



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

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

2025-2026 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 (specify) _____

Home Phone: _____ Cell: _____

E-mail Address: _____

Parent/Guardians First Name: _____ Last 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 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 25, 2025.

* Transportation will only be provided if at least 10 members are registered. If we cannot move forward with a particular school you will be notified.

➤ Full payment is \$120.00 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. In addition to letting your child’s school know, **Please call the Boys & Girls Club at 919-687-4517 or e-mail us at rlindsay@bgcdoc.org.**

Disrespect to the bus driver, to other students, seat belt refusal, and destroying property will not be tolerated on the bus. Transportation for your child can and will be suspended or revoked if there are repeated 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 wait no more than 15 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 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: _____