



**BOYS & GIRLS CLUBS
OF THE MISSISSIPPI DELTA**

2024 Membership Application Required Documents Checklist

Place this checklist in each member's folder.

Membership Name	
Membership ID Number	

Confirmation

Documents Required for Membership

- Application for membership must be completed, signed and dated. If you complete an online application, the printout must also be signed and dated by the Parent/Guardian.
- Signed Membership Disclaimer
- Parent/Member Handbook Signature Page
- Student Information Release Form
- Copy of health insurance card (Free membership for MAGNOLIA)
- Proof of membership payment (Payment Receipt) if cash member
- Application for Food Service if applicable*
- Optional Emergency Contact Form* (If parent requests additional contacts to be added. Member can only be picked up by people on this form.)

Unit Director's Signature Verifying File Completion	Date Completed

PLEASE PRINT

USE BLUE OR BLACK INK ONLY

ALL FIELDS REQUIRED



BOYS & GIRLS CLUBS
OF THE MISSISSIPPI DELTA

Membership Application

Membership Information

First Name: _____ Middle: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ Cell Phone: (_____) _____

Club Member Email: _____

Child's Social Security Number: _____ Birth Date: _____

Gender: Male Female Age: _____

Ethnicity: African American Native American Asian/Vietnamese
 Hispanic Multi-Racial Caucasian Other: _____

Emergency Contacts

Name: _____ Relationship: _____

Phone: (_____) _____ Ext. _____

Name: _____ Relationship: _____

Phone: (_____) _____ Ext. _____

Who does this child live with? Mom Dad Foster Mother Foster Father Grandparents
 Other: _____

Grade in School: _____ Name of School Attending: _____

Which Club site are you attending?

Belzoni Clarksdale Cleveland Greenwood Grenada
 Itta Bena Jonestown Lexington Yazoo City

When will your child attend the Club?

Year-Round During School Year During Holiday/Summer

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Guardian/Parent 1

Relationship: _____

Name: _____

SSN: _____ Date of Birth: _____

Employer: _____

Work Address: _____

Occupation: _____

Mobile Phone: (_____)_____

Work Phone: (_____)_____

Email: _____

Guardian/Parent 2

Relationship: _____

Name: _____

SSN: _____ Date of Birth: _____

Employer: _____

Work Address: _____

Occupation: _____

Mobile Phone: (_____)_____

Work Phone: (_____)_____

Email: _____

Does your child have permission to walk from the Boys & Girls Club? YES NO

Are there persons NOT authorized to pick up your child? If yes, please list:

Medical Information

Does your family have health or accident insurance? YES NO

Do you have any health problems or allergies? YES NO

If yes, please explain and list all medications the child is taking: _____

I understand that if my child is injured at the Club, it is not the responsibility of Boys & Girls Clubs. I agree not to hold the Boys & Girls Clubs of the Mississippi Delta, Inc. or the Boys & Girls Clubs of America, its sponsors or volunteers, their employees or officers, liable for injuries or accidents (in connection with my child's attendance or participation in any activity.)

Signature of Member

Printed Name

Date

Signature of Parent or Legal Guardian

Printed Name

Date

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Insurance Disclaimer

In the event of illness or injury to my child, I now consent for medical or dental care deemed necessary by the attending physician or dentist. My child may be examined, and any necessary procedures (medical, dental, or surgical), anesthesia, or diagnostic procedures (lab or x-ray) may be performed under the supervision of a member of the hospital or medical office staff furnishing such services.

In the event of a severe illness or injury, I understand that the Club staff will make every effort to reach me.

I further acknowledge that I am responsible for any medical, dental, ambulance expenses, or other expenses that might occur due to such injury or illness. I understand that any liability insurance coverage through the boys & Girls Clubs of the Mississippi Delta is secondary to my family insurance coverage.

Signature of Parent or Legal Guardian

Printed Name

Date

Household Information

The information contained herein will be kept in strict confidence and used solely to accumulate the necessary statistical information requested by governmental agencies.

