make arrangements for my child (or ward) to be picked up at closing time.
  - I understand that the Club is not responsible for personal property or loss of personal property.
  - I will notify the Club of any changes in my address and telephone numbers listed on this application.

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

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

**Parents! Thank you for choosing the Boys & Girls Club program for your child.  
You are welcome to join us for Special Events and Parent Nights!  
Check the schedule! Do you want to be more involved? Find out how you can become a  
Volunteer! [www.bgcsanangelo.com](http://www.bgcsanangelo.com)**

**GREAT FUTURES START HERE.**