



**BOYS & GIRLS CLUBS
OF SCHENECTADY**

Craig Street Clubhouse- 370-5591
Fulton County Clubhouse
McGathan Townhouses Clubhouse
Mont Pleasant Clubhouse- 372-7040
Rotterdam Clubhouse- 355-7440
Yates Village Clubhouse- 372-3583
Steinmetz Homes Clubhouse- 372-3620

Clubhouse Extensions:
Mont Pleasant Middle School
Central Park Middle School
Oneida Middle School
Schenectady High School
and Camp Jesse R. Lovejoy
Central Services – 374-4714

First Name: _____ Middle: _____ Last: _____

Gender: M F Ethnicity: _____ DOB: ___/___/___ SSN: _____

Address: _____ Age _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-mail: _____

Mother or Guardian Name _____ Father or Guardian Name _____

Emergency Contact Name _____ Relationship to Member _____ Phone# _____

Mother's Place of Employment _____ Work Phone _____

Father's Place of Employment _____ Work Phone _____

School and Medical Information

School: _____ Grade: _____

Are you (member) working? Yes No Place of Employment _____

Health Problems or Allergies? Yes No If Yes, Explain _____

Household: NOTE: This information is collected for Grant writing purposes ONLY. It will not be shared.

Member lives with: Mom Step Mom Dad Step Dad Grandparent
 Foster parent(s) Other: _____

Do you live in a Housing Development? If yes, which one? _____

Number of people in Household: _____

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

Is there a Member of the Household who is Handicapped: Yes No

Current Head of Household: Female Male Both

Current Head of Household is a Single Parent: Yes No

To what other youth organizations do you belong? _____

Reason(s) for joining the Club: Fun Learning Sports Other: _____

Have you ever been a member of this Club or any branch of the Boys & Girls Clubs of Schenectady before today?

Yes No Branch _____ Year _____

I understand and agree that the BOYS & GIRLS CLUBS OF SCHENECTADY shall not be responsible or legally liable for any loss of personal property, or for any bodily injuries, or the results thereof, incurred and suffered by the applicant on any property of the BOYS & GIRLS CLUBS OF SCHENECTADY, or in connection with any activities of any of its branches or day camp. I further understand that this is a drop-in program and my child may come and go as s/he pleases unless stated otherwise in specific written program agreements.

In the event of a medical emergency I understand every effort will be made to contact a parent or guardian. If I can not be reached, I grant permission to the physician selected by staff to hospitalize, secure proper treatment, and order injection, anesthesia or emergency surgery for my child named above.

I give my consent for any photographs, in which my child may appear, to be used in promotion of BOYS & GIRLS CLUB activities by the news media or the BOYS & GIRLS CLUBS OF SCHENECTADY.

Date _____ Parent/ Guardian Signature: _____

Member's Signature: _____

FOR OFFICE USE ONLY:

Processed by: _____ Membership #: _____ New Renewal Census # _____

Entry Date: _____ Expiration Date: _____ Receipt # _____ Enrollment # _____