



**BOYS & GIRLS CLUBS  
OF DURHAM AND ORANGE  
COUNTIES**

John Avery Club | South Estes | Craig Gomains  
(919) 687-4517 for John Avery/Main Office | (919) 441-7406 for Chapel Hill Clubs

# MEMBERSHIP APPLICATION

## Craig Gomains

*Please submit a copy of your child's last report card along with this application.*

Northside Elementary students will be escorted from the school to the new Club site. There is a crosswalk, school crossing guards, and staff to accompany them. It is a .2 mile (4 minute) walk.

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent/Guardians Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

### School Information

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Special Education, IEP, Curriculum Assistance: (please circle) Yes No

### Medical Information

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Permission for Doctor/Hospital: Yes

No

Does your family have health insurance: Yes No

Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

Health Problems: Yes No

Explain, if yes \_\_\_\_\_

Medications: Yes No

Explain, if yes \_\_\_\_\_

Food Allergies: Yes No ,

Explain, if yes \_\_\_\_\_

### Household:

Child Resides With: (please circle) Mom, Step-Mom, Dad, Step-Dad, Grandparent, Foster Parent, Other

Current Single Parent: Yes No Current Number in Household: \_\_\_\_\_

Number of Brothers: \_\_\_\_\_ Ages: \_\_\_\_\_ Number of Sisters: \_\_\_\_\_ Ages: \_\_\_\_\_



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Yearly Income per household: \_\_\_\_\_

**About the Child:**

What Type of Activities/Programs Interest Your Child? ( ) Sports Leagues ( ) Music ( ) Arts & Crafts ( ) Educational Programs ( ) Group Clubs ( ) Technology ( ) Other (Please List) \_\_\_\_\_

Child's strongest subjects in school? \_\_\_\_\_

Child's weakest subjects in school? \_\_\_\_\_

Has your child ever repeated a grade? Yes No If so, which grade?

Does your child receive free or reduced lunch? Yes No

If yes,  Free  Reduced

**Emergency Contact Information (Person(s) Authorized to Pickup Member)**

Parent/Guardian: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Number: \_\_\_\_\_

Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

DOB: \_\_\_\_\_ Male Female

DOB: \_\_\_\_\_ Male Female

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Number: \_\_\_\_\_

Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

DOB: \_\_\_\_\_ Male Female

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Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_



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**Activity & Photography Consent**

I give my child \_\_\_\_\_ permission to participate in BGCDOC activities and programs. BGCDOC reserves the right to restrict students from field trips and activities based on bad behavior or poor grades.

I give BGCDOC the right or ability for grant purposes to collect information such as height, weight, and BMI. All information is kept confidential and BGCDOC will abide by all HIPAA guidelines.

I do hereby give my child permission to attend and participate in the activities sponsored by BGCDOC. I hereby release the BGCDOC, its employees, associates, and contributors from personal liability from any injury, loss of theft incurred by my child while participating. I hereby authorize medical examination and emergency treatment for my child by a qualified licensed physician in the event of an accident.

Further I give permission for my child's picture to be used in any BGCDOC publication or outside publications that BGCDOC may subscribe too. I also allow my child's photo to be used on social media sites such as (but not limited to) Twitter, Instagram, and Facebook under the accounts of BGCDOC. Yes \_\_\_\_\_ No \_\_\_\_\_ Parents/Guardian's Initials \_\_\_\_\_

My signature indicates that I completely understand the above statements.

Parents Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Permission to Administer Medication**

I give permission for my child to be given the following medication:

Child's Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Dosage: \_\_\_\_\_  Refrigerate

Dates to be Given: \_\_\_\_\_

Times to be Given: \_\_\_\_\_

Emergency Only

Special Instructions:  
\_\_\_\_\_  
\_\_\_\_\_

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