

**FOR OFFICE USE ONLY:**

Date Received: _____
 Processed By: _____
 Amount Paid: _____
 ___ Cash ___ Check ___ Credit Card
 Member #: _____

MEMBERSHIP REGISTRATION FORM

MEMBER INFORMATION		Member # _____
Child's Name: _____ Status: <input type="checkbox"/> New Member <input type="checkbox"/> Renewing Member		
Gender: <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth: ____/____/____ Age: _____ Grade Level: _____		
Home Address: _____		
Village: _____ Home Phone: _____		
Cell Phone: _____ Email: _____		
Sibling(s) Attending Club: _____ School Attending: _____		
Parent/Guardian Information		
Name: _____	Name: _____	
Home Phone: _____	Home Phone: _____	
Cell Phone: _____	Cell Phone: _____	
Work Phone: _____	Work Phone: _____	
Place of Work: _____	Place of Work: _____	
Email: _____	Email: _____	
Relationship to Member: _____	Relationship to Member: _____	
Member lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparents		
<input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Brothers: How Many? _____ <input type="checkbox"/> Sisters: How Many? _____		
EMERGENCY CONTACTS		
Emergency Contact #1 Name: _____		
Phone: _____	Alt. Phone: _____	Relationship to Member: _____
Emergency Contact #1 Name: _____		
Phone: _____	Alt. Phone: _____	Relationship to Member: _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

- List any allergies, including food allergies: (If none, write none)

- Does your child have asthma? [] YES [] NO
- If yes, is it exercise induced? [] YES [] NO Will you bring an inhaler to the Club? [] YES [] NO

Please list any additional medical information about your child below:

I authorize the Boys & Girls Clubs of American Samoa employees who are trained in the basics of First Aid & CPR to give my child First Aid when appropriate & I give permission to the Boys & Girls Clubs of American Samoa to seek emergency medical care for my child if I cannot be reached. I will be responsible for any and all costs of medical attention & treatment.

Parent/Guardian Signature: _____

TRANSPORTATION PLAN

My child has permission to leave the Club by: Parent/Guardian Pick-up Unsupervised Walk

Other Adult(s) Authorized to Pick-up Child Personally owned vehicle (Member will drive themselves)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

- Any changes to this plan must be stated in writing and maintained in the child's file or the above plan must be implemented. Verbal or written permission and picture ID are required for anyone not included on the list above.
- Parents and Club members are responsible for their own transportation to and from the Club.
- As a drop-in facility, the Boys & Girls Clubs of American Samoa is not responsible for the Club Members' whereabouts.
- **There is a \$10 fee for each 15 minutes that your child is left at the Club after the hours of**

DEMOGRAPHIC INFORMATION

*Demographic data is collected for grant funding purposes only and helps to keep Club membership affordable to all.
Your responses will remain confidential*

of People in Household: _____ Estimated Annual Household Income: _____

Member's Ethnic/Racial Origin: Caucasian African American Hispanic Native American

Pacific Islander (specify): _____ Asian Multi-racial

Primary Language Spoken in Home: _____ Single Parent Household? Yes No

Public Housing? Yes No Military Family? Yes No (Branch: _____)

Member's School Lunch Program: Free Lunch Reduced Lunch None Don't Know

Assistance Programs: Food Stamps Child Care Program SSI SSDI Other _____

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PARENT/GUARDIAN RELEASE

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and fully discharge the Boys & Girls Clubs of American Samoa and the 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 the use of facilities owned or controlled by the above organizations, or participation in the activities of said organizations either at or away from the Club. I understand that, as a Member of the Boys & Girls Club, my child will have access to the internet. While precautions are taken by the Club, it is possible that s/he may access sites inappropriate for him/her. I will not hold the Boys & Girls Clubs of American Samoa or their staff, directors, or volunteers responsible for the consequences of any such access by my child. I understand that the Boys & Girls Clubs of American Samoa is not, nor claims to be, a licensed day care center. I understand that I will be financially liable for any intentional damage or vandalism to the Club caused by my child.

My child has permission to leave the building with staff on field trips Yes No

My child's name and/or photo may be used in Club public relations materials Yes No

My child may be surveyed about his/her experiences, behaviors, skills and attitudes Yes No

The Club may exchange information regarding my child with his/her school Yes No

I hereby give permission for my child to become a Member of the Boys & Girls Clubs of American Samoa.

Parent/Guardian Signature: _____

Print Name: _____ **Date:** _____

Please Note: Membership and program fees are non-refundable. Exceptions may be granted if the Member becomes unable to participate in Club activities due to serious illness or injury. In such cases, a valid doctor's note will be required as documentation.

Contact for information:

(684) 699-2222

(684) 699-2225

General Inquiriesinfo@bgcamericansamoa.org

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Pago Pago, American Samoa 96799

Phone: (684)699-2222/2225

Email: info@bgcamericansamoa.org**Hours of Operation:**

9:00 A.M. – 6:00 P.M. (Monday – Friday)
Closed on Holidays