



**BOYS & GIRLS CLUB  
OF ALBANY**

Confidentiality: All information provided will remain confidential. The information requested is necessary for our due diligence in providing a safe environment for members, or required by those who fund our programs. Only complete applications will be processed.

**Head of Household**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Phone # \_\_\_\_\_  Home  Cell

Phone # \_\_\_\_\_  Home  Cell

Family Size \_\_\_\_\_  
Military  Yes  No Start Date \_\_\_\_\_  
Branch \_\_\_\_\_

Family Income:  
 \$0-12,000  \$12,001-17,000  
 \$17,001-25,000  \$25,001-35,000  
 \$35,001-45,000  \$45,001 +

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Phone # \_\_\_\_\_

**Other Parent**

Lives In Household?  Yes  No If No, Address \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_

Phone # \_\_\_\_\_  Home  Cell

Phone # \_\_\_\_\_  Home  Cell

Military  Yes  No Start Date \_\_\_\_\_  
Branch \_\_\_\_\_ End Date \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Phone # \_\_\_\_\_

**Member**

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

Nick Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

- African American
- Asian
- Caucasian
- Hispanic
- Multi-Racial
- Native American
- N/A

Family Setting:

- Two Parent  Foster
- One Parent-  Mother  Father
- Other \_\_\_\_\_

- TANF
- Food Stamps
- SSDI
- SSI
- Veterans Compensation
- School Lunch
- Medicaid
- None

Medical Insurance Company \_\_\_\_\_ Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Problems/ Allergies \_\_\_\_\_

**Please turn over and complete the other side** 😊

**Emergency Contact People**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_  Home  Work  Cell

Phone # \_\_\_\_\_  Home  Work  Cell

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_  Home  Work  Cell

Phone # \_\_\_\_\_  Home  Work  Cell

**WAIVER OF LIABILITY AND DISCLAIMER:** In consideration of my son's/daughter's membership and participation in the activities and programs of the Boys & Girls Club of Albany as well as Linn-Benton Pop Warner (LBPW): I, as parent or guardian of named minor, my heirs, executors, administrators and assigns, waive, release and discharge any and all rights and claims or damages against the Club and/or its sponsors for all claims arising or resulting from traveling, participating and/or being involved in its program or activities, I attest and verify that I have full knowledge of the risks involved in said participation and that my son/daughter is in good and has no physical or mental condition which would make it dangerous for my child or for other participants when my child is involved in any of the sponsored activities.

**CONSENT:** I hereby give permission to the Boys & Girls Club of Albany to utilize photos or videos of my child in Club publicity. I consent to such uses and hereby waive all rights of compensation. I agree to pay the non-refundable \$25 yearly membership fee (Sept. 1- Aug. 31) and give consent for my child to participate in any curriculum or program supported by Boys & Girls Club of America.

**EMERGENCY AUTHORIZATION:** I hereby give permission to medical personnel selected by the Boys & Girls Club of Albany its employees, agents, directors, volunteers or sponsors to provide or seek emergency treatment, (including X-rays) for my child in the event I cannot be reached in an emergency. However, the giving of my permission does not obligate the Boys & Girls Club, its employees, agents, directors, volunteers, or sponsors to arrange such care except as may be directed by medical personnel.

**OPEN DOOR POLICY:** I understand that the Boys & Girls Club of Albany is an open door facility and open to all youth members during posted hours of operation. My child/ren will be supervised while at the Club. I will set the boundaries and consequences if my child leaves the facility without my permission.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Staff Use-**  
**Receipt # \_\_\_\_\_ Date Paid \_\_\_\_\_ Payment Type \_\_\_\_\_ Amount Paid \_\_\_\_\_**