



**BOYS & GIRLS CLUBS**  
OF MOULTRIE/COLQUITT COUNTY



## MEMBERSHIP APPLICATION

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Gender: \_\_\_M \_\_\_F Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Employment \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Employment \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Guardian's Name \_\_\_\_\_

Guardian's Employment \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contacts:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**School Information:**

Current Teacher: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Medical Information:**

Does your family have health and/or accident insurance: \_\_\_Yes \_\_\_No

Serious Health Problems: \_\_\_Yes \_\_\_No If Yes, explain: \_\_\_\_\_

Medications: \_\_\_Yes \_\_\_No If Yes, explain: \_\_\_\_\_

Allergies \_\_\_Yes \_\_\_No If Yes, explain: \_\_\_\_\_

DATE	AGE	ACTIVITY	FEE

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**Household: NOTE: This information is collected for grant writing and grant reporting purposes ONLY**

Member lives with:  Mom  Step Mom  Dad  Step Dad  Grandparent  
 Foster parent(s) (please provide documentation)  Other: \_\_\_\_\_

Number in Household: \_\_\_\_\_

Current Head of Household:  Female  Male  Both

Current Single Parent:  Yes  No

I hereby give permission for my child to become a member of the Boys & Girls Club of Moultrie/Colquitt County. I will be responsible for any injuries, damages and destruction that his/her actions may cause. I agree not to hold the Boys & Girls Club or its representatives responsible for injuries or accidents in connections with the Club's activities that are a result of my child not following the rules of the Boys & Girls Club. I authorize the Boys & Girls Club to administer first aid in case of emergency treatment. I give consent for any photographs in which my child may appear to be used in any way the Boys & Girls Club may care to use them. I also pledge myself as "Partners" with Boys & Girls staff in helping my child to grow strong in moral, physical and mental strength.

My child has no physical condition that would prohibit him/her from being involved in the activity held by the Boys & Girls Club of Moultrie/Colquitt County.

**Disclaimer: APPLICATION FOR ATHLETICS/BUILDING CENTER PROGRAMS**

I, the parent of the above named child, hereby give approval to his/her participation in any and all league, after school, and summer camp activities. I assume all risks and hazards incidental to such participation including transportation to and from the league activities; and I hereby waive, release, absolve indemnify and agree to hold harmless the local Boys & Girls Club of Moultrie/Colquitt County, the organizers, sponsors, supervisors, participants and persons for any claim arising out of an injury to my child, except to the extent and in the amount covered by accident insurance.

I, the parent of the above named child, hereby state that my child is in good physical condition and not under the care of a physician or has any known health conditions that should prohibit him/her from participating in any club sponsored activity. I agree to return the uniform and other equipment issued to my child to the Boys & Girls Club or his coach one week from my child's last activity or pay the full purchase price to the Boys & Girls Club. I further agree to help the Boys & Girls Club of Moultrie/Colquitt County when possible in parent projects and abide by the standards for adults as established by the club.

I, the parent of the above named child, do hereby give the Boys & Girls Club of Moultrie/Colquitt County employees permission to treat my child in an emergency situation when neither parent can be reached. Treatment being administered by a physician/EMT's/locally established emergency room in hospital/clinic.

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

<b>FOR OFFICE USE ONLY</b>		Membership #: _____
Entry Date: _____	Expiration Date: _____	Status: _____
Birth Certificate on File: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fee Level: _____	
New Member: _____	Renewal Member: _____	Date: _____
20_____	20_____	20_____
20_____	20_____	20_____
Processed by: _____		