



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

Durham | Craig Gomains  
(919) 687-4517 | www.bgcdoc.org

## 2024-2025 MEMBERSHIP APPLICATION – Durham

### Membership Fee \$10

Ages 6-18 (members 18 years old must be in highschool)

Please complete and attach a copy of your child's last report card.

NOTE: Application is incomplete until report card and payment are submitted. No refunds.

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

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

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

Race/Ethnicity (Circle all that apply): African American Caucasian Hispanic/Latino Asian Native American Other \_\_\_\_\_

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

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

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

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

### School Information

Current School: \_\_\_\_\_ 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 Medicaid: Yes No

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

Health/Behavioral Concerns **(Please be honest and share any diagnosis, struggles, triggers**

**or helpful information so that staff can best assist your child. If BGCDOC makes a behavior/health discovery that we are not qualified or equipped to handle your child's membership can be revoked):** Yes No If yes, explain \_\_\_\_\_

Medications: Yes No if yes, see medication administration form on last page

Food Allergies: Yes No if yes, explain \_\_\_\_\_



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**Household:**

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

Current Head of Household: Female Male

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

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

Yearly Income per household (For reporting/grant purposes only): \_\_\_\_\_

Member in Household in Military: Yes No If yes, which branch? \_\_\_\_\_

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

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

\_\_\_\_\_



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**Activity & Photography Consent**

All members must submit report cards as they are distributed by each school member's school. All information is kept confidential. This information is used for grant purposes.

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.

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

**Permission to Administer Medication (if needed)**

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: \_\_\_\_\_



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**BGCDOC Afterschool Busing Registration**

**\*COMPLETE THIS FORM ONLY IF YOUR CHILD WILL ATTEND ONE OF THE SCHOOLS BELOW\***

We will transport students from Parkwood Elementary, Lowes Grove Middle, Research Triangle Academy Elementary & Middle, Hillside & Hillside New-Tech High School to the Boys & Girls Club. Additional schools may be added based on need and BGC availability to accommodate. Transportation from school to the Boys & Girls Club will start Monday, August 26, 2024.

**\* For Lowes Grove and RTCA, if we do not have at least 10 members registered per school we will NOT be able to provide transportation.**

➤ Full payment is \$110.00 for each child. Full payment is due with application.

It will be the parent’s responsibility to call the Boys & Girls Club by 12.00pm, if your child will or will not be riding the bus on a day that they were or were not scheduled to ride. This is not a school based program and schools will not be responsible for keeping track of your child. **Please do not call your child/children school for any BGC changes, call the Boys & Girls Club at our number 919-687-4517 or e-mail us at [rlindsay@bgcdoc.org](mailto:rlindsay@bgcdoc.org).**

**Disrespect to the bus driver, to other students, and destroying property will not be tolerated on the bus. Transportation for your child can and will be suspended if there are repeated respect/behavior incidents. All fees are non-refundable.**

Members must be waiting in the bus line and ready to go when our driver arrives. The Driver will usually wait no more than 10 minutes. **If the member fails to make the regular scheduled bus pick up it will be up to the parent to pick the member up from school.**

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I grant permission for my child to participate in the afterschool transportation program. I understand that if my child is hurt during the program, it is not the responsibility of the Boys & Girls Club, or the bus company. I understand that it is my responsibility to notify the BGCDOC by 12pm at 919-687-4517, if my child/children will or will not be riding the bus on a day they were/were not scheduled to ride. I have spoken with my child/children about respect/behavior that will be expected on the bus and understand that any ongoing problems may result in my child/children not being able to ride the bus.

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_