

Taken By _____
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**BOYS & GIRLS CLUB
OF THE SANDHILLS**

160 Memorial Park Court
P.O. Box 1761
Southern Pines, NC 28388

MEMBERSHIP APPLICATION: After School Program 2011-2012

Fees Paid Yes No
Members No: _____
Non-Refundable (Family Plan)
\$5.00 per child

First Name: _____ Middle: _____ Last Name: _____

Nickname: _____

Address: _____ At this Address Since: _____

City: _____ State: _____ Zip: _____ In Area Since: _____

Telephone: _____ Birth Date: _____ Childs Soc. Sec.: _____

Renewal Member: _____ New: _____ Application Date: _____

School Information: Current School: _____ Grade: _____ Traditional or Year Round: _____ Current Teacher: _____ Lunch Program: Free Reduced Full

Emergency Contacts: Name: _____ Name: _____ Phone: _____ Ext. _____ Phone: _____ Ext. _____

Medical Information: Doctor Name: _____ Doctor Phone #: _____ Permission for Doctor/Hospital: Yes No Does your family have health and/or accident insurance Yes No Child's Insurance Carrier _____ Policy # _____ Group # _____ Serious Health Problems: Yes No If yes, Explain: _____ _____ _____

General Information: Birth Certificate on File Yes No Birth City: _____ Birth State: _____ My child has permission to be used in public relations materials: Yes No My child may participate in all Boys & Girls Club activities in or adjacent to the club building Yes No Person authorized to Pick up Child: _____ _____ _____

Do You Belong To: Boys Scouts or Girl Scouts School Club Church Group Religion Other _____

Will you attend club? (Check one) Year-round Only during School Year Only during Holidays or summer	Do you have a job? (Check one) None Summer Part-time Year-round Part Time Summer Full-time Year- round Full-time
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Club Member Since: _____ Last Grade Attended if No School: _____

Belong to another B&G Club: Yes No City: _____ State: _____

Last Year Attended: _____ How long a Member in Years: _____

Still Belong to another B&G Club: Yes No

Reason(s) for joining: FUN LEARNING SPORTS OTHER: _____

GUARDIAN/PARENT 1	GUARDIAN/PARENT 2
Relationship: _____	Relationship: _____
Name: _____	Name: _____
Employer: _____	Employer: _____
Occupation: _____	Occupation: _____
Work Address: _____	Work Address: _____
Phone: _____ Type: _____	Phone: _____ Type: _____
Phone: _____ Type: _____	Phone: _____ Type: _____

HOUSEHOLD:

Annual Gross Household Income: _____

Do you live with: Mom Step Mom Dad Step Dad Grandparent Other _____

Is there a Member of the Household 65 years old or Older? YES NO

Is there a Member of the Household Handicapped? YES NO

Current Head of Household: Female Male Current Single Parent: YES NO

Current Number at Home: _____

Number of Brothers _____ Ages: _____ Number of Sisters _____ Ages: _____

PHYSICAL:

Eye Color: _____ Hair Color: _____ Skin Color/Features: _____

Weight: _____ Height: _____ Race: _____ Gender: Male Female

I hereby give permission for my child to become a member and participate in activities of the Boys and Girls Clubs of the Sandhills. I agree not to hold the Boys & Girls clubs of the Sandhills employees, associates, and contributors responsible for accident, injury, or loss incurred to my child. I further agree to indemnity and save them harmless from any loss, cost, or expense arising out of such accident or injury sustained under their supervision. In an emergency, I hereby give permission to a licensed physician selected by the Boys & Girls Clubs of the Sandhills to hospitalize, secure proper treatment, anesthesia, or surgery for my child, on this form, at my expense. I further understand that the Boys & Girls Clubs of the Sandhills has an "Open Door" policy, which means that my son/daughter may come and go at will. My signature indicates that I completely understand the above statement.

Parent's (guardian) Signature: _____