



**Application for Membership**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Boy  Girl   
Home Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
School \_\_\_\_\_ Grade this year \_\_\_\_\_

Race: [circle one] **Black White Multi Asian Hispanic Native American**  
Annual family income: \_\_\_\_\_ # of family members in household: \_\_\_\_\_  
Child lives with: \_\_\_\_\_

**Does your child:** **If yes, please describe:**  
-take prescription medications?  no  yes \_\_\_\_\_  
-have allergies?  no  yes \_\_\_\_\_  
-have behavioral issues?  no  yes \_\_\_\_\_  
-have a serious medical condition?  no  yes \_\_\_\_\_  
-have a PLP/IEP?  no  yes \_\_\_\_\_

If you need additional space in answering the above, please use reverse side.

**Mother/Guardian's Name:** \_\_\_\_\_ **E-Mail** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell:** \_\_\_\_\_  
**Father's Name:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_  
**Alternate Emergency Contact: [other than parent]**  
**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Please read and initial your acceptance of the following:**

- \*The above named child has my permission to join the Boys & Girls Clubs of Newport County, Inc. In the event of an accident or injury I will not hold the Boys & Girls Clubs of Newport County, Inc., its staff, or Board of Directors responsible or liable for such accident or injury. \_\_\_\_\_
- \*In case of emergency, or if I cannot be immediately located, I authorize a representative of the Boys & Girls Clubs of Newport County, Inc. to secure medical care for my son/daughter. \_\_\_\_\_
- \*My child's picture or likeness and/or their name may be used to publicize the Club and its programs. \_\_\_\_\_
- \*I also agree that my child's report card may be obtained and photocopied for educational tracking purposes. \_\_\_\_\_
- \*I hereby give permission for the Newport County Schools to share information regarding my child's attendance and behavioral issues. \_\_\_\_\_

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

I wish to become a member of the Boys & Girls Clubs of Newport County, Inc. I will abide by the rules and regulations of the Club and I will accept the discipline of the Club authorities. If I am expelled from the Club, my membership fee will not be returned.

**Signature of member:** \_\_\_\_\_

**Please submit a copy of your child's Immunization Record with this application.**  
**The Boys & Girls Clubs of Newport County, Inc. has instituted a Search & Seizure Policy. For more information, or for a copy, of the above or Member Code of Conduct please contact the Administration office at 847-6927**