



**BOYS & GIRLS CLUB
Of VINELAND**

MEMBER REGISTRATION FORM

Membership Number: _____
(Retain For Records)

PROGRAM: GENERAL GP
Other: _____

SCHOOL: _____

MEMBER INFORMATION

Member Name: _____ Ethnicity: _____ D.O.B. ____/____/____ Gender: _____
Address: _____ City: _____ State: _____ Zip: _____
Attending School: _____ School Contact Person: _____
Current Grade: _____ Telephone Number: _____

Any known allergies: **YES** or **NO** If so, explain: _____
Currently taking medication: **YES** or **NO** If so, explain: _____
Physical/Mental handicaps: **YES** or **NO** If so, explain: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____ Phone: _____ Alternate #: _____
Email Address: _____ I want email updates/reminders: **YES** or **NO**

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____ Relationship: _____ Telephone #: _____

Parent/Guardian Signature: _____ Date: ____/____/____

FOR GP PROGRAM ONLY

BGC Staff hereby certifies that Parent was called to confirm the above information and child represented on this form was granted permission to participate in BGC of Vineland, its Programs and activities. An accurate address was received to forward official documents to home of the club member. **YES** or **NO** BGC Staff Signature: _____ Date: ____/____/____

OPTIONAL INFORMATION

Does child receive free or reduced lunch: **YES** or **NO** **FREE:** _____ **or** **REDUCED:** _____
Household Income: _____

OFFICE USE ONLY

Membership Fee \$10 _____ **YES** _____ **NO** _____ Waived (Reason): _____ Staff: _____
_____ Cash _____ Check (Check # _____)

Date of Intake ____/____/____ Date Filed ____/____/____ Date of Submission ____/____/____
Referral Received _____ Date: ____/____/____ BGC Receiving Staff: _____

Office Personnel Signature: _____

NOTE: NO MEMBERSHIP IS COMPLETE WITHOUT A REFERRAL