| Date | BOYS & GIRLS CLUI OF CAPE COD | Membership # |
|---------------------------------------|--------------------------------------|---------------------------------------|
| ☐ Before-School Membership | ☐ After-School Membership | ☐ Before & After-School membership |
| Member First Name | Last Name | |
| Gender:MF Age: | D.O.B: | |
| Ethnic Background: African American _ | / Asian / Caucasian / Hispanic / Mu | ulti Racial / Native American / Other |
| Address | | |
| City | State Zip | Phone: |
| | School Information | |
| Teacher | Name of School | Grade |
| Does your child receive Free or I | Reduced Lunch? No F | REE REDUCED |
| | Parent/Guardian Informat | tion |
| Name of Legal Guardian#1 | | Relationship |
| Phone #'s: Home: | Work: | Cell: |
| Name of Employers Business | | |
| Name of Legal Guardian # 2 | | Relationship |
| Phone #'s: Home: | Work: | Cell: |
| Name of Employers Business | | |
| E-Mail address to receive Club new | vs: | |
| Emergency Contact In | formation (To be Contacted if both F | Parents/Guardians cannot be reached) |
| Name: | F | Phone: |
| | | |
| Name: | F | Phone: |
| | Emergency Medical Inform | ation |
| Doctor Name: | Doctor Ph | none |
| Permission for Treatment by Doctor, | /Hospital: Yes No | |
| Does your family have medical insu | rance: Yes No | |
| Insurance Carrier: | Policy # | |
| Special Needs/Health Issues: Ye | s NO If Yes please explain: | |

PLEASE FILL OUT INFORMATION ON BACKSIDE!

Medications: ___ Yes ___No If Yes, please explain: __

| | Income: | Household | Member Lives With: |
|---|---|--|--|
| 0-10,000 | 60,001—60,000 | # under 18 | |
| 10,001-20,000 | 60,001—70,000 | | MomStep DadFoster Parents |
| | 70,001—80,000 | # over 18 | DadStep MomOther |
| | 80,001—90,001 | Cin ala Dananta | |
| 40,001—30,000 | 90,001—100,000 over 100,000 | Single Parent? Yes No | Do you live on a Military Base?YN |
| | | | ate our Club? Your fee is only \$125. Please mak on to the membership fee to keep costs low. |
| □\$5 □\$10 □ | | ke a contribution o □ \$100 □ \$500 [| f (check below) 3 \$1000 Other \$ THANK YOU!!! |
| Boys & Girls (| Liub of Cape Cod Parent | tal Release Form (Ple | ease initial next to each you give consent to.) |
| | | | edical treatment for my minor child if I cannot be reached. I |
| thild listed on this application uccessful in school, in the child's School District | ne Boys & Girls Club of Cap ation. The purpose of the exc e Boys & Girls Club and in l t or the Boys & Girls Club of | change is to help both org life. This release is valid | chool District to exchange information regarding the minor ganizations do a better job of helping the student be for one year and may be revoked at any time by contacting |
| bout his or her Club expe | he minor child listed on this erience, behaviors, skills and | l attitudes using Boys & | sion for Boys & Girls Club of Cape Cod to survey my child Girls Clubs of America's National Outcomes Survey or other ggregate and not reflect information on individual children. |
| he may access inappropr | | | rnet. While precautions are being taken, it is possible who equences at the Club for such behavior; however we will not |
| Photos give permission for my ond its activities. | child's picture, moving pictu | ires, or any other graphic | depiction or likeness, to be used by the Boys & Girls Club |
| ransportation to and from | the Club. As a drop-in facil | lity, we are not responsib | ms. Parents and Club members are responsible for their own the left for Club members' whereabouts, Club members may sign the laim to be, a licensed day care center. |
| | | o opt-in, in compliance waid messages from him o | with the SlickText terms of use, and recipients of text or her. |
| iessages recognize the se | shadr and expect to receive s | | |
| , the parent/guardian of the min he Boys & Girls Club of Cape of f the above organizations such | or child listed on this application, for Cod, and Boys & Girls Clubs of Arr as staff, directors or volunteers, from | nerica, their representatives, su m all liability, claims, demand | ors and administrators, hereby release, waive, acquit and forever discharge ccessors, insurers, assigns or any other person or entity associated with any s, or causes of action for any and all loss, damage, injury or death and any or participation in activities of said organizations either at or away from the |

_ Date __

Parent/Guardian Signature ___