



**BOYS & GIRLS CLUBS  
OF MERCER COUNTY  
Registration Form**

Member First Name \_\_\_\_\_ Member Last Name \_\_\_\_\_ DOB \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Male/Female \_\_\_\_\_

Membership: \_\_\_\_\_ Current Member – skip to Program Registration Section  
 \_\_\_\_\_ New Member - complete information below & add fee

<b>Membership Type</b>	<b>Monthly</b>	<b>Annual</b>	<b>Building Fee</b> (required of all New Members)
Program – Youth, Teen, Adult	N/A	25	15
Teen Gold	20	225	35
Family Program	N/A	75	30

**Youth**-3 to 12 years of age **Teen** -13 to 18 years of age **Adult**-18+ **Family**-Children & their guardians living in the same household

**Program Membership:** Entitles you to register for Club programs during the year.

**Teen Gold Membership:** Allows teens to utilize the Teen Center, Career Center, Member Arcade hours, Teen Open Gym, Tuesday night Career Clubs and related workshops.

**New Member Additional Information Required:**

Member Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Guardian Name 1 \_\_\_\_\_ Parent/Guardian Name 2 \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_ E-mail \_\_\_\_\_ 2<sup>nd</sup> Email \_\_\_\_\_

**EMERGENCY CONTACTS** - Please identify two adults who may be called if you are not available.

_____	_____	_____	_____
First Name	Last Name	First Name	Last Name
_____	_____	_____	_____
Home Phone		Home Phone	
_____		_____	
Work Phone		Work Phone	
_____		_____	
Cell Phone		Cell Phone	

<b>Program Name</b>	<b>Days/Time</b>	<b>Fee</b>
_____	_____	<input type="text"/>
_____	_____	<input type="text"/>
_____	_____	<input type="text"/>
Total Due, Program, Membership & Building Fee:		<input type="text"/>

Payment method: Check payable to Boys & Girls Club of Mercer County or Credit/Debit Card

Credit/debit type MC/Visa/Discover/AMEX Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3-digit Code \_\_\_\_\_

**General Permissions:**

- I give permission for me and/or my child's image/name to be used in the Clubs public relations materials.
- I understand that the Boys & Girls Club has an open door policy (with the exception of camp and ASP) where the Club is not responsible for a child that leaves the building before or after a class. Parents should discuss with their child.
- In the case of a medical emergency, I hereby give permission for the hospital/doctor to provide care/treatment for me and/or my child until I can reach the hospital.
- That I understand the Club has a discipline policy and I am responsible for me and/or my child's actions while involved in Club activities. I also understand that I or my child may be expelled and/or suspended from the program/Club without reimbursement of fees paid for violation of these policies.
- I understand that there are inherent risks associated with participating in Boys & Girls Club activities and I do not hold the Club, directors, trustees, community partners, volunteers or staff responsible for injuries, resulting from Club participation. My signature below indicates my acceptance of the policies above.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_