

MEMBERSHIP APPLICATION

Corporate Headquarters
P.O. Box 73
Huntsville, AL 35804
(256) 534-6060 (Ofc) – (256) 533-7247 (Fax)

www.bgcnal.com

ArdmoreAthens	Seminole Ben Sanford	William	
Sparkman Homes	Farley	Oak Pa	rk
James A. Lane	Cavalry Teen Center	Pricevi	lle
Registration Period	Date	//_	
Does the child have siblings currently attending the	he club? If yes, ple	ease list:	
		·	
Child's Name:			
Address:	City:	State:	Zip:
Date of Birth:/ Age:	/ Age: Ethnicity:		Male / Female
Home Telephone: Cell:			
Email Address:			
Name of School:	Teacher:	Grade:	
My child receives free or reduced lunch	Currently in Mi	litary	
My Child will attend the club:Year round	School Year	Sumn	ner
My child lives with:MotherFather	erGrandparents _	Guardian	Other
Mother's Name:	Father's Name:		
Mother's Date of Birth:	Father's Date o	Father's Date of Birth:	
Mother's Employer:	Father's Emplo	Father's Employer:	
Mother's Work Telephone:	Father's Work	Father's Work Telephone:	
Please list any allergies or health issues that re-	quire prescription medication	to be admin	istered:

Preferred Hospital:	
Name of the Insurance Company:	
including emergency transportation for my child if I cagree to be responsible for any emergency medical ex	-
Parent/Guardian Signature //	Pate Pate
but are not limited to BGCNAL , WEIGHT ROOM discretion may choose to allow my child to particip me or my child or any entity on behalf or myself or m program. I further state that I am of lawful age and leg this agreement is my own free act. I also understand a not a mere recital or simply for information purposes.	a member at BGCNAL. Activities at the Club may include, and other SPORTS/REC ACTIVITIES, which at my late in. I will hold harmless BGCNAL from any claim by y child arising out of my child's participation in the gally competent to sign this agreement, and that my signing and agree that the terms herein are contractual, and they are I have read, understood, and fully informed myself of the my child's physical condition and capability to perform
ALL MEDICAL CLAIMS MUST BE FILED THROU	GH YOUR INSURANCE COMPANY FIRST.
I have received a copy of the Parent/Member Guide:	(Initial)
	at any time I am suspended from the club, I understand that d to my parents/guardian. If I voluntarily withdraw from the any fees paid(Initial)
I agree to allow the Club to use my child's picture or director in writing(Initial)	likeness; any objection should be submitted to the unit
Cost: \$65.00 (per week, per child), \$40.00 Registration *CASH IS NOT ACCEPTED. FEES MAY BE PAID BY CI	n Fee (Paid annually, per child, NON REFUNDABLE) HECK, MONEY ORDER AND DEBIT/CREDIT CARDS
Fees will be paid:WeeklyBi-weekly	MonthlyIn Advance
(OFFICIAL USE ONLY) Registration paid	CMA
Parent/Guardian Signature:	
Director's Signature:	
Tras	sportation
My child will arrive to the club by:school bus My child will leave the club by:school bus/v	walkingcarclub bus

<u>LIST EVERYONE AUTHORIZE</u>	<u> </u>	HUL	K-OI TOOK CHILD I KOM II	IL CLUB.	
Name		Relationship to child		Telephone	
LIST EMERGENCY CONTACT Name	S BEL	OW:	Telephone		
	<u> </u>				
facility, (home or center). The licen			ld care facility assumes full response		
Parent/Guardian Signature I give permission for my child to pa	see of t	he chi	Ild care facility assumes full respondent	onsibility for such activities	
I understand that the Department of facility, (home or center). The licenter of the second se	see of t	he chi	ld care facility assumes full response	onsibility for such activities	
Parent/Guardian Signature I give permission for my child to pa	see of t	he chi	Ild care facility assumes full respondent	onsibility for such activities	
Parent/Guardian Signature I give permission for my child to pa	rticipat	he chi / e in:	Date and SIGN & DATE EACH LI	onsibility for such activities NE	

Form not valid without signature of parent/guardian where indicated.