

# membership application

## Membership Type

\_\_\_\_\_ Student  
\$65 Annually

\_\_\_\_\_ Adult  
\$200 Annually

\_\_\_\_\_ Family  
\$325 Annually

## Member Information

Head of Household \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

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

Email Address \_\_\_\_\_ Ethnicity \_\_\_\_\_

Employer \_\_\_\_\_

Secondary Adult \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Email Address \_\_\_\_\_ Ethnicity \_\_\_\_\_

Employer \_\_\_\_\_ :

## 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  
 Hawaiian-Pacific Islander  Native American  Other  Prefer not to answer

**Membership Agreement Terms**

Children ages 6 - 15 are welcome unaccompanied by an adult during Youth Development Programs (YDP) hours (visit [www.fayettevillekids.org](http://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 \_\_\_\_\_

|                          |                           |                       |                        |                   |
|--------------------------|---------------------------|-----------------------|------------------------|-------------------|
| <b>Accepted By</b> _____ | <b>Payment Info</b> _____ | <b>Staff Use Only</b> | <b>Entered In</b>      | <b>Date</b> _____ |
|                          |                           | <b>Date</b> _____     | <b>RecTracBy</b> _____ |                   |