Is there a Member of the Household 65 years or older? YES NO

Is there a Member of the Household who is disabled? YES NO

Is there a Female Head of Household? YES NO

Is there a Male Head of Household? YES NO

Number of persons in household: _____

Is parent or guardian in the military or reserves? YES NO

If yes, please list branch: _____

Does your child receive free or reduced lunch at school? YES NO

Total household income reported to the IRS in 2021:

- | | | |
|--|--|--|
| <input type="checkbox"/> \$21,200 or less | <input type="checkbox"/> \$21,201 - \$24,249 | <input type="checkbox"/> \$24,250 - \$27,299 |
| <input type="checkbox"/> \$27,300 - \$30,299 | <input type="checkbox"/> \$30,300 - \$32,749 | <input type="checkbox"/> \$32,750 - \$35,149 |
| <input type="checkbox"/> \$35,150 - \$37,599 | <input type="checkbox"/> \$37,600 - \$39,999 | <input type="checkbox"/> More than \$40,000 |

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Outcomes Measurement Consent

I, _____, permit the Boys & Girls Clubs of the Mississippi Delta to survey and interview my child, _____, to find out what their behaviors, skills, and attitudes are in regards to issues such as health risks and habits, positive self-esteem, respect for diversity, education, and educational resources, positive relationships, career choices, and connection to the community as well as their experiences at the Club.

I understand that these surveys and interviews aim to help determine how well the Club is meeting my child’s needs and identifying areas that may call for further attention. I also understand that this information will remain private.

I understand that my child’s responses will be automatically grouped with the responses of other Boys & Girls Club members for any public presentation of the findings and that my child will never be individually linked to their answers. I can, upon written request, arrange to discuss the results with my child’s Club Director.

Signature of Parent or Legal Guardian Printed Name Date

Permission Statements

I grant the Boys & Girls Clubs of the Mississippi Delta permission to:

- Use film/print pictures of my child, resulting from their involvement for Club promotion.
- Take my child on field trips. (I understand I will receive advance notice and a separate permission slip for each trip.)
- Contact my child’s school to receive/send progress reports and report cards.

Signature of Parent or Legal Guardian Printed Name Date

Member Agreement and Dues

I promise to take care of my Club and its property and to abide by the rules of the Boys & Girls Clubs of the Mississippi Delta. If I am asked to return my membership card at any time, I understand that no dues will be returned to me. Activity fees are \$25 annually and do not include special events or field trips. Additional summer fees may be applicable June-August each year.

Signature of Member Printed Name Date

Signature of Parent or Legal Guardian Printed Name Date

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Acknowledgment of Receipt

I acknowledge receipt of my copy of the Boys & Girls Clubs of the Mississippi Delta Parent Handbook. I understand that it is my responsibility to read and become familiar with the Handbook's contents and comply with the policies, rules, and guidelines. I understand and agree that the organization may revise, rescind, or modify any portion of the Handbook and that such changes will bind me. Should I ever have any questions about the policies set forth, I will contact my Unit Director, Director of Operations, or the Executive Director for clarification. No members are allowed to bring cell phones to the Club.

Signature of Member	Printed Name	Date
Signature of Parent or Legal Guardian	Printed Name	Date
Unit Director	Club	Date

TO BE COMPLETED BY UNIT DIRECTOR OR MEMBERSHIP CLERK

Unit: _____ Membership Number: _____ Application Date: _____

Military Family? YES NO Member since: _____



BOYS & GIRLS CLUBS OF THE MISSISSIPPI DELTA

Membership Disclaimer

I certify that I give my child permission to join the Boys & Girls Clubs of the Mississippi Delta and to appear in pictures, videos, and social media of Boys & Girls Clubs activities to be used for publicity and programming purposes.

I understand and agree that if my child must be transported to and from the Club, they must be picked up by closing time, or a fee will be charged. The late fee must be paid before the child returns to the Club.

I understand and agree that Boys & Girls Clubs has an open-door policy. I cannot be responsible for my child leaving the Club without permission.

As a parent or guardian of the above child, I approve of their joining the Boys & Girls Clubs of the Mississippi Delta. I agree not to hold the Department of Human Services, Department of Family and Children’s Services, and the Boys & Girls Clubs of the Mississippi Delta, its Board of Directors, Officers, Staff, or Volunteers responsible or liable, and hereby RELEASE them from liability for losses of any personal property and any injuries or accidents suffered by my child at the Boys & Girls Clubs facilities or in connection with membership or participation in any Boys & Girls Clubs activities.

If I cannot be reached in an emergency, I hereby permit the physician selected by the Boys & Girls Clubs to hospitalize, secure proper treatment, and order injection, anesthesia, or surgery for my child.

This regular membership does not include admittance to the Summer program. I fully understand that all fees paid to the Boys & Girls Clubs are non-refundable.

Signature of Member

Printed Name

Date

Signature of Parent or Legal Guardian

Printed Name

Date