



BOYS & GIRLS CLUB  
of Lake Shore

**MEMBERSHIP APPLICATION 2017-2018**

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

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

**Website: [www.bgclakeshore.org](http://www.bgclakeshore.org) Follow us on Facebook too!**



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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: \_\_\_\_\_

**Text Alerts** for upcoming events & occasional reminders

Cell phone # to the Club Text List: \_\_\_\_\_ \* **Cell Phone Carrier:** \_\_\_\_\_

*Be sure to find our website and like us on Facebook to stay as current as possible with different club activities!*

**Medical Information:**

Doctor's Name: \_\_\_\_\_ Doctor's 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 \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Does child live with: Mom \_\_\_\_\_ Dad \_\_\_\_\_ Both \_\_\_\_\_ Step-Mom \_\_\_\_\_ Step-Dad \_\_\_\_\_ Other \_\_\_\_\_

Number of brothers: \_\_\_\_\_ (Ages: \_\_\_\_\_) Number of sisters: \_\_\_\_\_ (Ages: \_\_\_\_\_)

**Authorized to Pick up your child:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ # \_\_\_\_\_

*Please include a* Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ # \_\_\_\_\_

*phone number* Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ # \_\_\_\_\_

*to reference* Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ # \_\_\_\_\_

**Not Authorized to Pick up your child:** Name: \_\_\_\_\_

Name: \_\_\_\_\_

**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 accumulated.***

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.*

Do you participate in the school's free/reduced lunch program?  YES  NO (Must provide a copy of this from the school)

<b>Membership Duration</b>	<b>Grades</b>	<b>Membership Price Per Child</b>	<b>Fees Owed</b>
<i>Full-Year (9/5/17 – Last Day of School)</i>	2 – 8	<b>\$125</b>	\$ _____
		<i>** Reduced Lunch Scholarship - \$75</i>	
	8-12	<i>** Free Lunch Scholarship - \$25</i> <i>Free</i>	
<i>Half-Year (2/1/18 – Last Day of School)</i>	2 – 8	<b>\$65</b>	\$ _____
		<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).**

<b>MANDATORY Volunteer Fee</b>	<b>Price Per Family</b>	<b>Fees Owed</b>
The volunteer fee is to enhance Club support. <b>After</b> your family has completed <b>one 4-6 hour</b> volunteer opportunity, this fee will be returned to you with our appreciation.	<b>\$75</b>	\$ <u>75.00</u>

<b>MANDATORY FUNDRAISER Fee</b>	<b>Price Per Family</b>	<b>Fees Owed</b>
This fee is to be paid up front in September but you will have until June to <b>sell/buy a minimum of \$40 worth of tickets</b> for any of our awesome events!	<b>\$40</b>	\$ <u>40.00</u>

<b>OPTIONAL Donation to the Annual Campaign</b>	<b>Donation Amount</b>
Your child's membership fee <b>represents less than 10% of the Clubs expenses</b> associated with their participation. Please consider including a donation to our Annual Giving Campaign. All donations are tax deductible!	\$ _____

**Total payment: \$ \_\_\_\_\_**

**Volunteer/ Fundraising Opportunities: You will receive email and text correspondence regarding assorted opportunities to be reimbursed your mandatory fees. You will be issued a check upon completion.**

**FOR OFFICE USE ONLY:**

Entry Date: \_\_\_\_\_ Payment Amount: \_\_\_\_\_ [ Cash \_\_\_\_\_ Check# \_\_\_\_\_ Credit Card \_\_\_\_\_ ] Auth. Pick Ups \_\_\_\_\_ Text Alert Entered \_\_\_\_\_ Group Email List: \_\_\_\_\_ Initials: \_\_\_\_\_