



**MEMBERSHIP APPLICATION**  
**BLACKSTONE VALLEY BOYS AND GIRLS CLUB**

**Member Information:**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Additional Information:**

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
 Race: Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American \_\_\_\_\_ Asian \_\_\_\_\_ African American \_\_\_\_\_ Other \_\_\_\_\_  
 Household Income: \$12k - \$25k \_\_\_\_\_ \$26k - \$40k \_\_\_\_\_ \$40k - \$60k \_\_\_\_\_ \$60k & Higher \_\_\_\_\_

**Contact Information:**

<i>Parent/Guardian 1</i>		<i>Parent/Guardian 2</i>	
Name: _____		Name: _____	
Relationship: _____		Relationship: _____	
Employer: _____		Employer: _____	
Home Phone: _____		Home Phone: _____	
Work Phone: _____		Work Phone: _____	
Cell Phone: _____		Cell Phone: _____	

**Emergency Contacts:**

Name: _____	Name: _____
Relationship to child: _____	Relationship to child: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

**Medical Information:**

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_  
 Does your family have health and/or accident insurance: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Insurance Carrier: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
 Serious Health Problems or Restrictions: Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_

I HEREBY GIVE PERMISSION TO MY SON/DAUGHTER TO BECOME A MEMBER OF THE BLACKSTONE VALLEY BOYS AND GIRLS CLUB. I UNDERSTAND THAT THE BVGBC AND THE CLUB PERSONNEL ARE NOT RESPONSIBLE FOR PERSONAL INJURY OR LOSS OF PROPERTY. I HEREBY GIVE PERMISSION TO HAVE MY CHILD EXAMINED BY A DOCTOR IF PROGRAM PERSONNEL DEEMS IT NECESSARY. I GIVE MY CONSENT FOR ANY PHOTOGRAPHS IN WHICH MY CHILD MAY APPEAR TO BE USED BY THE CLUB IN THEIR LITERATURE OR PUBLICITY. I ALSO UNDERSTAND THAT THERE WILL BE NO REFUNDS UNDER ANY CIRCUMSTANCES AFTER THE START OF THE PROGRAM AND THAT TRANSFERRING OF MEMBERSHIPS IS ALSO NOT ALLOWED.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Payment: \_\_\_\_\_ Amount: \_\_\_\_\_ Received by: \_\_\_\_\_