



P.O. Box 642 Corinth, MS  
38835

BOYS & GIRLS CLUBS  
OF NORTHEAST MISSISSIPPI

# MEMBERSHIP APPLICATION

## YOUTH MEMBERSHIP INFORMATION:

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Cell Telephone: (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female Age: \_\_\_\_

Ethnicity: \_\_\_ African American \_\_\_ Native American \_\_\_ Asian/Vietnamese  
 \_\_\_ Hispanic \_\_\_ Multi-Racial \_\_\_ Caucasian \_\_\_ Other \_\_\_

## CLUBSITE ATTENDING:

\_\_\_\_\_ Baldwin Unit \_\_\_\_\_ Booneville Unit \_\_\_\_\_ Corinth Unit \_\_\_\_\_ luka Unit \_\_\_\_\_  
 Teen Center

## SCHOOL INFORMATION:

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

## EMERGENCY CONTACT:

1. Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Person Authorized to Pick child Up: Yes or No

2. Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Person Authorized to pick child up? Yes or No

Who does the child live with?  
 \_\_\_\_\_ Mother \_\_\_ Father \_\_\_\_\_ Legal Guardian \_\_\_ Grandparent \_\_\_\_\_ Both Parents  
 \_\_\_ Other

Highest Level of education parents completed:  
 1 \_\_\_\_\_ GED \_\_\_\_\_ High School \_\_\_\_\_ Some College \_\_\_\_\_ College Degree

When will you attend the club? Year Round School Year Only Summer Only

**GUARDIAN/PARENT INFORMATION**

*Guardian/Parent 1*  
Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_  
Cell Number: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

*Guardian/Parent 2*  
Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_  
Cell Number: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

**MEDICAL INFORMATION:**

Does your family have health and/or accident insurance? (circle one) YES or NO  
Health Problems/Allergies (circle one) YES or NO  
If Yes Explain(List all Medications your child is taking) \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Phone Number(\_\_\_\_) \_\_\_\_\_  
Permission for Treatment by doctor and hospital? YES or No  
Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Group Number \_\_\_\_\_  
MEDICAID: YES OR NO  
*"I understand that if my child is injured at the CLUB, it is not the responsibility of The Boys & Girls Club of Northeast Mississippi. I agree not to hold Boys & Girls Club of Northeast Mississippi, Boys & Girls Club of America, its sponsors, its volunteers, employees, or officers, liable for injuries or accidents in connection with my child's attendance or participation in any activity.*

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**INSURANCE DISCLAIMER**

In the event of illness or injury occurring to my child, I hereby give my consent for medical and/or dental care deemed necessary by the attending physician and or dentist. My child may be examined and any necessary procedures (medical, dental or surgical), anesthesia, or diagnostic procedures (lab or x-ray) may be performed under the supervision of a member of the hospital or medical staff furnishing such services.

I understand that, in the event of a serious illness or injury, every effort will be made to reach me.

I further acknowledge that I am responsible for any medical, dental, ambulance expenses or other expenses, which might occur as a result of such injury or illness. Understand that any liability insurance coverage through Boys & Girls Club of Northeast Mississippi is secondary to my family insurance coverage.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**HOUSEHOLD INFORMATION**

1. Is there a Member of the Armed Forces in your household? YES or NO
2. Is there a Member of the household disabled? YES or NO
3. Is there a Member of the household 65 or older? YES or No
4. Is this a ***SINGLE*** Parent household? YES or NO
5. Total number of Children under the age of 18 in the household? \_\_\_\_\_

\*\*The Information contain herein will I be kept in strict confidence and used solely for the use of accumulating the necessary statistical data requested by government agencies:

Total Number of People in the household? \_\_\_\_\_

Does the child receive free & reduced lunch at school? YES or NO

Total household income reported to the IRS last year. (Circle One)

- |                     |                     |                      |                    |
|---------------------|---------------------|----------------------|--------------------|
| -\$21, 200 or less  | -\$21,201-\$24, 249 | -\$24, 200-\$27, 299 | -\$27,300-\$30,299 |
| -\$30,300-\$32, 749 | -\$32,750-\$35,149  | -\$35,150-\$37,599   | -\$37,600-\$39,999 |
| -More Than \$40,000 |                     |                      |                    |

**OUTCOMES MEASUREMENT CONSENT:**

I \_\_\_\_\_, give my permission to the BOYS & GIRLS CLUB OF NORTHEAST MISSISSIPPI, INC. to survey and interview my child \_\_\_\_\_, to find out what his/her behaviors, skills, and attitudes are in regards to issues such as health risks and habits, positive self-esteem, respect for diversity, education and educational resources, positive relationships, career choices, and connections the community, as well as his/her experiences at the club. I understand that the purpose of these surveys and interviews is to help find out how well the Club is meeting my child's needs and to identify areas which may call for further attention. I also understand that this information will remain private.

I understand that my child's responses will be automatically grouped together with the responses of other Club members for any public presentation of the findings, and that my child will never be individually linked to his or her responses. I can upon, written request, arrange to discuss the findings with my child's unit director.

**PERMISSION STATEMENTS:**

*I grant The Boys & Girls Club of Northeast Mississippi permission to:*

1. Use file/print pictures of my child, resulting from their involvement for club permission.

" I give consent for photographs, which my son/daughter may appear to be used in any way the Boys & Girls Club of Northeast Mississippi, Inc, may care to use them.

2. Take my child on field trips

\*\*I understand I will receive advance notice and a separate permission slip for each trip.

3. Contact my child's school to receive/send progress reports and report cards.

\*\*\*I give consent for the Boys & Girls Club of Northeast Mississippi, Inc. the authority to communicate with my child's teacher and school facility on the behalf of my child to develop a comprehensive educational plan. In addition, I agree to allow my child's school to release my child's records (grades, test score, etc.) to The Boys & Girls Club of Northeast Mississippi, Inc.

MEMBER AGGREEMENT & FEES

I promise to take care of my Club and its property and to abide by the rules of the BOYS & GIRLS CLUB OF NORTHEAST MISSISSIPPI, INC. If at any time I am asked to return my membership card, I understand no fees will be returned to me. *Activity Fees are \$15.00 August-May* and do not include special events, field trips, summer programming, etc. Additional summer fees are applicable June-July each year. Contact your local club for specific information.

Members Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge receipt of my personal copy of the Boys & Girls Clubs of Northeast Mississippi Handbook. I understand that it is my responsibility to read and to become familiar with the contents of the handbook and to comply with the policies, rules and guidelines contained in it. I understand and agree that the organization may revise, rescind, or modify any portion of the Handbook at any time and that I will be bound by such changes(s). Should I ever have any questions about the policies set forth, I will contact Unit Director or the CPO for clarification.

**NO MEMBERS ARE ALLOWED TO BRING CELL PHONES/ELECTRONIC DEVICES IN THE CLUB**

Members Name: \_\_\_\_\_ Member's Signature: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Unit Director: \_\_\_\_\_ Club: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY:

Unit: \_\_\_\_\_ Membership Number: \_\_\_\_\_ Application Date: \_\_\_\_\_

New/Renewal: \_\_\_\_\_ Fees Paid: \_\_\_\_\_ Yes or No Amount: \$ \_\_\_\_\_ CSH \_\_\_\_\_ CK