

**— FOR OFFICIAL USE ONLY —**

**BOYS & GIRLS CLUB OF VALDOSTA, INC.**  
VALDOSTA, GEORGIA  
**APPLICATION FOR MEMBERSHIP**

Card No. \_\_\_\_\_ Date \_\_\_\_\_  
 New \_\_\_\_\_ Fee Paid \_\_\_\_\_  
 Renewal \_\_\_\_\_  
 20 \_\_\_\_\_ 20 \_\_\_\_\_ 20 \_\_\_\_\_ 20 \_\_\_\_\_ 20 \_\_\_\_\_

Boy's/Girl's Name \_\_\_\_\_ Permanent Address \_\_\_\_\_  
STREET OR P. O. BOX      CITY      ZIP CODE

Change of Address \_\_\_\_\_  
STREET OR P. O. BOX      CITY      ZIP CODE

Birthdate \_\_\_\_\_ Phone \_\_\_\_\_ School \_\_\_\_\_

Father's Name \_\_\_\_\_  
 Father's Employment \_\_\_\_\_ Job Title \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_  
 Mother's Employment \_\_\_\_\_ Job Title \_\_\_\_\_ Phone \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Guardian's Employment \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

***In case of emergency, if we cannot contact the parents or legal guardian, who do you wish us to contact:***

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

I hereby give permission for my child to become a member of the Boys & Girls Club of Valdosta, Inc. I will be responsible for any damage or destruction that his/her actions may incur. I agree not to hold the Boys & Girls Club or its representatives responsible for injuries or accidents in connection with the Club's activities and authorize the Boys & Girls Club to administer first aid in case of injury or accident and I also grant the Boys & Girls Club permission to authorize and obtain medical care in case of illness when neither parent or guardian is available to grant permission for 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 the Boys & Girls Club Staff in helping my child to grow strong in moral, physical and mental strength.

Signed \_\_\_\_\_ (Parent or Guardian) Date \_\_\_\_\_  
 My child has no physical condition that would prohibit him/her from being involved in the activity held by the Boys & Girls Club of Valdosta, Inc. My child is on \_\_\_\_\_ medication. My child is allergic to \_\_\_\_\_ and \_\_\_\_\_ medication.

**THIS INFORMATION IS STRICTLY FOR DEMOGRAPHIC PURPOSES.  
 COMPLETION OF THIS SECTION IS VOLUNTARY. THIS INFORMATION ASSISTS THE  
 ORGANIZATION IN SEEKING FUNDING TO REACH DISADVANTAGED YOUTH.**

Race \_\_\_\_\_

Number of Adults \_\_\_\_\_ Number of Children \_\_\_\_\_ Total in Household \_\_\_\_\_

Is any type of public assistance received? (Food stamps, etc.) Yes ( ) No ( )

Please check the section that represents your total household income:

( ) \$12,000 and under      ( ) \$12,001 - \$22,000  
 ( ) \$22,001 - \$32,000      ( ) \$32,001 and up

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Proof of Age by \_\_\_\_\_

DATE	AGE	ACTIVITY	FEE PAID

**APPLICATION FOR ATHLETICS / PROGRAMS**

I, the parent of the above named child, hereby give approval to his/her participation in any and all League 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 league, the Boys & Girls Club of Valdosta, Inc. 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 game or pay the full purchase price to the Boys & Girls Club. I further agree to help the Boys & Girls Club of Valdosta, Inc. when possible in parent projects and abide by the standards for adults as established by the Boys & Girls Club of Valdosta, Inc.

I, the parent of the above named child, do hereby give the Boys & Girls Club of Valdosta, Inc. leaders 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 \_\_\_\_\_  
 Date \_\_\_\_\_