



2022-2023 Membership Form

BGC Experience ages 14 to 18 FREE

- Kennebec County
- Waldo County
- Sagadahoc County

MEMBERS INFORMATION

First Name: _____ Middle: _____ Last: _____ Age: _____
 DOB (mm/dd/yyyy): ____/____/____ Gender: Male Female Transgender Non-Binary
 Address: _____ City: _____
 State: _____ Zip: _____ Home Phone: _____ Shirt Size: _____
 Name of School: _____ Grade Fall 22' _____

THE INFORMATION BELOW IS USED FOR GRANTS & BGCKV FUNDING

How many people are in Household? _____

Is Member US Citizen?
 YES
 NO

Race-Nationality:
 African American
 Native American
 Asian
 Hispanic
 White
 Multi-Racial

State Programs:
 SSDI
 SNAP (Food Stamps)
 SSI
 TANF
 Free School Lunch
 Reduced School Lunch
 Day Care Voucher

Household Income:
 Under \$30,000
 \$30,001-\$40,000
 \$40,001-\$50,000
 \$50,001-\$60,000
 \$60,001-\$70,000
 \$70,001-\$80,000
 \$80,001-\$90,000
 \$90,001 +

Participant Lives with:
 Mother ONLY
 Father ONLY
 Both Parents
 Shared/Joint Custody
 Parent/Step Parents
 Other Relatives
 Foster Care
 Grandparent

PARENT/GUARDIAN'S INFORMATION: Please Print

Parent/Guardian Name: _____ Cell Phone: _____
 Email: _____ Do you Reside with member: YES NO
 If No, Address: _____
 Employer: _____ Work Phone: _____
 Have you ever been Active Military? Y / N If Yes Branch _____ Year Active _____

Parent/Guardian Name: _____ Cell Phone: _____
 Email: _____ Do you Reside with member: YES NO
 If No, Address: _____
 Employer: _____ Work Phone: _____
 Have you ever been Active Military? Y / N If Yes Branch _____ Year Active _____

EMERGENCY CONTACTS/PICK UP LIST

This is someone who can assume temporary care of your child if we cannot reach you.

Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____

MEDICAL INFORMATION

Doctor's Name: _____ Phone: _____
 Dentist's Name: _____ Phone: _____

Allergies/Medications: Please List _____
 Reasons for Medication: _____

RELEASE INFORMATION

MEDICAL TREATMENT

_____ I give permission to the Boys & Girls Clubs of Kennebec Valley to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment. That includes emergency transportation.

SURVEYS AND QUESTIONNAIRES

_____ I, the parent/guardian of the minor child listed on this application, give permission for the Boys & Girls Clubs of Kennebec Valley to survey my child about his or her Club experience and behaviors, skills and attitudes using Boys & Girls Clubs of America's Youth Development Outcome Measurement Tool Kits surveys or other survey instruments.

EQUIPMENT USAGE

_____ My child has permission to use any/all age-appropriate equipment while they are attending the Boys & Girls Clubs of Kennebec Valley and any unit of it.

MISCELLANEOUS

_____ I understand the Boys & Girls Clubs of Kennebec Valley is not responsible for lost or stolen items.

_____ I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the Boys & Girls Clubs of Kennebec Valley and its activities.

_____ I give the Boys & Girls Clubs of Kennebec Valley permission to take my child on scheduled field trips such as or including swimming and or wading activities.

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Kennebec Valley, and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organization such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury and any claim of damages resulting from use of facilities owned or controlled by the above organization, or participation in activities of said organizations either at or away from the Club.

Parent/Guardian Signature: _____ Date _____

PLEASE PRINT NAME: _____