



BOYS & GIRLS CLUBS
OF GREATER WASHINGTON

MEMBERSHIP ENROLLMENT FORM

2012 Membership Enrollment Form

Manassas Club

9501 Dean Park Lane., Manassas, Virginia 20110

PHONE: 703.365.2582, Fax: 703.365.8533

www.manassasclub.org, www.bgcgw.org

MEMBER (CHILD) INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME
HOME ADDRESS		CITY	ZIP	BIRTHDATE Month Day Year
EMAIL		AGE		ETHNICITY: <input type="checkbox"/> African American <input type="checkbox"/> Asian Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi - Racial <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian
HOME PHONE		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		
CELL PHONE				
LANGUAGE SPOKEN AT HOME			WARD (dc only)	
SCHOOL		STUDENT ID#		GRADE
SIBLING	FIRST/LAST NAME	Age:	Member	<input type="checkbox"/> YES <input type="checkbox"/> NO
SIBLING	FIRST/LAST NAME	Age:	Member	<input type="checkbox"/> YES <input type="checkbox"/> NO
SIBLING	FIRST/LAST NAME	Age:	Member	<input type="checkbox"/> YES <input type="checkbox"/> NO

PARENT/GUARDIAN INFORMATION

<u>MOTHER / GUARDIAN'S NAME:</u>			
HOME ADDRESS:		CITY	ZIP
HOME PHONE	CELL PHONE	E-MAIL	
EMPLOYER:	JOB TITLE	WORK PHONE	
WORK ADDRESS		CITY	ZIP:
MILITARY BRANCH		STATUS	
<u>FATHER / GUARDIAN'S NAME</u>			
HOME ADDRESS		CITY	ZIP
HOME PHONE	CELL PHONE	E-MAIL	
EMPLOYER	JOB TITLE	WORK PHONE	
WORK ADDRESS :		CITY	ZIP
MILITARY BRANCH		STATUS	

ADDITIONAL INFORMATION

ANNUAL HOUSEHOLD INCOME

- \$0 – \$20,000
- \$20,001 – \$40,000
- \$40,001 - UP

MEMBERSHIP TYPE CHECK ONE

- After Care
- Summer Care
- Before & After Care
- General Membership
- Summer Camp
- Holiday Camp
- Other _____

SPECIAL ASSISTANCE PROGRAMS: TANF FREE OR REDUCED SCHOOL LUNCH

MEMBER MEDICAL INFORMATION

MEDICAL PROBLEMS/ALLERGIES

MEDICATIONS

DISABILITIES

SPECIAL NEEDS

DO YOU CONSENT FOR YOUR CHILD TO RECEIVE MEDICAL ATTENTION IN THE EVENT OF AN EMERGENCY? YES
 NO

EMERGENCY CONTACT INFORMATION (DIFFERENT FROM PARENT / GUARDIAN INFORMATION)

1.) CONTACT'S NAME		RELATIONSHIP	
HOME PHONE	CELL PHONE	WORK PHONE	
2.) CONTACT'S NAME		RELATIONSHIP	
HOME PHONE	CELL PHONE	WORK PHONE	

- I have read the Code of Conduct and understand the rules of the Boys & Girls Club of Greater Washington and request that my son/daughter be admitted into membership.
- I have explained the rules to my son/daughter and agree that the BGCGW will not be responsible for any accident to my son/daughter while on BGCGW premises or while engaged in any of its activities away from BGCGW.
- I hereby grant permission to BGCGW to use, reproduce, and/or distribute photographs, films, videotapes, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of BGCGW, including but not limited to electronic, print, digital or electronic publishing via the Internet.
- I will provide a copy of my son/daughters report card, and if not provided, I authorize BGCGW to obtain my son/daughter's report card from their school.

PARENT'S SIGNATURE

DATE

FOR STAFF USE ONLY

MEMBERSHIP DATE: Start: _____ End: _____
 PAYMENT TYPE: Cash _____ Check/Credit _____ MO _____ Waiver _____
 Payment For: _____ KidTrax ID _____ Receipt # _____
 Registered Member: _____
 ___ UNIDENTIFIED DONOR ___ IDENTIFIED DONOR ___ SOURCE