

ID # _____



**BOYS & GIRLS CLUBS
OF EAST CENTRAL ALABAMA**

**MEMBERSHIP APPLICATION
\$25 PER YEAR**

BRANCH: Commisioners Park: _____ Hamilton: _____ Hill: _____ Jackson: _____ Roanoake: _____ Stemley: _____
Other _____

MEMBERS INFORMATION

Member's Name: _____ Gender: M ___ F ___ Birth Date: ____/____/____ Age _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Home Phone #: (____) _____ Cell Phone #: (____) _____ Pager/Other#: (____) _____
School Name: _____ Community _____ Grade: _____
Ethnicity: Caucasian ___ African American ___ Hispanic ___ Asian ___ Am. Indian ___ Pacific Islander ___ Other ___

MEDICAL HISTORY / INFORMATION (PLEASE LIST A HISTORY OF MEDICAL PROBLEMS OR DISABILITIES)

Medical Conditions: Heart ___ Respiratory ___ Allergies ___ Seizures ___ Hi/Lo Blood Pressure ___ Orthopedic ___
Diabetes ___ Please list any Medication(s): _____
Disabilities: Physical _____ Mental _____ Emotional _____ Educational _____
Insurance Carrier Name: _____ **Policy Number:** _____

PERMISSION TO SWIM

Yes ___ my child may participate in swimming lessons and or recreational swimming. Limitations: _____
Skill Level: None ___ Beginner ___ Intermediate ___ Advanced ___
No ___ my child may not participate in swimming lessons and or recreational swimming.

PARENT / GUARDIAN INFORMATION

Mother's Name: _____ **Phone #:** (____) _____
Mailing Address: _____ **Cell #:** (____) _____
Employer: _____ **Work #:** (____) _____
Does mother live in home with child? (yes) ___ (no) ___ **E-mail:** _____
Father's Name: _____ **Phone #:** (____) _____
Mailing Address: _____ **Cell #:** (____) _____
Employer: _____ **Work #:** (____) _____
Does father live in home with child? (yes) ___ (no) ___ **E-mail:** _____
Family Setting: Both Parents: ___ Single Parent (male): ___ (female): ___ Other ___ # of Brothers _____ # Sisters: _____
Parent/Guardian Education Level: (Please check one)
0-8 grade: ___ 9-12 grade/Non-Graduate: ___ High School Graduate/GED:: ___ 2 or 4 yr. College Degree: ___ Masters etc. _____
Source of Income: Employment Only: ___ Employment + Other Source: ___ No Income: ___ TANF: ___ SSI: ___ Social Security ___:
Pension: ___ General Assistance: ___ Unemployment Insurance: ___ Veteran's Benefits: ___ Cal Works: ___ G.R: ___ Other: ___
Other Characteristics: Disabled ___ Yes ___ No; Food Stamps ___ Yes ___ No; Veteran? ___ Yes ___ No; Previously Incarcerated ___
Housing: Own: ___ Rent: ___ Homeless: ___ Long Term Housing Assistance? ___ Yes ___ No; Other: _____

CONFIDENTIAL INFORMATION- The following information is necessary for our records and the funding our organization receives. The answers you provide are confidential. Your cooperation in providing this information is both appreciated and necessary.

