

Administrative Office  
202 Hopkins  
(361) 573-4411

Annual  
Membership Fees:  
\$25.00 6 – 18 year olds

Membership Year:  
May 31, 2018-May 31, 2020



**BOYS & GIRLS CLUBS  
OF VICTORIA**

**MEMBERSHIP APPLICATION**

**For Office Use Only:**

Date Rec \_\_\_\_\_

Receipt # \_\_\_\_\_

Cash/Check \_\_\_\_\_

By \_\_\_\_\_

Mem. # \_\_\_\_\_

Last Name \_\_\_\_\_ Middle \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ (Male / Female) Home Phone \_\_\_\_\_

Previous Member (Yes/No) School \_\_\_\_\_ Grade \_\_\_\_\_ # of Family at Home \_\_\_\_\_

Head of Household \_\_\_\_\_ Occupation \_\_\_\_\_

Where Employed \_\_\_\_\_ Work # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_

Where Employed \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

State any physical or medical condition or disabilities your child may have that may keep him/her from participating in certain activities \_\_\_\_\_

**FAMILY INFORMATION FOR GRANT PURPOSES:**

The following information is necessary. It is needed for statistical purposes in order to receive funding and pass through grants. This information will be confidential and in no way affect involvement in our programs. Please circle one: White/Hispanic/African American/Other \_\_\_\_\_ (please fill in) Free Lunch: (Yes / No)

Please circle one: (Below \$13,000.) (\$13,001. to \$14,900.) (\$14,901. to \$16,750.) (\$16,751 to \$18,600.)

(\$18,601. to \$20,100.) (\$20,101. to \$21,600.) (\$21,601. to \$23,050.) (\$23,051. to \$24,550.) (Above \$24,551.)

**PARENTAL AUTHORIZATION:**

I PARENT, ADULT PARTICIPANT, GUARDIAN OF THE ABOVE NAMED, HEREBY GIVE APPROVAL FOR PARTICIPATION IN ANY AND ALL ACTIVITIES DURING THE CURRENT MEMBERSHIP YEAR. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION AND DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE BOYS & GIRLS CLUB OF VICTORIA, INC., THE ORGANIZERS, SUPERVISORS, PARTICIPANTS FROM ANY CLAIM ARISING OUT OF AN INJURY TO THE PARTICIPANT. I ALSO GRANT PERMISSION TO THE BOYS & GIRLS CLUB THE RIGHT TO DISPLAY, CIRCULATE OR REPRINT PHOTOGRAPHS TAKEN OF CLUB ACTIVITIES/EVENTS, IN WHICH MY CHILD PARTICIPATES. IF YOU DO NOT WANT YOUR CHILD'S PHOTOS USED, PLEASE SUBMIT A WRITTEN NOTICE. **I UNDERSTAND THAT THE BOYS & GIRLS CLUB OF VICTORIA IS NOT REGULATED BY THE TEXAS DEPARTMENT OF REGULATORY AND PROTECTIVE SERVICES AND IS NOT A DAY CARE PROGRAM. I UNDERSTAND THAT MY SON/DAUGHTER MAY FREELY COME AND GO FROM THE FACILITY.**

I ALSO GRANT PERMISSION TO MANAGING PERSONNEL OR OTHER REPRESENTATIVES TO AUTHORIZE AND OBTAIN MEDICAL CARE FROM ANY LICENSED PHYSICIAN, HOSPITAL, OR MEDICAL CLINIC SHOULD A PARTICIPANT BECOME ILL OR INJURED WHILE PARTICIPATING IN ACTIVITIES AWAY FROM HOME, OR AT ANY OTHER TIMES WHEN NEITHER PARENT IS AVAILABLE TO GRANT AUTHORIZATION FOR EMERGENCY TREATMENT. I WILL FURNISH A CERTIFIED BIRTH CERTIFICATE OF THE ABOVE NAMED UPON REQUEST BY SPONSORS OR SUPERVISORS.

SIGNATURE PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PHONE \_\_\_\_\_