



The Boys & Girls Club of Suffolk County

324 Jayne Blvd., Port Jeff. Station, NY 11776

Office Phone: 631-675-1615 Fax: 631-675-1617

Clubhouse: 631-509-4799

www.bgcsuffolk.org

clubinfo.bgcsuffolk@gmail.com

Membership Information Form

Confidentiality: Any confidential information requested is for our records and for the funding of our Organization. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted with an asterisks (*).

Childs First Name*:

Last Name*:

Gender*:

Male___ Female___

Address*:

D.O.B*:

____/____/____

T-Shirt Size_____

City:_____ **State:**_____ **Zip Code:**_____

School*:_____ **Grade*:**_____

Ethnicity*:

African American Asian Caucasian Hispanic

Middle Eastern Multi Racial Native American Other

The Boys & Girls Club of Suffolk County also uses the following fields to learn more about your child. Please check one from each group.

Field Trips: ___Allowed

Internet: ___Allowed

Photo Release: ___Allowed

___Not Allowed

___Not Allowed

___Not Allowed

Please include member's updated medical history including immunization record with this packet. Current medical history will be kept confidential

Does your child have food allergies? Yes_____ No_____ If yes, what are they?

Does your child have asthma? Yes_____ No_____ If yes, how often do attacks occur and will he/she need medication while at our summer programs?

Does your child take medication on a regular basis? Yes_____ No_____ If yes, please explain.

Note: If medication needs to be given at the Boys & Girls Club, we will need instructions written by your physician. A parent/guardian will need to bring the medication and the instructions to the Programs Director at the beginning of summer programs.

Does your child have seizures? Yes_____ No_____ If yes, please explain.

Does your child have any special needs?

Is there anything else you feel we should know about your child?

Signature_____ Date_____

Parents / Guardian:

First Name*:

Last Name*:

Address*:

City: _____ State: _____ Zip Code: _____

Phone Number: Phone type: Phone Number: Phone Type:
() - Cell Work Home () - Cell Work Home

E-Mail Address*:
_____ Work Personal

First Name*: Last Name*:

Address*:

City: _____ State: _____ Zip Code: _____

Phone Number: Phone type: Phone Number: Phone Type:
() - Cell Work Home () - Cell Work Home

E-Mail Address:
_____ Work Personal

Two People Authorized to pick-up Member/ Emergency Contact:

1) First Name*: Last Name*: Relationship*:

Phone Number: Phone type: Phone Number: Phone Type:
() - Cell Work Home () - Cell Work Home

2) First Name*: Last Name*: Relationship*:

Phone Number: Phone type:

Phone Number:

Phone Type:

() - Cell Work Home

() - Cell Work Home

I have read the complete application, understand the rules of the Boys & Girls Club of Suffolk County and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Boys & Girls Club of Suffolk County will not be responsible for any accident to the boy/girl while on the Boys & Girls Club of Suffolk County premises or while engaged in any of its activities away from the Boys & Girls Club of Suffolk County. I give my consent for photographs, in which my son/daughter may appear, to be used in any way the Boys & Girls Club of Suffolk County may care to use them.

Parent or Guardian Signature

Member's Signature

Date