



BOYS & GIRLS CLUBS
OF NORTH ALABAMA

MEMBERSHIP APPLICATION

P.O. Box 73
Huntsville, AL 35804
Corporate Headquarters
(256) 534-6060 (Ofc) – (256) 534-0079 (Fax)
www.bgcna.com

Ardmore Seminole Williams
 Athens Ben Sanford
 Sparkman Homes Farley
 James A. Lane Sparkman Teen Center

Registration Period _____ Date ____/____/____

Has the child previously been a Boys & Girls Club Member? If yes, when? _____

Is the child a current member of any Boys & Girls Club? If yes, Where? _____

Child's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Age: _____ Ethnicity: _____ Gender: Male / Female

Home Telephone: _____ Cell: _____

Email Address: _____

Name of School: _____ Teacher: _____ Grade: _____

My child receives free or reduced lunch Currently in Military

My Child will attend the club: Year round School Year Summer

My child lives with: Mother Father Grandparents Guardian Other

Mother's Name: _____ Father's Name: _____

Mother's Employer: _____ Father's Employer: _____

Mother's Work Telephone: _____ Father's Work Telephone: _____

Please list any allergies or health issues:

Preferred Hospital: _____

Name of the Insurance Company: _____

In case of an emergency, I give permission for my child to be treated by a medical doctor:
___ YES ___ NO

WAIVER AGREEMENT (Checkmark OR Initial Required)

___ I voluntarily submit my child for registration as a member at BGCNAL. Activities at the Club may include, but are not limited to **BGCNAL, WEIGHT ROOM and other SPORTS/REC ACTIVITIES, which at my discretion may choose to allow my child to participate in.** I will hold harmless BGCNAL from any claim by me or my child or any entity on behalf or myself or my child arising out of my child's participation in the program. I further state that I am of lawful age and legally competent to sign this agreement, and that my signing this agreement is my own free act. I also understand and agree that the terms herein are contractual, and they are not a mere recital or simply for information purposes. I have read, understood, and fully informed myself of the contents of this agreement. I assume responsibility for my child's physical condition and capability to perform under the program.

ALL MEDICAL CLAIMS MUST BE FILED THROUGH YOUR INSURANCE COMPANY FIRST.

I have received a copy of the Parent/Member Guide: _____(Initial)

I promise to take care of my unit and my property. If at any time I am suspended from the club, I understand that any fees paid during that period will not be reimbursed to my parents/guardian. If I voluntarily withdraw from the club, my parents/guardian will not be reimbursed for any fees paid. _____(Initial)

I agree to allow the Club to use my child's picture or likeness; any objection should be submitted to the unit director in writing. _____(Initial)

Cost: **\$55.00** (per week, per child), **\$20.00** Registration Fee (Paid annually, per child, **NON REFUNDABLE**)

Fees will be paid: ___ Weekly ___ Bi-weekly ___ Monthly ___ In Advance

(OFFICIAL USE ONLY) Registration paid _____ CMA _____

Parent/Guardian Signature: _____

Director's Signature: _____

Transportation

My child will arrive to the club by: ___ school bus ___ walking ___ car ___ club bus

My child will leave the club by: ___ club bus/van ___ walking ___ car

LIST EVERYONE AUTHORIZED TO PICK-UP YOUR CHILD FROM THE CLUB:

Name	Relationship to child	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST EMERGENCY CONTACTS BELOW:

Name	Telephone
_____	_____
_____	_____
_____	_____