



**BOYS & GIRLS CLUB  
OF EDEN-LAKE SHORE**

**MEMBERSHIP APPLICATION 2018-2019**

**Boys & Girls Club of Eden-Lake Shore**

**Lake Shore Clubhouse**

W.T. Hoag Educational Center

42 Sunset Blvd. – Angola, NY 14006

Phone: (716) 926-2119

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Website: [www.bgclakeshore.org](http://www.bgclakeshore.org)

Follow us on Facebook too!

First Name: \_\_\_\_\_ M: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Race:  Caucasian  African-American  Asian  Hispanic  Other \_\_\_\_\_

**School Information:**

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Current Teacher: \_\_\_\_\_

**Contact Information:**

Parent/Guardian 1: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Cell/Primary Phone: \_\_\_\_\_ Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Cell/Primary Phone: \_\_\_\_\_ Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

**Emergency Contact (Other than Parent/Guardian):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Text Alerts (Reminders, Updates, Emergency Information)**

Cell phone number: \_\_\_\_\_ **Cell Phone Carrier:** \_\_\_\_\_

**Child lives with** (Please check next to the option that best fits):

Mom & Dad (1 Household) \_\_\_\_\_ Mom & Dad (2 Households) \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_

Grandparent(s) \_\_\_\_\_ other \_\_\_\_\_

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

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

**Individuals Authorized to pick up your child** (In addition to Parent/Guardians & Emergency Contact):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Individuals NOT AUTHORIZED to pick up your child:**

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

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

**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 \_\_\_\_\_

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

**Disclaimer:**

I, \_\_\_\_\_ (Parent/Guardian) do hereby give my son/daughter \_\_\_\_\_ permission to attend and participate in activities sponsored by the Boys and Girls Club of Eden-Lake Shore. I hereby release the Boys and Girls Club of Eden-Lake Shore, 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-Lake Shore has an "open door" policy for all youth, which means that my child may come and go at will.** My signature below indicates that I completely understand the above statements.

**Parent Signature:** \_\_\_\_\_

I give permission for my child's picture to be used in any Boys and Girls Club advertising such as publications, news articles, internet postings, marketing materials, etc.

YES \_\_\_\_\_ NO \_\_\_\_\_ Parent Initials \_\_\_\_\_

**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 (Child) Signature:** \_\_\_\_\_

**We do not turn any family away due to financial hardship!  
Ask us about our membership prices!**