



BOYS & GIRLS CLUBS  
OF METROWEST

# Membership Registration Form

Type of Membership (Check One)  New  Renew

1st Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 2nd Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Mother/Guardian : \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Home #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Occupation : \_\_\_\_\_ Employer : \_\_\_\_\_ Work #: \_\_\_\_\_  
 Father/Guardian: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Home #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Occupation : \_\_\_\_\_ Employer : \_\_\_\_\_ Work #: \_\_\_\_\_

1. Does your child receive **FREE** or **REDUCED** lunch?  Yes  No
2. Child lives with:  Mother  Father  Both  Other/ Whom
3. Marital Status of Parent/Guardian:  Single  Married  Divorced  Widowed  Other
4. Racial/Ethnicity Identity: **(Circle a letter)**

a. White (not of Hispanic origin)	e. American Indian/ Alaskan Native
b. Black (not of Hispanic origin)	f. Brazilian
c. Hispanic	g. Asian or Pacific Islander
d. Portuguese	h. Other
5. Annual Household Income: **(Circle a letter)**

a. under \$10,000	d. \$30,001 - \$50,000
b. \$10,001 - \$20,000	e. \$50,001 - \$70,000
c. \$20,001 - \$30,000	f. Over \$70,000

In Case of an Emergency, If a Parent/Guardian cannot be reached:

Name: _____	Relationship: _____
Address: _____	Phone #: _____
Name: _____	Relationship: _____
Address: _____	Phone #: _____
Name: _____	Relationship: _____
Address: _____	Phone #: _____

List any Medical, Physical, or Emotional conditions that we should be aware of to better serve your child:(allergies, medication, etc)

### Authorization and Consent Form

1. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the qualified staff at the Boys & Girls Club to transport my child to the nearest hospital.
2. Child's Doctor & Insurance : \_\_\_\_\_ Phone # & Address : \_\_\_\_\_
3. I understand the Club is not, nor claims to be, a licensed day care center. (Unless your child is registered in the licensed SACC Program)
4. I authorize Boys & Girls Club staff/ volunteers who are trained in the basics of first aid to treat my child when appropriate
5. I give permission for my child to participate in field trips by means of bus/van. I understand that I will be notified in advance of any trips.
6. **I give consent to have my child photographed or videotaped for public relations purposes. PLEASE CIRCLE YES or NO**

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

GREAT FUTURES START **HERE.**



## PARENTS/GUARDIANS

### Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Boys & Girls Clubs of MetroWest has put in place preventative measures to reduce the spread of COVID-19; however, the Club **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending the Club could increase** your risk and your child(ren)'s risk of contracting COVID-19.

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Club or participation in Club programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

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Signature of Parent/Guardian

Date

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Name of Parent/Guardian

Name of Club Participant(s)