



BOYS & GIRLS CLUB
OF MANCHESTER

555 Union Street, Manchester NH 03104
(603) 625-5982

Tween/Teen Membership Application Grades 6-12 – No Transportation

July 1, 2024 – June 30, 2025

\$10 Membership fees are non-refundable

Military Parent in Household

FOR OFFICE USE

Date Received: _____

Amount Paid: _____

Staff: _____

Receipt #: _____

MEMBER INFORMATION:

First Name:		Middle Name:		Last Name:	
Nickname:		Birth Date:		Age:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Member Status: <input type="checkbox"/> New Member			
<input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender		<input type="checkbox"/> Former Member			
<input type="checkbox"/> Other : _____					
Ethnicity (check all that apply): <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> European <input type="checkbox"/> Other: _____					
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____					
Home Address:					
City:		State:		Zip:	
School in Fall 2024:				Grade in Fall 2024:	

FAMILY/GUARDIAN INFO:

Legal Guardian First Name:		Legal Guardian Last Name:	
Relation to Child:		Primary Cell Phone:	
Primary Email Address:		Secondary Phone:	
Legal Guardian Employer:		Work Number:	
Secondary Legal Guardian First Name:		Secondary Legal Guardian Last Name:	
Secondary Legal Guardian Relation to Child:		Secondary Legal Guardian Cell Phone:	
Secondary Legal Guardian Employer:		Secondary Legal Guardian Work Phone & EMAIL:	
Members Lives With: <input type="checkbox"/> Both <input type="checkbox"/> Primary Guardian <input type="checkbox"/> Secondary Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____			

Medical Disability ** explain medical, physical, emotional or behavior issues: _____

- Asthma Diabetes Hearing impairment Visual impairment ADHD
- Autism Seizures Anxiety/Depression Oppositional Defiant Disorder Learning Disability

Allergies: _____

*Medications to be administered while attending BGCM Program: _____

*Medication Form MUST be completed by physician and parent

Total Number Living in Household: _____ Please circle your total household income below:

\$0-21,000 \$21,001-35,000 \$35,001-55,950 \$55,951

I agree to follow the rules and policies explained in the Member Behavioral Expectations of the Boys & Girls Club of Manchester. I realize that membership to the BGCM is a privilege, and if I can't follow the rules and policies, the Club membership could be in jeopardy, leading to possible removal. I understand that if a member is suspended or expelled from BGCM's programs, a refund will not be issued. I understand that under the behavior management protocol, the BGCM reserves the right to suspend a member from the program and bussing effective the next day, so it is my responsibility to make alternative care arrangements in advance. I know the Boys & Girls Club of Manchester has an Open-Door Policy for their Union St. Clubhouse for members in grades 6-12.

I understand that:

- The Boys & Girls Club of Manchester Union Street Clubhouse is not subject to licensure under RSA 170-E:4. All grievances by parents or guardians concerning the Club Program go through the office manager, who will inform the appropriate Club contact.
- Photographs in which my child appears have the chance to be used in Club marketing materials, promotions, recognition, displays, and other Club-related publicity. In addition, the Club can upload all photographs and videos in which my child may appear on official BGCM social media sites.
- My child will have the opportunity to complete Club surveys used to measure the effectiveness of the Club program.
- I realize my child/children may participate in activities and programs that are physical and, as a result, may be at risk for injury. In consideration for being allowed to participate in any activities, I agree to assume such risk and further agree to hold harmless the Boys & Girls Club of Manchester, its staff, and volunteers from any claims, suits, losses, or related causes of actions for damages including, but not limited to, such claims that may result from injury or death, accidental or otherwise, during, or arising in any way from the participation in the activities of the program.
- The Club Tax ID is on receipts given at time of payment or you can access information on Procare. Year-end tax statements are not provided.
- For members' security and safety, individuals in our facilities and riding in our vehicles may be under video surveillance.
- Grade K - Grade 5 members are not allowed to use their internet-capable devices while at the Club, and grade 6-12 members are permitted under staff supervision. All members using a Club internet-capable device will only be allowed under staff supervision and is subject to site filtering.
- If I need to withdraw my child from a program, a two-week written notice is required.
- The membership fee is non-refundable.

Guardian Signature: _____ Date: _____

Please direct any questions regarding your account to
Kim Kuehl, Office Manager, at 625-5982 x 225 or Kkuehl@mbgcnh.org.