



**MEMBERSHIP APPLICATION**  
**BLACKSTONE VALLEY BOYS AND GIRLS CLUB**

**Member Information:**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Additional Information:**

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: Male\_\_\_\_ Female\_\_\_\_  
Race: Caucasian\_\_\_\_ Hispanic\_\_\_\_ Native American\_\_\_\_ Asian\_\_\_\_ African American\_\_\_\_ Other\_\_\_\_  
Household Income: \$12k - \$25k\_\_\_\_ \$26k - \$40k\_\_\_\_ \$40k - \$60k\_\_\_\_ \$60k & Higher\_\_\_\_

**Contact Information:**

<i>Parent/Guardian 1</i>	<i>Parent/Guardian 2</i>
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Employer: _____	Employer: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

**Emergency Contacts:**

Name: _____	Name: _____
Relationship to child: _____	Relationship to child: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

**Medical Information:**

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_  
Does your family have health and/or accident insurance: Yes \_\_\_\_\_ No \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Serious Health Problems or Restrictions: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

I HEREBY GIVE PERMISSION TO MY SON/DAUGHTER TO BECOME A MEMBER OF THE BLACKSTONE VALLEY BOYS AND GIRLS CLUB. I UNDERSTAND THAT THE BVVGC AND THE CLUB PERSONNEL ARE NOT RESPONSIBLE FOR PERSONAL INJURY OR LOSS OF PROPERTY. I HEREBY GIVE PERMISSION TO HAVE MY CHILD EXAMINED BY A DOCTOR IF PROGRAM PERSONNEL DEEMS IT NECESSARY. I GIVE MY CONSENT FOR ANY PHOTOGRAPHS IN WHICH MY CHILD MAY APPEAR TO BE USED BY THE CLUB IN THEIR LITERATURE OR PUBLICITY. I ALSO UNDERSTAND THAT THERE WILL BE NO REFUNDS UNDER ANY CIRCUMSTANCES AFTER THE START OF THE PROGRAM AND THAT TRANSFERRING OF MEMBERSHIPS IS ALSO NOT ALLOWED.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Payment: \_\_\_\_\_ Amount: \_\_\_\_\_ Received by: \_\_\_\_\_ \

PO Box 283, 115 Canal Street, Blackstone, MA 01504

***"THE POSITIVE PLACE FOR KIDS"***