BOYS & GIRLS CLUBS
OF GREATER WASHINGTON

GREAT FUTURES START HERE.

2026-2027 Membership Application

Hylton Branch

5070 Dale Boulevard
Dale City, VA 22193
(703) 670-3311
www.bgcgw.org

FOR OFFICE USE ONLY

☐New ☐Renewal ☐Former

Payment : ☐Cash ☐Credit Card ☐Check ____

☐Money Order ☐Scholarship/Waiver

BGCGW Receipt Number: _____

Supporting Documentation

Received: ☐Yes ☐No

Date Received: _____

Date Entered: _____

Staff Initials:_____

CAREGIVER/GUARDIAN (HOUSEHOLD) INFORMATION

PRIMARY CONTACT: Caregiver/Legal Guardian 1

Relationship to Member: ☐Mother ☐Father ☐Step parent ☐Sibling ☐Cousin ☐Aunt/Uncle ☐Grandparent ☐Foster parent ☐Other *(specify)*_____

First Name: _____

Last Name:_____

Home Address: _____

Street Address

_____

City, State, Zip Code

Cell Phone: _____

Additional Phone:_____

Email: _____

Employer:_____

ADDITIONAL CONTACT: Caregiver/Legal Guardian 2

Relationship to Member: ☐Mother ☐Father ☐Step parent ☐Sibling ☐Cousin ☐Aunt/Uncle ☐Grandparent ☐Foster parent ☐Other *(specify)*_____

First Name: _____

Last Name:_____

Home Address:

_____

Street Address

_____

City, State, Zip Code

Cell Phone: _____

Additional Phone:_____

Email: _____

Employer:_____

MEMBER (CHILD) INFORMATION

First Name:_____ **Middle Initial**: _____ **Last Name**:_____

Preferred Name/Nickname:_____**Birthdate**:_____**Age**:_____

Month Date Year

Gender: ☐Male ☐Female ☐Gender Queer/Gender Nonconforming ☐Trans Male ☐Trans Female ☐Other *(specify)*

_____

Racial/Ethnic Identity : *(check all that apply)*

☐☐African Descent (African American, Black, Caribbean ☐☐Middle Eastern or North African☐☐☐☐☐☐☐American Indian or Alaska Native

☐☐Native Hawaiian or Other Pacific Islander ☐☐Asian ☐☐Hispanic or Latino ☐☐White ☐Other *(specify)*

_____

Tribal Affiliation: ☐Yes ☐No **If there is tribal affiliation, please list the tribe(s):**_____

McKinney Vento *(homelessness) :* ☐Yes ☐No **Foster Care or Social Services:** ☐Yes ☐No ☐

SCHOOL INFORMATION

School (and campus) Name:_____

Homeroom Teacher:_____**Grade (Fall 2026)**_____

Does the member receive additional support in school/community? (*Check all that apply below.)*

☐☐No services ☐☐IEP ☐☐504 (accommodations) ☐☐☐☐☐speech coach ☐☐physical or occupational therapy

☐☐meets with school or private counselor ☐☐Other (*specify)* _____

MEMBER MEDICAL AND HEALTH INFORMATION

Food Allergies: ☐☐ALL nuts ☐☐Peanuts ☐☐Tree nuts ☐☐Soy ☐☐Shellfish/Seafood
Check all that apply.
☐☐Gluten ☐☐Eggs ☐☐Dairy/Lactose ☐☐Other *(specify)*_____

Medicine Allergies: ☐☐Penicillin ☐☐Amoxicillin ☐☐Acetaminophen (Tylenol) ☐☐Aspirin ☐☐Other *(specify)*_____
Check all that apply.

Environmental Allergies: ☐☐Bee stings ☐☐Pollen ☐☐Dust ☐☐Mold ☐☐Grass ☐☐Other *(specify)*_____
Check all that apply.

Other Allergies: ☐☐Perfumes/Colognes ☐☐Latex ☐Lotions (including sunscreen) ☐☐Other *(specify)*_____
Check all that apply.

Diagnosed Medical Conditions: ☐☐Asthma ☐☐Diabetes ☐☐Autism ☐☐Hearing impairment
Check all that apply.
☐ ☐ ☐ ☐ ☐☐Blindness ☐☐Seizures ☐☐ADD/ADHA ☐☐Oppositional Defiance Disorder
☐ ☐ ☐ ☐ ☐☐Other *(specify)*_____

Member's Medications (*Check all that apply.)* ☐☐No medicine ☐☐Inhaler ☐☐Epipen ☐☐Insulin
☐Other (*please list all other medications)*_____

Will the member need medication while at the Club? ☐☐Yes ☐☐No **If so, which medication(s)?**_____

Please note that the staff of the Boys & Girls Clubs MUST administer medication to members while at the Club.

