



# Salesian Boys & Girls Club of East Boston

150 Byron Street, East Boston MA 02128

617-567-6626

www.salesianclub.com



## After-School Program Membership Application Membership Fee \$20.00

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

GENDER \_\_\_\_\_ ETHNIC BACKGROUND \_\_\_\_\_ SCHOOL ATTENDING \_\_\_\_\_ GRADE \_\_\_\_\_

Emergency Contacts (in priority order...):		Please indicate whether Home/Work/ or Cell Phone:	
1. _____ NAME	RELATIONSHIP _____	PHONE NUMBER _____	H/W/C
2. _____ NAME	RELATIONSHIP _____	PHONE NUMBER _____	H/W/C
3. _____ NAME	RELATIONSHIP _____	PHONE NUMBER _____	H/W/C

PARENTS' NAMES \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

- RULES OF THE CLUB:**
1. No swearing or bad language.
  2. Keep your hands to yourself.
  3. Respect others and their belongings.
  4. Follow the Staff's directions.
  5. Choose an activity on the schedule.
  6. No drugs, alcohol or tobacco products.

I have read and understand the rules of the Salesian Boys & Girls Club and wish to be a member. I promise to be a loyal, active and trustworthy member, and I will always respect those in charge. I will take good care of the facilities and property. I realize that membership is a privilege and can be revoked for failure to observe these rules. If I am suspended or expelled, I will hand in my card and not expect any dues to be refunded.

\_\_\_\_\_  
CLUB MEMBER SIGNATURE

In the event that reasonable attempts to contact me at the above numbers are unsuccessful, I hereby give my consent for the administration of any medical or dental treatment on the above child deemed necessary by the Salesian Boys & Girls Club ("the Club") or by any medical personnel of the Club's choosing.

I agree that my child's photograph, if it should appear in any bulletins, promotional brochures, videos or any electronic media, may be used without any further authorization, or any reimbursement to me or my child from the Club. I further agree not to hold the Club liable for any medical bills or injuries that my child may incur at the Club or any Club-sponsored functions.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

PAID? \_\_\_\_\_ MEMBER # \_\_\_\_\_ Alternate Pick ups 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_