



**GRENVILLE BAKER
BOYS & GIRLS CLUB**

Please Check One:

New ___ or Renewing ___

MEMBERSHIP APPLICATION

Member Information

First Name: _____ Last Name: _____

Nick Name: _____ Date of Birth: _____ School: _____ Grade: _____

Member's Cell Phone: _____ Member's Email Address: _____@_____

Gender: M___ F___ Ethnicity (*circle one*): African American Asian Caucasian Hispanic Multiracial
Native American Other: _____

Language Preferred: _____

Medical problems/allergies and medications needed:

Parent/Guardian Information

Primary Contact:

First Name: _____ Last Name: _____ Gender: __M__F

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Home Address: _____ Town: _____ Zip Code: _____

Email Address: _____@_____

Employer: _____ Job Title: _____

Other Parent:

First Name: _____ Last Name: _____ Gender: __M__F

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Home Address: _____ Town: _____ Zip Code: _____

Email Address: _____@_____

Employer: _____ Job Title: _____

Annual Family Income (*will not be shared*) (*circle one*): Household Size: _____

Under \$32,000 \$32,000-\$60,000 \$61,000-\$100,000 Over \$100,000 Family Type: 1 or 2 Parents

Emergency Contact & Authorized Pick Up

First Name: _____ Last Name: _____

Cell Phone: _____ Home Phone: _____ Relationship to Child: _____

First Name: _____ Last Name: _____

Cell Phone: _____ Home Phone: _____ Relationship to Child: _____

I give Grenville Baker Boys & Girls Club permission to view my child's report card for general outcomes tracking. At no time will Grenville Baker Boys & Girls Club ever post or share this information.

Check one box please. Yes or No

I certify that the above information is accurate to the best of my knowledge. While I have been assured that the information is kept confidential, I am aware that it is subject to verification by the agency providing services, the Nassau County Office of Community Development and/or HUD. I, therefore, authorize such verification, and will provide supporting documents if requested. I hereby approve of this application and give permission for my child to join the Grenville Baker Boys & Girls Club, Locust Valley, NY. I also approve of my child's participation in the Club activities and assume that my child is in good physical health and will not hold the Club Staff, Board, or Volunteers responsible beyond their control. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by The Club to hospitalize, secure proper treatment for, and to order injection, sedation, anesthesia, X-rays, or surgery for my child as named above. I also grant to the Grenville Baker Boys & Girls Club and its legal representatives and assign the irrevocable and unrestricted right to use and publish pictures of my child or in which my child may be included for editorial, trade, advertising and any other purpose and in any matter and medium; to alter the same without restriction and to copyright the same. I hereby release the Club and its legal representatives and assigns from all claims and liability relating to said photographs.

Great Futures Start Here!

Please consider making a donation to support The Club \$25 ___ \$50 ___ \$100 ___ other: \$ ___

Parent Signature

Date

For Office Only:

Payment Method: _____ Amount: _____

Other Registration: _____ Cashier: _____