



**BOYS & GIRLS CLUBS  
OF GREATER DURHAM**

808 E. Pettigrew Street, PO Box 446, Durham, NC 27701  
(919) 687-4517 or (919) 688-7315

## MEMBERSHIP APPLICATION

### Membership Fee \$10

Please complete and attach a copy of your child's last report card and proof of income. NOTE: Application is incomplete until report card and proof of income are submitted.

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent/Guardians Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

### School Information

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

Special Education, IEP, Curriculum Assistance: (please circle) Yes No

### Medical Information

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Permission for Doctor/Hospital: Yes No

Does your family have health insurance: Yes No

Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

Health Problems: Yes No If yes, explain \_\_\_\_\_

Medications: Yes No Food Allergies: Yes No if yes, explain \_\_\_\_\_

### Household:

Child Resides With: (please circle) Mom, Step-Mom, Dad, Step-Dad, Grandparent, Foster Parent, Other

Is there a Member of the Household 65 years old or older: Yes No

Is there a Member of the Household Handicapped: Yes No

Current Head of Household: Female Male

Current Single Parent: Yes No Current Number in Household: \_\_\_\_\_

Number of Brothers: \_\_\_\_\_ Ages: \_\_\_\_\_ Number of Sisters: \_\_\_\_\_ Ages: \_\_\_\_\_

Yearly Income per household: \_\_\_\_\_

What Type of Activities/Programs Interest You? ( ) Sports Leagues ( ) Music ( ) Arts & Crafts ( ) Educational Programs ( ) Group Clubs ( ) Technology ( ) Other (Please List) \_\_\_\_\_



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Child's strongest subjects in school? \_\_\_\_\_

Child's weakest subjects in school? \_\_\_\_\_

Have you ever repeated a grade? Yes No If so, which grade? \_\_\_\_\_

**Household Income: NOTE: This information is collected for the City of Durham Grant purposes ONLY**

Annual	\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
Gross	\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
Household	\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
Income:	\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	
	\$20,001 - \$25,000 _____	\$50,001 - \$55,000 _____	
	\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	

**HOUSEHOLD INFORMATION: List all persons in the household**

NAME	DOB (MM/DD/YY)	RELATIONSHIP	SOCIAL SECURITY #

Total household income cannot exceed the 80% Area Median Income

**Effective April, 2010 per Department of Housing and Urban Development Area Median Income Limit**

<b>Family F</b>								
Size =>	1	2	3	4	5	6	7	8
<b>80%</b>	38,000	43,400	48,850	54,250	58,600	62,950	67,300	71,650

I/We, the undersigned, do hereby certify that all information given in this application is true and accurate to the best of my/our knowledge. I/We understand that the City of Durham may rely on the accuracy thereof in acting on this application and that any fraudulent information may result in disqualification from the program. I/We also hereby give my/our permission for the City of Durham to obtain my/our employment information (via pay stub, verification of employment, or IRS if self employed).

**Emergency Contact Information (Person(s) Authorized to Pickup Member)**

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Number: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

DOB: \_\_\_\_\_ Male Female DOB: \_\_\_\_\_ Male Female

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_



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Phone H: \_\_\_\_\_ Cell: \_\_\_\_\_ Phone H: \_\_\_\_\_ Cell: \_\_\_\_\_

All members must submit report cards as they are distributed by each school member's school. All information is kept confidential. This information is used for grant purposes.

I give my child \_\_\_\_\_ permission to attend all John Avery field trips. BGCGD reserves the right to restrict students from field trips based on bad behavior or poor grades.

I give BGCGD the right or ability for grant purposes to collect information such as height, weight, and BMI. All information is kept confidential and BGCGD will abide by all HIPAA guidelines.

As a BGCGD member I agree to participate in all BGCGD activities to include programs, field trips, sports, and special events. Members may be excused from participating in various sporting programs or physical activity with a doctor's excuse.

I do hereby give my child permission to attend and participate in the activities sponsored by, the BGCGD of Durham. I hereby release the BGCGD, its employees, associates, and contributors from liability from any injury, loss of theft incurred by my child while participating. We here at BGCGD are no longer responsible for any lost or stolen items, furthermore, I hereby authorize medical examination and emergency treatment for my child by a qualified licensed physician in the event of an accident.

Further I give permission for my child's picture to be used in any BGCGD publication or outside publications that BGCGD may subscribe too. I also allow my child's photo to be used on social media sites such as (but not limited to) Twitter, Instagram, and Facebook under the accounts of BGCGD. Yes \_\_\_\_\_ No \_\_\_\_\_ Parents/Guardian's Initials \_\_\_\_\_

My signature indicates that I completely understand the above statements.

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

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

FOR OFFICE USE ONLY: New Member \_\_\_\_\_ Renewal \_\_\_\_\_ Processed By: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_

**No Refunds after the First Day of  
Attendance**