Additional Medical and Health Information: Please list any additional physical, mental, emotional or medical conditions or limitations of the member that may require accommodation, and discuss them with the Branch Director upon submitting your application.

_____
_____
_____

Boys & Girls Clubs of Greater Washington is committed to providing youth an opportunity for full and equal enjoyment of the Club experience. Our goal is to learn as much as possible about our members to make any reasonable accommodation or support to ensure their success at the Club. **Please provide the following insurance information.** ☐No Insurance/Self-Pay ☐Medicaid ☐Medicare ☐ Regular

Insurance Carrier _____ *Group Number*_____ *Policy Number*_____

EMERGENCY CONTACT INFORMATION

Identify two (2) individuals who can be contacted in case of emergency. These individuals should be different from parents/guardians listed above.

Emergency Contact 1

Relationship to Member: ☐Parent/Caregiver ☐Step-parent ☐Sibling ☐Cousin ☐Aunt/Uncle ☐Grandparent ☐Family friend ☐Other*(specify)*_____

First Name: _____

Last Name:_____

Cell Phone: _____

Additional Phone:_____

Is this person authorized to pick up member from the Club? ☐*Yes* ☐☐*No*

Emergency Contact 2

Relationship to Member: ☐Parent/Caregiver ☐Step-parent ☐Sibling ☐Cousin ☐Aunt/Uncle ☐Grandparent ☐Family friend ☐Other*(specify)*_____

First Name: _____

Last Name:_____

Cell Phone: _____

Additional Phone:_____

Is this person authorized to pick up member from the Club? ☐*Yes* ☐☐*No*

ADDITIONAL INDIVIDUALS AUTHORIZED TO PICK UP MEMBER

List other adults who are authorized to pick up the member from the Boys & Girls Club.

1._____ 2._____ 3._____

HOUSEHOLD COMPOSITION

How many children live in the household (including this member)?_____ **How many adults live in the household?_____**

☐☐☐☐**SINGLE ADULT HOUSEHOLD** *Who is the adult in the household?*	☐Mother Only ☐Father Only ☐Grandparent ☐Other Relative	☐Legal Guardian ☐Foster Care ☐Joint Custody *(member spends time at multiple houses)* ☐Other*(specify)*_____
☐☐☐☐**TWO/MULTIPLE ADULT HOUSEHOLD** *Who are the adults in the household?*	☐Parents ☐Grandparents ☐Other Relatives ☐Legal Guardian(s)	☐Parent + Other Adult ☐Foster Care ☐Joint Custody *(member spends time at multiple houses)*☐ ☐Other*(specify)*_____

☐☐☐☐**SELF** (teen must demonstrate they are 18 or legally emancipated)

HOUSEHOLD DEMOGRAPHICS AND SUPPORT

Your responses below are kept CONFIDENTIAL. This information is reported to our funders and is used to seek financial support for our daily operations. All information is required for membership. Thank you for your cooperation.

Primary language spoken at home? ☐☐English ☐☐ French ☐☐Chinese/Mandarin ☐☐Arabic ☐☐Spanish ☐☐Other *(specify)* _____

Military Family? ☐☐Yes ☐☐No ***If yes, please list branch, status and military ID number.***

_____

School Lunch? ☐☐Not eligible ☐☐ Free ☐☐Reduced ☐☐Entire school is free

Housing Type? ☐☐Permanent (Own/rent) ☐☐ Public Housing ☐☐Group Home ☐☐Foster Home

Please indicate your total gross household income by placing a checkmark in the appropriate box.

☐☐ $0--$10,000	☐ $30,001--$35,000	☐ $55,001--$60,000	☐ $80,001--$85,000	☐ $105,001--$110,000	☐ $130,001--$135,000	☐ $155,001--$160,000	☐☐ $180,001--$185,000
☐☐ $10,001--$15,000	☐ $35,001--$40,000	☐ $60,001--$65,000	☐ $85,001--$90,000	☐ $110,001--$115,000	☐ $135,001--$140,000	☐ $160,001--$165,000	☐☐ $185,001--$190,000
☐☐ $15,001--$20,000	☐ $40,001--$45,000	☐ $65,001--$70,000	☐ $90,001--$95,000	☐ $115,001--$120,000	☐ $140,001--$145,000	☐☐ $165,001--$170,000	☐☐ $190,001--$195,000
☐☐ $20,001--$25,000	☐ $45,001--$50,000	☐ $70,001--$75,000	☐ $95,001--$100,000	☐ $120,001--$125,000	☐ $145,001--$150,000	☐☐ $170,001--$175,000	☐☐ $195,001--$200,000
☐☐ $25,001--$30,000	☐ $50,001--$55,000	☐ $75,001--$80,000	☐ $100,001--$105,000	☐ $125,001--$130,000	☐ $150,001--$155,000	☐ $175,001--$180,000	☐☐ $200,001+

Please check any of the following government assistance received in the household. (Check all that apply.)

