

**2009 MEMBERSHIP ENROLLMENT FORM**  
**BOYS & GIRLS CLUBS OF GREATER WASHINGTON**  
 Culmore Character Club, 5901 Leesburg Pike, Falls Church, VA, (703) 820-5206



**FOR STAFF USE ONLY**

(Circle One)    5-7 years                  8-9 years                  10-12 years                  13-18 years

Proof of Age Document \_\_\_\_\_ Age \_\_\_\_\_

Gender    Male \_\_\_\_\_ Female \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ Enrollment Fee: \_\_\_\_\_

Child's enrollment number: \_\_\_\_\_

Cash \_\_\_\_\_ Money Order \_\_\_\_\_ Check \_\_\_\_\_ BGS \_\_\_\_\_ Waiver \_\_\_\_\_

Any information requested on this form is used for recording purposes or required for funding.  
 The answers you provide on this membership form will be kept **CONFIDENTIAL**.

**HEAD OF HOUSEHOLD INFORMATION**

*Please Print*

First Name*		Middle Name	Last Name*	
Gender (circle one)  Male    Female	Annual Family Income	Less than \$10,000 _____	Family Size:	Home Address:
		\$10,000 to \$12,500 _____		
		\$12,500 to \$17,000 _____		
		\$17,000 to \$25,000 _____		
		\$26,000 to \$35,000 _____		
		\$36,000 to \$60,000 _____		
		\$61,000 to \$80,000 _____		
		\$81,000 and over _____		
Telephone # Home	Mobile	Work	E-mail Address:	
Employer:		Job Title:		
Work Address:		Work Phone:		
Military Branch:	Status:	Start Date:	End Date:	

**PARENT/GUARDIAN INFORMATION**

(Add other parents/guardians or skip if same as Head of Household)

Mother/Guardian's Name		Father/Guardian's Name
Home Address:	Home Phone:	E-mail Address:
Employer:	Job Title:	
Work Address:	Work Phone:	
Military Branch:	Status:	Start Date:                  End Date:

**MEMBER (CHILD) INFORMATION**

First Name*		Middle Name	Last Name*	
Birth date:		Social Security Number (optional)	Male _____ Female _____	
Ethnicity: African American _____ Native American _____ Caucasian _____ Hispanic _____ Asian _____ Other _____	Membership Type: Check one After School _____ Yearly _____ Day Care _____		Pick-up Authorization Password:	
	Sports Only _____ Registration Fee \$ _____		School: Grade: Referring Organization:	
Home Address:	Work Address:	E-mail Address:		
Home Phone:	Work Phone:	Type: Home _____ Work _____		

Check all that apply: TANF ___ Food Stamps ___ General Assistance ___ SSDI ___ SSI ___ Veterans Compensation ___					
Day Care Voucher ___ School Lunch ___ Medicaid ___ Can Swim ___					
<b>Member Medical Information:</b>					
Insurance Company:		Insurance Policy Number:		Medical Problems/Allergies:	
Medications:			Disabilities:		
Physician:		Physician Phone:		Hospital:	
				Hospital Phone:	
<b>Pick Up Information: (Two people authorized to pick up member)</b>					
1. First Name		Last Name		Phone : Home	
				Work	
Parent ___ Guardian ___ Other ___		Emergency Contact ___		Primary Emergency Contact ___	
				Lives with member ___	
2. First Name		Last Name		Phone: Home	
				Work	
Parent ___ Guardian ___ Other ___		Emergency Contact ___		Primary Emergency Contact ___	
				Lives with member ___	

I have read the completed application, understand the rules of the Culmore Character Club and request that my son/daughter be admitted into membership.

I have explained the rules to my son/daughter and agree that the Culmore Character Club will not be responsible for any accident to the boy/girl while on the Culmore Character Club premises or while engaged in any of its activities away from the Culmore Character Club.

I give my consent for photographs or videotaping in which my son/daughter may appear, to be used in any way the Culmore Character Club may care to use them, as long as it is consistent with the BGCGW mission.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

*Other Information:*

Please use this section to provide any additional information concerning your child that will be helpful to club staff.

---



---



---



---



---



---

*Note to Parent:*

*Member participation in BGCGW programs is likely to produce positive outcomes when members attend three times a week or more. BGCGW staff welcomes high levels of member participation in all BGCGW programs as well as special programming. To find out more, call us!*

# Boys & Girls Clubs of Greater Washington

## Code of Conduct

- Play Fairly and Be Honest
- Bring Your Membership Card Everyday
- Be Respectful of Boys & Girls Club Staff
- Say Only Good Things About Others
- Resolve Disagreements In A Positive Way
- Be Respectful Of Other Members And Their Property
- Take Care Of Your Boys & Girls Club Facility And Equipment
- Avoid Use Of Improper Language
- Remove Hats Before Entering Building
- Applaud The Efforts Of Others
- Run Outside Only
- Participate Only In Program Areas Open To Your Age Group
- Listen During "Uptime" And Assemblies
- Dress Appropriately At All Times
- Smoking, Drugs, Alcohol and Other Drugs and Weapons Are Strictly Prohibited

Please read the following and sign where indicated:

I, \_\_\_\_\_, give permission for my child (or ward) \_\_\_\_\_ to join the Boys & Girls Club of Greater Washington (BGCGW) and participate in all of the programs and activities.

I give permission for my child (or ward) to be transported in the BGCGW vehicles for activities away from the Club. If I have any exceptions I have listed them below.

I understand and agree that my child (or ward) must be picked up by closing time or a fee will be charged which must be paid before my child (or ward) can return to the Club.

**I understand and agree that BGCGW has an open door policy and cannot be responsible for my child (or ward) leaving the Club without permission. I understand that all members are free to come and go from the Club.**

I understand and agree that BGCGW does not refund membership and that my child (or ward) must obey all rules (Code of Conduct). I further understand that behavioral problems that cannot be solved can result in my child (or ward) being suspended from BGCGW with monetary refund.

It is expressly understood and agreed that BGCGW shall not be responsible or legally liable for any losses of personal property, for any bodily injuries, or the results thereof, incurred and suffered by the applicant on any property of the BGCGW or in connection with any activities of any of its Branches, or while engaged in any of the BGCGW's activities away from the Club.

I understand and agree that BGCGW does not and will not provide medical insurance for my child (ward).

I hereby give consent for my child's (or ward's) picture or any reproduction thereof (while he/she is engaged in Club activities) to be used for publicity/fund-raising purposes. Permission is hereby granted to make changes or alterations and/or use of my child's (or ward's) name or any fictitious one for publicity/fund-raising purposes.

The undersigned represents that he/she is the parent and/or legal guardian of the minor named above, and represents that he/she has the legal authority to execute the foregoing consent and release; or the undersigned warrants that he/she has reached the age of legal majority according to the states of Maryland and Virginia and of Washington, D.C.

I give permission for the BGCGW staff to obtain age verification of my child (or ward) from their current school.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Child \_\_\_\_\_ Date \_\_\_\_\_

My child and I attended a club orientation session: Yes \_\_\_ No \_\_\_