

Watertown Boys and Girls Club

25 Whites Avenue / Watertown, MA 02472 / Telephone: 617-926-0968

Membership Registration

Is this Membership: NEW RENEWAL (of 2008-2009 Membership)

PARENT / GUARDIAN INFORMATION

(PLEASE PRINT CLEARLY. ALL INFORMATION MUST BE COMPLETED)

First Name:		Last Name:		Gender:
Family Income (please check): <input type="checkbox"/> under \$15,000 <input type="checkbox"/> \$15,000 - \$25,000 <input type="checkbox"/> \$26,000 - \$35,000 <input type="checkbox"/> \$36,000 - \$45,000 <input type="checkbox"/> \$45,000 and above				
Address		No	Street	Apt
Home Phone:				
City/Town			Zip Code	Work Phone (or daytime):
E-mail Address: (please print clearly)				Cell Phone:
Employer:			Job Title / Occupation:	

OTHER PARENT / GUARDIAN INFORMATION

First Name:		Last Name:		Gender:
Address				
No		Street		Apt
Home Phone:				
City/Town			Zip Code:	Phone (work or daytime):
E-mail Address: (please print clearly)				Phone (cell):
Employer:			Job Title / Occupation:	

MEMBER INFORMATION

First Name:		Middle Name:		Last Name:	
Gender:	Nickname:	Birth Date (MM/DD/YYYY):	Age:	Email:	
Grade:	School:		City/Town of School:	Do you receive free lunch at School? <input type="radio"/> Yes <input type="radio"/> No	
Number of Brothers:		Sisters:		Total Family Size:	
Household Type: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Housing (subsidized) Family Setting: <input type="checkbox"/> Both Parents <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Single Parent (Lives with ___MOM ___DAD) <input type="checkbox"/> Aunt / Uncle <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Guardian			Ethnicity (please check one): <input type="checkbox"/> African American / Black <input type="checkbox"/> American Indian / Alaskan <input type="checkbox"/> Armenian <input type="checkbox"/> Asian <input type="checkbox"/> Brazilian <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Haitian <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Other: _____ Language used most by family: _____		

Please complete and sign the reverse side of this registration

Are there any medical concerns that we should be aware of (ie: physical limitations or behavioral issues)? _____

Medications currently being taken:

In the event of an emergency, and the Parent(s) or Guardian(s) listed on the reverse side of this registration cannot be contacted, who may we contact? (ie: Grandparent / Aunt / Uncle / Friend....)

Name	Relationship	Telephone	Type (please circle)
1.			home / cell / work
2.			home / cell / work

My child _____ may join the Boys and Girls Club of Watertown and participate in the activities offered at the Club. I understand that my child may be used in photos, videos, literature and news releases when taking part in Club events. I understand that my child may be transported in the Club's vans or associated vehicles to and from Club related events. I understand that I will assume full responsibility for any accidents incurred, thereby releasing the Boys and Girls Club of Watertown, its' staff and its' directors of all liabilities.

I have received a copy of the Club's rules to review with my son/daughter and I understand that my child's failure to comply with the rules of the Club may result in temporary suspension, cancellation of membership with no refund of dues.

If my child's membership card is lost, I understand the replacement fee for a new card is \$2.00. Parent Initials: _____

Parent / Guardian Signature: _____

Date: _____

Member's Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Registration Accepted by: _____	Date: _____	FEE: \$ _____	<input type="checkbox"/> CHECK # _____	<input type="checkbox"/> CASH	<input type="checkbox"/> W _____
Tufts Membership # _____ (copy of card must be attached)		<input type="checkbox"/> BIDDY <input type="checkbox"/> WAVEMAKERS <input type="checkbox"/> OTHER _____			
Input completed on _____ by _____		Membership Number _____ Card issued on: _____ by: _____			
		Replacement(s): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

Notes: _____

