

## **Great Futures Club 2016 ~ 2017 APPLICATION**

\$14 PER DAY 3 yr olds 2 day minimum M TU WED TH FR					
4 yr olds 3 day mini	mum M TU WED TH	FR \$	Weekly Fee		
I understand weekly fees are due by the Friday of each week for the following week.  Payments received after Friday will be charged a \$10.00 late fee. Parent Initials					
Age Processed by Current Immunizations					
NO credit or refunds for days not attended.					
Member First Name:	Mi	iddle:	Last:		
			Iti-Racial, Native American, Pacific Islander		
	-		ntry of Birth		
	-				
		State: Zip:			
Main Contact					
Parent/Guardian:		re	elationship:		
Home Phone:	Cell Phone:		Work Phone:		
Employer	/	Address			
2 <sup>nd</sup> Contact					
Parent/Guardian:		re	elationship:		
Home Phone:	Cell Phone:		Work Phone:		
Employer		Address			
Alternate emergency Co	ontact:				
Name:		relationship:			
Home Phone:	Cell Phone:		Work Phone:		
Household: (check which app Member lives with:Mom & Da	adMomDadStep Mom	Step DadGr	randparent Foster Parents:		

Household: NOTE: This information is strictly confidential and collected for grant writing and fund-raising purposes ONLY.

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	\$0,000 - \$5,000	\$30,001 - \$35,000	\$60,001 - \$65,000				
Annual	\$5001 - \$10,000	\$35,001 - \$40,000	\$65,001 - \$70,000				
Household Income	\$10,001 - \$15,000	\$40,001 - \$45,000	\$70,001 - \$75,000				
Level:	\$15,001 - \$20,000	\$45,001 - \$50,000	\$75,001 - \$80,000				
(check one)	\$20,001 - \$25,000	\$50,001 - \$55,000	\$80,001 - \$85,000				
	\$25,001 - \$30,000	\$55,001 - \$60,000	\$85,001 - \$90,000+				
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Number of individuals in Household: Number of Children in Household:							
Is there a Member of the Household 65 years old or older:YesNo							
Is there a Member of the Household who is Handicapped:YesNo							
Current Head of Household:FemaleMale							
Current Single Parent:YesNo Military Service Member in Household:YesNo Branch							
Base	Rank	Status: ☐ Guard ☐	Reserve □ Active				
Medical Information:							
Doctor Name (for mer	Doctor Name (for member): Doctor Phone:						
Permission for Treatment by qualified medical personnel:YesNo							
Does your family have health and/or accident insurance:YesNo Masshealth:YesNo							
Insurance Carrier:							
Serious Health Problems/Allergies:YesNo If Yes, explain:							
Medications:YesNo If Yes, explain:							
Physical:							
Eye Color:	Hair Color:	Features:					
Insurance and Liability Participation in Boys & Gir		of injury. To my knowledge L (or my	ward) have no health impairment which				
Participation in Boys & Girls Club activities may involve risk of injury. To my knowledge I (or my ward) have no health impairment which might interfere with or preclude any participation in Boys & Girls Club activities. As a parent, guardian or participant, I am aware of these							
hazards and my (or my ward's) ability to participate. I understand that I will assume full responsibility for any accidents, injuries or							
damage to personal property incurred thereby releasing the Boys & Girls of Greater Westfield, its' staff, volunteers and its' directors of all liability. I understand that participation in any recreational or sport activity involves risk. I further understand that the Club maintains an							
open door policy and that supervision is provided inside the Club's facility at all times. Occasionally, supervised outdoor programming							
occurs on the Club's property. This waiver includes any transportation, which may be provided by the Boys & Girls Club of Greater							
Westfield, or any other agency involved in it programs. Boys & Girls Club of Greater Westfield reserves the right to suspend, revoke, or deny membership based on Club policies.							
Parent/Guardian signature							
Parent/Guardian gives	permission:						
to use member in positive publicity in video, print, and photos: Yes No							
for member to participate in all Club activities in or adjacent to the club building: Yes No							
for member to use Computer according to Club Tech rules Yes No  Parent/Guardian Understood, Signed Insurance and Liability Disclaimer and Permissions Yes No							
Parent/Guardian print name:							
(print name)							
Parent/Guardian Signature:							
		Signature	Date				