Combined Annual Household Income: Check Family Size and Income Level

Family Size	Income Levels			
1 Person: _____	\$ 0 - \$ 14,550: _____	\$14,551 - \$ 24,250: _____	\$ 24,251 - \$ 38,800: _____	\$ 38,601 +: _____
2 Person: _____	\$ 0 - \$ 16,650: _____	\$ 16,651 - \$ 27,700: _____	\$ 27,701 - \$ 44,350: _____	\$ 44,351 +: _____
3 Person: _____	\$ 0 - \$ 18,700 _____	\$ 18,701 - \$ 31,200: _____	\$ 31,201 - \$ 49,900: _____	\$ 49,901 +: _____
4 Person: _____	\$ 0 - \$ 20,800 _____	\$ 20,801 - \$ 34,650: _____	\$ 34,651 - \$ 55,450: _____	\$ 55,451 +: _____
5 Person: _____	\$ 0 - \$ 22,450: _____	\$ 22,451 - \$ 37,400: _____	\$ 37,401 - \$ 59,900: _____	\$ 59,901 +: _____
6 Person: _____	\$ 0 - \$ 24,150 _____	\$ 24,151 - \$ 40,200: _____	\$ 40,201 - \$ 64,300: _____	\$ 64,301 +: _____
7 Person: _____	\$ 0 - \$ 25,800: _____	\$ 25,801 - \$ 42,950: _____	\$ 42,951 - \$ 68,750: _____	\$ 68,751 +: _____
8 Person: _____	\$ 0 - \$ 27,450: _____	\$ 27,451 - \$ 45,750: _____	\$ 45,751 - \$ 73,200: _____	\$ 73,201 +: _____

APPLICANT STATEMENT: I certify that the information provided on this form is accurate and complete, and that i am a resident of the City of Los Angeles. I further acknowledge that eligibility for services funded through the HSDS program is based upon having a qualifying annual family income level or belonging to a group that is presumed to be low or moderate income, and that the income levels and/or status I have indicated in this self -certification may be subject to further verification by the agency providing services.,

the City of Los Angeles and/or HUD. I acknowledge that providing false information shall be grounds for termination from the program. I therefore authorize such verification, and will provide supporting documentation if requested.

Applicants Name (Please Print): _____ **Signature** _____ **Date** _____

Staff Name (Please Print) _____ **Signature** _____ **Date** _____

PARENT/GARDIAIN- I hereby give my permission to my son or daughter to become a member of the Boys & Girls Club of East Central Alabama. It is expressly understood and agreed that the Boys & Girls Club of East Central Alabama shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by the applicant on any property of the above named Club, or in connection with any activities of any of its Branches, unless such loss or injury results directly from negligence or willful act of an employee of the Club named above acting within the scope of their employment. All member information will be kept confidential and retained in secure files. This information will be used only to document membership and demographics within our organization. Individual information will not be shared or sold to outside agencies. Boys & Girls Club of East Central Alabama officials have my permission to take my son or daughter to the nearest qualified physician for observation or treatment in case of emergency, and to contact my child's school as it relates to guidance and behavior issues.

Signature of Parent/Guardian _____ Date ____/____/____

THE BOYS & GIRLS CLUB of EAST CENTRAL ALABAMA RELEASE AND WAIVER OF LIABILITY AND INDEMNITY

PERMISSION AND MEDICAL AGREEMENT

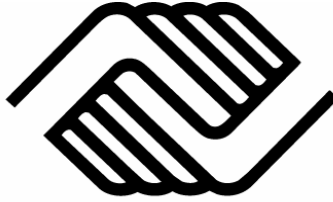
IN CONSIDERATION of being permitted to enter the Boys & Girls Club of East Central Alabama for any purpose, including but not limited to observation, community service work, volunteer work, use of facilities or equipment, or participation in anyway, the undersigned, for himself or herself or any personal representatives, heirs, minors and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering will, inspect such promises facilities. It is further warranted that such entry into the Boys & Girls Club for observation, participation or use of any facilities or equipment constitutes an acknowledgment that such premises and all facilities and equipment thereon have been inspected and that the undersigned finds and accepts same as being safe and reasonably suited for the purposes of such observation or use. IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE BOYS & GIRLS CLUB ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION, USE OF FACILITES OR EQUIPMENT, COMMUNITY SERVICE WORK, VOLUNTEER WORK OR PARTICIPATION IN ANY WAY, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING CONTRACTUAL TERMS AND CONDITIONS:

