



**BOYS & GIRLS CLUB
OF FAYETTEVILLE**

Outreach Membership Scholarship Packet

Please be advised that the membership application must be legibly filled out in black or blue ink and signed by a guardian. Failure to follow the guidelines will hinder the application process and your child(ren)'s ability to participate in the program.

*Please note that the administration fee of \$6 for an approved youth membership scholarship has been waived by your child's participation in the Outreach Program.

Check to Show Receipt of Applicable Forms:

Completed Membership Application

Signature of Receiving Staff _____



outreach!

membership application

Membership Type

_____ Student
\$60 Annually

_____ Adult
\$200 Annually

_____ Family
\$300 Annually

Member Information

Primary Name _____ Date of Birth _____ / _____ / _____

Home Address _____
Street City State Zip

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Secondary Name _____ Date of Birth _____ / _____ / _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Emergency Contact Information

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Household Information (used for grant and reporting purposes only)

Single Parent Household? _____ One or more parents in jail? _____ Free/Reduced Lunch? _____

Child(ren) Live with Mother Father Grandparent(s) Aunt/Uncle Foster Care Other

Household Income Level Less than \$24,499 \$25,000 to \$49,999 \$50,000 to \$74,999
 \$75,000+

Youth Member(s) Information

This section must be filled out completely for each youth member.

Name _____ Date of Birth _____ / _____ / _____ Gender _____

School _____ Grade _____ Weight _____ Height _____

Ethnicity African-American Caucasian Hispanic Multi-Racial Asian
 Hawaiian-Pacific Islander Native American Other Prefer not to answer

Name _____ Date of Birth _____ / _____ / _____ Gender _____

School _____ Grade _____ Weight _____ Height _____

Ethnicity African-American Caucasian Hispanic Multi-Racial Asian
 Hawaiian-Pacific Islander Native American Other Prefer not to answer

Youth Member(s) Information Continued

This section must be filled out completely for each youth member.

Name _____ Date of Birth ____/____/____ Gender _____
 School _____ Grade _____ Weight _____ Height _____
 Ethnicity African-American Caucasian Hispanic Multi-Racial Asian
 Hawaiian-Pacific Islander Native American Other Prefer not to answer

Name _____ Date of Birth ____/____/____ Gender _____
 School _____ Grade _____ Weight _____ Height _____
 Ethnicity African-American Caucasian Hispanic Multi-Racial Asian
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Membership Agreement Terms

Children ages 6 - 15 are welcome unaccompanied by an adult during Youth Development Programs (YDP) hours (visit www.fayettevillekids.org for detailed hours). Our staff does not grant permission to kids to leave the Club, nor do we insist that they stay. The decision as to when a child arrives and leaves the Club, and with whom they do is a matter handled between parent and child. Children not mature enough to capably handle this responsibility should have the close supervision of other, more structured programs.

I give my permission to the Donald W. Reynolds Boys & Girls Club (DWRBGC) to share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by the DWRBGC, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

I give permission for DWRBGC to survey my child about his/her Club experiences, risk behaviors, skills, and attitudes. I agree that if I do not want my child to participate in surveys, I must provide notice in writing to DWRBGC.

I give permission for my child to go on trips with DWRBGC.

I hereby authorize a representative of the Club to administer first aid treatment or seek medical attention for myself/child.

I give my permission for myself/child to be photographed or videotaped and any artwork or projects created by my child to be used in the production of promotional materials. I understand that the materials will be the sole property of DWRBGC and may be used in newsletters, brochures, newspapers, and any other production the Club deems appropriate.

I verify that no person listed on this membership application has been convicted of a crime against children, or sexual assault and that I understand all adult members are subject to a background check.

Waiver and Release of Liability

I, the parent/person participating or having legal custody/guardianship of the above said minor, understand and acknowledge that the use of equipment and facilities provided by DWRBGC and participation in programs (informal, instructional, fitness, sports, weight and cardiovascular training, swimming and any other programs and services sponsored by DWRBGC and/or activities occurring in the building involve risks including, but not limited to the following: risk of property damage, bodily injury, including, but not limited to permanent disability, paralysis and possibly death. I voluntarily assume all risks described that may arise out of or result from the use of the equipment or facilities, and/or the services of DWRBGC. I waive the protection afforded by any statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise which the person giving the release does not know or suspect to exist at the time of executing the release. This means, in part, that I am releasing unknown future claims. I hereby release, waive, indemnify and hold DWRBGC, its directors, employees, volunteers and participants, harmless from any and all claims, causes of action, suits, liability, losses, or damages for any negligence, property damage, property loss or theft, personal injury, death or other loss arising from or relating to my use of the property, facilities, and/or services.

I have read and understand the membership agreement terms and waiver listed above and agree to all of the information and rules explained.

Signature (parent/guardian) _____ Date _____

Staff Use Only			
Accepted By _____	Payment Info _____	Date _____	Entered In YES By _____
			Date _____