☐☐☐☐☐☐☐None	☐☐☐☐☐☐☐Government issued vouchers for Childcare Assistance
☐☐☐☐☐☐☐TANF (temporary assistance for needy families)	☐☐☐☐☐☐☐Food stamps/SNAP (supplemental nutrition assistance program)☐☐☐☐☐☐☐
☐☐☐☐☐☐☐Housing Assistance (section 7, section 8)☐☐☐☐☐☐☐☐	☐☐Other☐

Boys & Girls Clubs of Greater Washington does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, socioeconomic status, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services to members. BGCGW is committed to providing an inclusive and welcoming environment for all members, staff, parents, volunteers and other stakeholders.

DATA COLLECTION & DATA SHARING

I give my permission to Boys & Girls Clubs of Greater Washington (BGCGW) to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members. I understand that BGCGW may share individualized stories about the impact of the Club with identifying information. If it is necessary, identifying information will be suppressed and names may be changed to protect anonymity. I acknowledge that additional waivers may be needed and more data collected throughout the year for specific stakeholders and funders. I also understand that any materials made possible by and/or at BGCGW are solely the property of the Boys & Girls Clubs of Greater Washington. This includes, but is not limited to, recordings, artwork, photographs, written documents and electronic devices. This release may be revoked at any time by contacting BGCGW in writing.	☐☐Yes ☐☐No
I give my permission to BGCGW to share information about the child listed on this application with BGCA, funders and community stakeholders for research purposes and/or to evaluate the program's effectiveness. Information disclosed to BGCA, funders and stakeholders may include the information provided on this membership application form, information provided by the child's school or school district, and other information collected by BGCGW , including data collected via surveys, questionnaires and/or focus groups. All information provided to BGCA will be kept confidential. This release may be revoked at any time by contacting BGCGW in writing.	☐☐Yes ☐☐No

I give my permission to BGCGW to access my child's school records including, but not limited to, attendance records, grades, and test scores for the purposes of reporting to stakeholders and outcome measurement.	☐☐Yes ☐☐No

MEDICAL TREATMENT

I give permission to BGCGW to seek emergency medical treatment for my minor child while in the care of the Club if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment. I also understand it is my responsibility to disclose allergies, medications, and conditions that may affect their experience at the Club. BGCGW agrees to notify me whenever the child becomes ill, and arrangements will be made to have the member picked up as soon as possible if necessary.	☐☐Yes ☐☐No

TECHNOLOGY

As a member of BGCGW my child may have access to the Internet. While the Boys & Girls Club has rules prohibiting such conduct and precautions are taken by the Club to prevent such access, it is possible my child may access inappropriate sites. BGCGW will not be responsible for such unauthorized access.	☐☐Yes ☐☐No

PRESS & MEDIA RELEASE

I give permission for my child's name, picture, video image, or any other graphic depiction or likeness to be used by BGCGW, BGCA and its affiliates or donors and acknowledge neither my child nor I will receive payment for same. I also understand that additional waivers may be required for use of my child's name, picture, video image or any other graphic depiction or likeness used by third parties that may be affiliated with BGCGW.	☐☐Yes ☐☐No

TRANSPORTATION

Parents and members are responsible for their daily transportation to and from the Club unless specific transportation contracts have been arranged. I understand that all field trips outside of the building will require my consent on an additional permission slip.	☐☐Yes ☐☐No

MISCELLANEOUS

I understand that BGCGW is not responsible for lost or stolen items.	☐☐Yes ☐☐No
I understand each Club of BGCGW has the right to make membership decisions based on the resources and capacity of their facility and staff. BGCGW reserves the right to decline the application, rescind the enrollment of, or suspend any youth that cannot successfully associate with other Club members.	☐☐Yes ☐☐No
I understand that while at BGCGW my child may interact with community and corporate volunteers. I also understand that these volunteers have been deemed safe to work with children, and it is also my understanding that volunteers will not be left unsupervised while working with Club members.	☐☐Yes ☐☐No
I understand my child is able to leave the Club when a parent, guardian or authorized adults come and pick them up. My child may walk from the Club according to the BGCGW *Come and Go* policy *t*hat must be signed and submitted to Club staff.	☐☐Yes ☐☐No
I, the undersigned, in consideration of participation in BGCGW listed above, agree to indemnify and hold harmless the School District and/or BGCGW and release the District and BGCGW and its employees and agents from and all liability for any injury or loss which may be suffered by the above named individual(s) arising out of or in any way connected with participation in the above program(s).	☐☐Yes ☐☐No

I, the parent/guardian of the minor child listed on this application, on behalf of the minor child listed herein and for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Greater Washington and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

Your signature confirms all information above is true and accurate.

Member Name _____Caregiver Printed Name _____
Caregiver Signature_____ _____ Date_____