

**Non-Refundable Registration Fees**  
**\$30 Annual Membership w/ shirt**  
**Annual Teen Membership: \$11 with shirt**  
**Transportation Available**  
**for an additional fee**

Dr. H.L. Harrell /Teen Center  
 Dunnellon Club  
 Silver Springs Shores Club



**BOYS & GIRLS CLUBS**  
 OF MARION COUNTY

**2017 - 2018 MEMBERSHIP APPLICATION**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
 Address: \_\_\_\_\_ Lived at this Address Since: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Current Age: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
 \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Shirt Size \_\_\_\_\_

**School Information:**  
 Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
 Food Program: Free Lunch \_\_\_\_\_ Reduced Lunch \_\_\_\_\_

Club Member Since what year: \_\_\_\_\_ Does your child have a 504 or IEP: \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Do you live with your: \_\_\_ Mom \_\_\_ Step Mom \_\_\_ Dad \_\_\_ Step Dad \_\_\_ Grandparent \_\_\_ Other: \_\_\_\_\_  
 Current Single Parent: \_\_\_\_\_ YES \_\_\_\_\_ NO Current Number of people in Household: \_\_\_\_\_  
 Number of Brothers: \_\_\_\_\_ Number of Sisters: \_\_\_\_\_  
**Annual Household Income:** \$ 0 to 15,000 \_\_\_\_\_ \$ 25,001 to 30,000 \_\_\_\_\_  
 \$ 15,001 to 20,000 \_\_\_\_\_ \$ 30,001 and above \_\_\_\_\_  
 \$ 20,001 to 25,000 \_\_\_\_\_

**Financial Assistance Policy: Assistance is offered by ELC of Marion County. All parents asking for assistance will need to apply online and make appointments with ELCMC. The Club will help through the process.**

<u>PARENT/GUARDIAN</u>	<u>PARENT/GUARDIAN</u>
Name: _____	Name: _____
Employer: _____	Employer: _____
Phone: _____ Type _____	Phone _____ Type _____
Phone: _____ Type _____	Phone _____ Type _____
E-MAIL ADDRESS: _____	

<u>Authorized to Pick up</u>	<u>Authorized to Pick up</u>
Name: _____	Name: _____
Address: _____	Address: _____
Relationship: _____	Relationship: _____
Phone: _____ Type _____	Phone _____ Type _____
Phone: _____ Type _____	Phone _____ Type _____

(continued)

Boys & Girls Clubs of Marion County receives multiple grants through the State of Florida and various other grantors to run SMART Moves, Triple Play, and Project Learn for each member of our Clubs. These programs will be running quarterly and sessions will last between 30-45 minutes. The State of Florida has given us approval to use our National SMART Moves Program to implement this grant and others. The program content is based on age and will teach our kids to make SMART decisions and avoid the negative effects of peer pressure. Other programs will focus on our six core program areas, which include: Education, The Arts, Health & Wellness, Career Development, Sports & Recreation, Character & Leadership.

**PARENT AUTHORIZATION:**

I give the Boys & Girls Clubs of Marion County permission to view my child's school grades, attendance, and juvenile justice records. I authorize my child to take part in surveys that could help the Boys & Girls Club determine the effectiveness of the services provided. I give permission for my child to take part in supervised activities including Internet use. I authorize medical examination and emergency treatment for my child by a qualified licensed Physician in the event of an accident. I give permission for my child's picture to be used in Boys & Girls Clubs media activities. My signature indicates that I completely understand the above statements.

Due to the "Open Door" policy of Boys & Girls Clubs, I understand that the BGCMC is not responsible for the time and manner in which my child may arrive and leave the Club. Parents must provide written approval for their child to sign themselves in and out.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**      Membership#: \_\_\_\_\_      Receipt # \_\_\_\_\_  
Amt Paid: \_\_\_\_\_      Expiration Date: \_\_\_\_\_      Scholarship Approval: \_\_\_\_\_  
New or Renewal Member: \_\_\_\_\_      Processed by: \_\_\_\_\_      Date \_\_\_\_\_

Additional Comments:

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