



Membership Application

Angino Clubhouse – Downey Clubhouse – John N Hall Clubhouse

Annual Membership Fee: \$20

OFFICE USE ONLY:		
Unit Name:	Membership Number:	Date:

MEMBER INFORMATION

Full Name:		
Home Address:		
City:	State:	Zip Code:
Birth Date:	School:	Grade:
Gender: MALE FEMALE	Race & Ethnicity:	
Lunch Program (circle one): FREE REDUCED NON-NEEDY NONE		
Allergies or Medications:		
Medical or Behavior Issues:		

PARENT/GUARDIAN INFORMATION

Full Name:	
Home Phone:	Relationship to Member:
Cell Phone:	Work Phone:
Email:	
Is the head of household a single parent?	

EMERGENCY CONTACT 1

Full Name:	
Phone Number:	Relationship to Member:

EMERGENCY CONTACT 2

Full Name:	
Phone Number:	Relationship to Member:

PICK – UP INFORMATION

Is there a restraining order preventing anyone from having contact with the child? YES NO	
NOTE: You must provide legal documentation if choosing "Yes."	
Full Name:	Relationship to Member:



Membership Application

Angino Clubhouse – Downey Clubhouse – John N Hall Clubhouse
Annual Membership Fee: \$20

FOOD & OTHER ALLERGIES

For BGCHBG to serve your child better, please list any health and/or allergy condition(s) your child may have:

_____ Nuts _____ Dairy _____ Hay Fever _____ Bee Stings _____ Other

If yes, please list all foods your child cannot eat: _____

Other allergies: _____ Yes _____ No

If yes, please list: _____

PARENT/CHILD AGREEMENT

INITIAL

- _____ I understand and agree that BGCHBG is not responsible for lost, stolen, or broken items.
- _____ I understand and agree that BGCHBG is not responsible for medical, dental, hospital or other expenses incurred as a result of an injury suffered on BGCHBG property or during any of its activities away from the Club.
- _____ I understand and agree that my child must be picked up by closing time or a fee will be charged. Members are not allowed to wait outside for their rides to come.
- _____ I understand and agree that bullying and fighting is not allowed at the Club and will result to disciplinary action.
- _____ I authorize the BGCHBG to photograph or record my child and use their image in Club publications and/or media presentations. If applicable, I authorize members of the media to photograph or tape my child engaging in Club activities or special events.
- _____ I authorize my child to participate in all BGCHBG activities in or adjacent to the Club building.

I understand and agree to the rules of the Boys & Girls Club of Harrisburg and request that my child be admitted into membership.

Signature of Parent/Guardian _____ Date _____

Signature of Child _____ Date _____