



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

Craig Gomains
505 Craig St Chapel Hill, NC 27516
Phone: 919-984-4484

2025-2026 Membership Application - Chapel Hill

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

Child's First Name: _____ Last: _____

Parent 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 _____

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

Policy#: _____ Group#: _____

Health Problems: Yes No If yes, explain _____

Medications: Yes/No _____ yes,
explain _____

Food Allergies: Yes/NoIf _____ yes, please
explain _____



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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: _____

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

DOB: _____ Male Female

Address: _____

Address: _____



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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 to. 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:** _____



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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 Northside Elementary, Estes Hills Elementary, Rashkis Elementary, Ephesus Elementary ,and Scrogg’s Elementary. These children will be transported from their schools to Hargraves Community Center. BGC will bus them from there to the Boys & Girls Club. Additional schools may be added based on need and BGC availability to accommodate. Transportation to the Boys & Girls Club will start Monday, August 25, 2025.

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 984 999-4484 or 919593-4931 e-mail us at Charlotte Makoyo cmakoyo@bgcdoc.org or Jay Pulliam jpulliam@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.

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 984 999-4484 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: _____