



**GLEN COVE
BOYS & GIRLS CLUB**
AT LINCOLN HOUSE

For Office Use:
 Membership #: _____ Type: _____
 _____ New Member OR _____ Renewal
 Entry Date: _____
 Expiration Date: _____
 Health Info Rec'd: ___ YES ___ NO
 Processed by (initials): _____

MEMBERSHIP APPLICATION

MEMBER INFORMATION

First Name: _____ Middle Name: _____ Last Name _____

Gender: ___M ___F Date of Birth: _____

Ethnicity (*Circle one*): African American Asian Caucasian Hispanic/Latino
 Multi Racial Native American Other _____

Address: _____ City: _____ State: _____

Zip: _____ Home Phone: _____

SCHOOL INFORMATION

Current Teacher: _____ School: _____ Grade: _____

Fee Level (School Lunch): Free _____ Reduced _____ None _____

CONTACT INFORMATION

Father's First Name: _____ Father's Last Name: _____

Father's Work Phone: _____ Father's Cell Phone: _____

Mother's First Name: _____ Mother's Last Name: _____

Mother's Work Phone: _____ Mother's Cell Phone: _____

EMERGENCY CONTACT/ AUTHORIZED PICK UP INFORMATION

First Name: _____ Last Name: _____ Relation to Child _____

Phone: _____ Cell Phone: _____

First Name: _____ Last Name: _____ Relation to Child _____

Phone: _____ Cell Phone: _____

MEDICAL INFORMATION

Date Medical Info Received: _____

Physician Name: _____ Physician Phone: _____

Does your family have health and/or accident insurance: ___ Yes ___ No

Insurance Carrier: _____ Policy #: _____ Group#: _____

Serious Health Problems: ___ Yes ___ No If Yes, explain: _____

Allergies: ___ Yes ___ No If Yes, explain: _____

Medications: ___ Yes ___ No If Yes, explain: _____

MOST RECENT IMMUNIZATION RECORDS MUST BE SUBMITTED WITH APPLICATION**HOUSEHOLD INFORMATION****Confidential** The following information is necessary for our records and the funding our organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary.Member lives with: ___ Both Parents
___ Mother
___ Father
___ Step Mother
___ Step Father
___ Grandparents
___ Other:Annual Family Income Level: ___ Below \$10,000
___ \$10,000-\$14,999
___ \$15,000-\$19,999
___ \$20,000-\$29,999
___ \$30,000 or above
___ Income Unknown

Number in Household: _____

Current Single Parent: ___ Yes ___ No

Current Head of Household: ___ Female ___ Male

Housing Development: ___ Yes ___ No

Military personnel: ___ Yes ___ No

If yes, please indicate branch _____

AGREEMENTS

I have read the completed application and understand the rules and regulations of the Glen Cove Boys & Girls Club and request that my son/daughter be admitted to membership.

My child may participate in all Club activities in or adjacent to the club building. YES NOI have explained the rules to my son/daughter and agree that the Glen Cove Boys & Girls Club will not be responsible for any accident to my child while on the premises or while engaged in any of its activities away from the Glen Cove Boys & Girls Club. YES NOIn case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health and well-being of my child. YES NOI have provided medical information on my child's special needs (Allergies, Medications, Health Problems) to the Club, as may be necessary to assist the Club in properly caring for my child in case of an emergency. YES NOI consent to the Glen Cove Boys & Girls Club to conduct surveys with my child so to assist Club management to assess and evaluate programs and services. YES NOI give consent for photographs, in which my son/daughter may appear, to be used in anyway the Glen Cove Boys & Girls Club may care to use them. YES NO_____
Parent/Guardian Signature_____
Date