



# Boys & Girls Club of the North Country

P.O. Box 111, Littleton, NH 03561  
 603-838-5954 or 616-8212 www.bgcnc.net

The Clubhouse is located on Rt. 302 in Lisbon  
 behind Evergreen Sports Center

## MEMBERSHIP APPLICATION

New membership  Renewal

*For office use*  
 Annual dues \$75\*  
 Return bussing \$20/mo  
 or \$125/school year  
 Amt/Date Rec'd \_\_\_\_\_  
 \*Aid possible.

We accept Title 20 State  
 Assistance for Childcare.

Please print clearly

NAME:	FIRST	MIDDLE	LAST	NICKNAME
EMERGENCY CONTACT (Other than parent)	NAME			PHONE
BIRTH DATE	MALE	/FEMALE		E-MAIL
HOME ADDRESS				
CITY	STATE	ZIP	HOME PHONE	NAME OF PERSON MEMBER LIVES WITH
SCHOOL ATTENDING	GRADE	IEP? YES <input type="checkbox"/>		NO <input type="checkbox"/>

FATHER	NAME: FIRST	LAST	OCCUPATION	EMPLOYER
	WORK PHONE	EXT.	CELL PHONE	
MOTHER	NAME: FIRST	LAST	OCCUPATION	EMPLOYER
	WORK PHONE	EXT.	CELL PHONE	
GUARDIAN	NAME: FIRST	LAST	OCCUPATION	EMPLOYER
	WORK PHONE	EXT.	CELL PHONE	
MEMBER LIVES WITH: BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER/STEPFATHER <input type="checkbox"/> FATHER/STEPMOTHER <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER <input type="checkbox"/>				
NUMBER OF SISTERS, HALF SISTERS AND STEPSISTERS _____ NUMBER OF BROTHERS, HALF BROTHERS AND STEPBROTHERS _____ TOTAL LIVING IN HOUSEHOLD _____				

LIST MEDICATIONS YOUR CHILD IS TAKING			
PHYSICIAN NAME	PHONE	PREFERRED HOSPITAL OR CLINIC	HOSPITAL/CLINIC PHONE
MEDICAL PROBLEMS/ALLERGIES (please print clearly)			
IS YOUR CHILD INSURED THROUGH NH HEALTHY KIDS? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, GOLD <input type="checkbox"/> SILVER <input type="checkbox"/>			

HAS YOUR CHILD BEEN A MEMBER OF THE BOYS & GIRLS CLUB PREVIOUSLY? YES  NO  IF YES, NUMBER OF YEARS \_\_\_\_\_ WHICH CLUB? \_\_\_\_\_

I agree to abide by the rules and policies of the Boys & Girls Club of the North Country (BGCNC) and I understand that disciplinary measures may be taken if the rules and policies are not abided by.

I understand that the Boys & Girls Club of the North Country is not subject to licensure under RSA 170.E:4. All grievances by parents or guardians with respect to the Club program should be directed to the Unit Director. I realize that membership in the BGCNC is a privilege, and use of the club could be taken away if the rules and policies are not followed. I also understand that membership fees are non-refundable. In order to be effective with behavior management, BGCNC reserves the right to suspend a youngster from the bussing and/or after school program effective the next day. Accordingly, I have emergency options available and made in advance.

I realize my son/daughter may participate in activities and programs that are physical in nature 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 BGCNC, its staff and volunteers from all claims, suits, losses, or related causes of actions for damages, including, but not limited to, any and all claims, suits, injury or death, accidental or otherwise, during, or arising in any way from the participation in the activities of the programs.

I further agree to notify the BGCNC office, in writing, of any changes in home address, phone number and any changes regarding parent's employment.

Parent/Guardian Signature \_\_\_\_\_ Member Signature \_\_\_\_\_ Date \_\_\_\_\_

BGCNC has my permission to publish photographs of my child participating in BGCNC group activities.

