



**WINIFRED CRAWFORD DIBERT
BOYS & GIRLS CLUB
OF JAMESTOWN**

Winifred Crawford Dibert Boys & Girls Club of Jamestown

62 Allen St. Jamestown, NY 14701
PH: 664-2902 FAX: 488-9300

YOUTH MEMBERSHIP APPLICATION Please P R I N T Clearly

FOR OFFICE USE ONLY

Date Paid: _____ Init: _____

Amount: _____ Code: _____

Card #: _____ N: _____ R: _____

Last Name: _____ First: _____ M.I. _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ E-Mail _____ Gender: Male ___ Female ___

School: _____ Grade: _____ Date of Birth: _____ Age: _____

(Optional) Member's Race: Asian ___ Black ___ Hispanic ___ Multi-Cultural ___ Native American ___ White ___

Contact Information:

Mother's Name: _____ Home Phone: _____ Cell / Pager #: _____

Mother's Place of Employment: _____ Work Phone: _____

Father's Name: _____ Home Phone: _____ Cell / Pager #: _____

Father's Place of Employment: _____ Work Phone: _____

Emergency Contacts:

Name: _____ Phone: _____ Relationship to Member: _____

Name: _____ Phone: _____ Relationship to Member: _____

Household Information: Do you live with your...? (Please Check all that apply below)

Mom ___ Step-Mom ___ Dad ___ Step-Dad ___ Adoptive Parent(s) ___ Grandparent(s) ___ Other: _____

Single Parent: Yes ___ No ___ Number Living in Household - Adults: _____ Children Ages 18 & Under: _____

Brothers' Names & Ages: _____

Sisters' Names & Ages: _____

Total Annual Gross Household Income: (Optional) \$0-\$15,000 ___ \$15,001-\$25,000 ___ Over \$25,000 ___

PLEASE ANSWER: Are you eligible for Free or Reduced Lunch in School? YES ___ NO ___

Medical Information:

Does your family have health insurance? Yes ___ No ___ Insurance Carrier: _____

(Optional) Please describe any medical / health / behavioral information that could be helpful to Club Staff:

Disclaimer: I, the undersigned parent or legal guardian of the youth applying for membership, hereby grant permission for him/her to become a member of the Boys & Girls Club of Jamestown and to participate in any general activities offered. (Participation in field trips or sports leagues requires additional signatures.) I understand that the Boys & Girls Club operates under an "Open Door-Once In/Once Out" policy. It is also understood that my child may be asked to leave the facility for misbehavior or other violation of Club policies, and that an attempt will be made to contact me if this occurs. I agree to provide accurate contact information to Club personnel whenever my child is participating in any Club activity. I also understand that no refund of membership fees will be given if my child's membership is terminated for any reason.

I grant permission for my son/daughter to participate in public relations activities such as newspaper photos and television coverage: **Y** **N**

Parent Signature: _____ Date Signed: _____

I agree to obey all Boys & Girls Club of Jamestown rules and promise to respect the Staff, all Club property and other youth members: Member Signature: _____



**BOYS & GIRLS CLUBS
OF AMERICA**

The Positive Place For Kids.



a United Way agency