



BOYS & GIRLS CLUB
of Lake Shore

MEMBERSHIP APPLICATION 2016-2017

**Boys & Girls Club of Lake Shore
W.T. Hoag Educational Center**

42 Sunset Blvd. – Angola, NY 14006 * (716) 926-2119

Website: www.bgclakeshore.org Follow us on Facebook too!



BOYS & GIRLS CLUB
of Lake Shore

First Name: _____ M: _____ Last: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Gender: Male _____ Female _____ Birth Date: ____/____/____

Race: Caucasian African-American Asian Hispanic Other

School Information:

Current School: _____ Current Grade: _____ Current Teacher: _____

To strengthen our programming and provide proof of school performance for some funding sources, we may request a self-report of your child's grades and reference your child's agenda book to strengthen their academic achievements. Please contact us if we do not have your permission. Please know, all records will be held strictly confidential.

Contact Information:

Father's name: _____ Cell or Other # _____

Employment _____ Work # _____

Mother's name: _____ Cell or Other # _____

Employment _____ Work # _____

Emergency Contact _____ Relationship _____ Ph# _____

Parent e-mail (to stay informed about Club events): _____

NEW (OPTIONAL): **Club Global Connect Alert** to notify parents of Club closures in the event of **emergencies only**.

_____ YES, please add this phone # to Club Global Connect: _____

NEW (OPTIONAL): **Text Alert Notifications** of upcoming events & occasional reminders (school breaks, ½ days, etc.)

_____ YES, please add the following cell phone # to the Club Text List: _____

* **Cell Phone Carrier:** _____

Medical Information:

Doctor Name: _____ Doctor Phone: _____ Permission for Doctor/Hospital: Yes No

Do you have health and/or accident insurance? Yes No Insurance carrier: _____

Policy # : _____ Group # : _____

Health Problems/Medications: Yes No if yes, explain _____

Do you live with your: Mom _____ Dad _____ Both _____ Step-Mom _____ Step-Dad _____ Other _____

Number of brothers: _____ (Ages: _____) Number of sisters: _____ (Ages: _____)

Financial Information (OPTIONAL): Some of our funding sources request this information on our constituency. All information supplied to the Club will be held in the strictest confidence.

Annual Gross Household Income:	\$0 - \$25,000 _____
	\$25,001 - \$50,000 _____
	\$50,001 - \$75,000 _____
	\$75,001 - \$100,000 _____
	\$100,001 + _____

Number of individuals in your household _____

Do you participate in school's free/reduced lunch program?

_____ YES _____ NO (if so, see info. on reverse side)

Disclaimer:

I, _____ do hereby give my son/daughter _____ permission to attend and participate in activities sponsored by the Boys and Girls Club of Eden & the Lake Shore Unit. I hereby release the Boys and Girls Club of Eden and the Lake Shore Unit, its employees, associates, and contributors from liability from any injury, loss or theft incurred by my child while participating. Furthermore, I hereby authorize medical examination and emergency treatment for my child by a qualified, licensed physician in the event of an accident. I further understand that the Boys and Girls Club of Eden & the Lake Shore Unit has an "open door" policy for all youth (grades 6 and higher), **which means that my child may come and go at will.** Further, I give **permission for my child's picture** to be used in any Boys and Girls Club advertising such as publications, press releases, internet postings and as previously noted. I understand that my child's school grades and attendance may be obtained from my child for grant purposes and programming. *I am aware that the Club closes at 6:30 PM unless otherwise posted. Furthermore, I am aware that **failure to pick up my child by 6:30 PM will result in additional fees of \$15 for every 15 minutes.***

Parent Signature: _____

BOYS & GIRLS CLUB CODE

- **I WILL** be respectful to staff, equipment, and other members, including using polite language.
- **I WILL** talk to a staff person if I have a question or problem.
- **I WILL** remember the "Golden Rule" and treat others as I would like to be treated.

I have read and understand the Code of the LSBGC and if I fail to abide by the Code while in the Club, I must face the consequences of my actions!

Member Signature: _____

MEMBERSHIP PRICING

*Fees must be **paid up-front** or have an approved payment plan in place to continue your child's Club participation.*

Membership Duration	Grades	Membership Price Per Child	Fees Owed
<i>Full-Year (9/6/16 – Last Day of School)</i>	2 – 8	\$125	\$ _____
		<i>** Reduced Lunch Scholarship - \$75</i>	
	8-12	<i>** Free Lunch Scholarship - \$25</i> <i>Free</i>	
<i>Half-Year (2/1/17 – Last Day of School)</i>	2 – 8	\$65	\$ _____
		<i>** Reduced Lunch Scholarship - \$40</i>	
	8-12	<i>** Free Lunch Scholarship - \$15</i> <i>Free</i>	
** Families that qualify MAY be eligible to receive a scholarship but must provide the Club proof of lunch status with a copy of the letter from the school district (will be charged full membership cost until letter is received by the Club).			
MANDATORY Volunteer Fee		Price Per Family	Fees Owed
The volunteer fee is to enhance Club support. After your family has completed one 3-4 hour volunteer opportunity, this fee will be returned to you with our appreciation. See suggested opportunities below.		\$75	\$ <u>75.00</u>
MANDATORY FUNDRAISER Fee		Price Per Family	Fees Owed
This fee is placed on your account in September but is not due until June. In place of the fee, you may opt to sell a minimum of \$40 worth of tickets for any of these events: Snow Blower Raffle, Spaghetti Dinner, Chicken BBQ, Outdoor Adventure Raffle, Patio Raffle, (2) Boxes of Candy Bars		\$40	\$ <u>40.00</u>
OPTIONAL Donation to the Annual Campaign			Donation Amount
Your child's membership fee only represents less than 10% of the Clubs expenses associated with their participation. Please consider including a donation to our Annual Giving Campaign.			\$ _____

Suggested Volunteer Opportunities (check where you are interested & you will be contacted)

5K Weiner Run (Sept.) _____ Spaghetti Dinner (Jan.) _____ Meat Raffles (Nov. & Mar.) _____ Chicken BBQ (May) _____
Monster Bash (Oct.) _____ Outdoor Adventure Raffle (Apr.) _____ Carnival (June) _____ Serve on Advisory Board _____

FOR OFFICE USE ONLY:

Entry Date: _____ Payment Amount: _____ [Cash _____ Check# _____ Credit Card _____] Initials: _____