

Please make your check for \$20 payable to the Boy's & Girl's Club  
mail your payment to Boy's & Girl's Club 95 Church St, Newport RI 02840  
mail or drop off your payment by December 31st, thank you



**BOYS & GIRLS CLUBS**  
OF NEWPORT COUNTY

For Office Use Only

Expires: \_\_\_\_\_  
New  Renew   
Staff Initials \_\_\_\_\_

### Application for Membership

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Boy  Girl   
Home Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
School \_\_\_\_\_ Grade this year \_\_\_\_\_

Race: [circle one] Black White Multi Asian Hispanic Native American  
Annual family income: \_\_\_\_\_ # of family members in household: \_\_\_\_\_  
Child lives with: \_\_\_\_\_

**Does your child:**

- |                                    |                             |                              |
|------------------------------------|-----------------------------|------------------------------|
| -take prescription medications?    | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| -have allergies?                   | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| -have behavioral issues?           | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| -have a serious medical condition? | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| -have a PLP/IEP?                   | <input type="checkbox"/> no | <input type="checkbox"/> yes |

**If yes, please describe:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



If you need additional space in answering the above, please use reverse side.

Mother/Guardian's Name: \_\_\_\_\_ E-Mail \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Alternate Emergency Contact: [other than parent]  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Please read and initial your acceptance of the following:**

\*The above named child has my permission to join the Boys & Girls Clubs of Newport County, Inc. In the event of an accident or injury I will not hold the Boys & Girls Clubs of Newport County, Inc., its staff, or Board of Directors responsible or liable for such accident or injury. \_\_\_\_\_

\*In case of emergency, or if I cannot be immediately located, I authorize a representative of the Boys & Girls Clubs of Newport County, Inc. to secure medical care for my son/daughter. \_\_\_\_\_

\*My child's picture or likeness and/or their name may be used to publicize the Club and its programs. \_\_\_\_\_

\*I also agree that my child's report card may be obtained and photocopied for educational tracking purposes. \_\_\_\_\_

\*I hereby give permission for the Newport County Schools to share information regarding my child's attendance and behavioral issues. \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

I wish to become a member of the Boys & Girls Clubs of Newport County, Inc. I will abide by the rules and regulations of the Club and I will accept the discipline of the Club authorities. If I am expelled from the Club, my membership fee will not be returned.

Signature of member: \_\_\_\_\_

**Please submit a copy of your child's Immunization Record with this application.**

**The Boys & Girls Clubs of Newport County, Inc. has instituted a Search & Seizure Policy. For more information, or for a copy, of the above or Member Code of Conduct please contact the Administration office at 847-6927**