- 1. THE UNDERSIGNED WARRANTS THAT THE PARTICIPANT, INCLUDING ANY MINOR PARTICIPANT,** has no physical or medical condition which would endanger the participant or others, or that would interfere with the participant's ability to participate in the Boys & Girls Club of East Central Alabama event/program.
- 2. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE** the Boys & Girls Club of East Central Alabama, its directors, attorneys, officers, employees, and agents (herein after referred to as "release") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein.
- 3. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon or about the Boys & Girls Club of East Central Alabama premises or in any way while volunteering, observing or facilities or equipment of the Boys & Girls Club of East Central Alabama whether caused by the negligence of the releases or otherwise.
- 4. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE** due to the negligence of release or otherwise while in, about or upon the premises of the Boys & Girls Club of East Central Alabama and/or while using the premises or any facilities or equipment hereon.
- 5. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the releases against all liability costs or expense for attorney's fees and all incidental and consequential damages resulting to the Boys & Girls Club of East Central Alabama from such claims, lawsuits or liens. In the event any suit on any claim is brought against the Boys & Girls Club of East Central Alabama, the undersigned shall defend said suit at undersigned's own cost and expense, and shall pay and satisfy any such lien or judgment as may be established by the decision of the court in such suit.
- 6. MEDICAL AUTHORIZATION.** In the event the BOYS & GIRLS CLUB of EAST CENTRAL ALABAMA is unable to contact me or to secure my consent in case of a medical emergency involving my child, I hereby give the BOYS & GIRLS CLUB of EAST CENTRAL ALABAMA and it's representatives permission to secure proper medical care and assistance for my child, including, but not limited to, hospitalization, treatment, medication or x-rays. I further authorize any treating physician to use his or her discretion in providing emergency treatment. I agree to pay the costs of all such medical care.
- 7. PHOTOGRAPHS. THE UNDERSIGNED AGREES TO CONSENT IN ADVANCE** to the public use of any photographs, video tapes or related media coverage taken of him or her or any related minor children while at or participating at a Boys & Girls Club of East Central Alabama sponsored activity. THE UNDERSIGNED further expressly agrees that the forgoing RELEASE WAIVER AND INDEMNITY / PERMISSION AND MEDICAL AGREEMENT, is intended to be as broad and inclusive as is permitted by the law of the State of Alabama and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY / PERMISSION AND MEDICAL AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the forgoing written agreement have been made.

Date: _____ I HAVE READ AND UNDERSTAND THE CONTENT IN THIS RELEASE.

BY: _____ BY: _____ Relationship: _____

Parent or Legal Guardian Signature



BOYS & GIRLS CLUBS OF EAST CENTRAL ALABAMA

EMERGENCY CARD

MEMBERS NAME _____ GENDER __ M __ F
BIRTHDATE ____/____/____ SCHOOL _____ GRADE _____
Phone: Home _____ Work: _____ Cell _____
ADDRESS _____

CONTACT INFORMATION

PICK UP AUTHORIZATION (other than parent/guardian)

Contact Name: _____ Phone #: (____) _____ Cell # _____
Check if authorized to pick up child: _____ Is Child living with other/guardian _____ Relationship: _____
Are there any persons who are restricted from picking up your child _____ Please list: _____.

EMERGENCY CONTACT INFORMATION

MOTHER/GUARDIAN _____

HOME PHONE () _____ CELL PHONE () _____

WORK PHONE () _____ EMPLOYER _____

FATHER/GUARDIAN _____

HOME PHONE () _____ CELL PHONE () _____

WORK PHONE () _____ EMPLOYER _____

MEDICAL INFORMATION

- INSURANCE CARRIER _____ POLICY # _____
- CURRENT MEDICATIONS* _____ DOSAGE _____
- (CHILDREN NEED TO ADMINISTER THEIR OWN MEDICATIONS)
- ALLERGIES _____

EMERGENCY CONTACTS

IN AN EMERGENCY, WE AUTHORIZE THE BOYS & GIRLS CLUB OF EAST CENTRAL ALABAMA TO
RELEASE THE MEMBER TO: (OTHER THAN PARENT/GUARDIAN)

1st Contact _____ () _____
Name Phone Relationship to Member

2nd Contact _____ () _____
Name Phone Relationship to Member

Parent/Guardian Signature

Date