

# Membership Information Form

Asbury Park  
1201 Monroe Ave  
Asbury Park, NJ 07712

P: (732) 775-7862

**Confidentiality:** Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted with an asterisks(\*)

## Head of Household (Please Print)

First Name:\*

Last Name:\*

Gender:\*

 Male  Female

Family Income:

<input type="checkbox"/>	<\$5,000.00
<input type="checkbox"/>	\$5,000.00 - \$10,000.00
<input type="checkbox"/>	\$10,000.00 - \$15,000.00
<input type="checkbox"/>	\$15,000.00 - \$20,000.00
<input type="checkbox"/>	\$20,000.00 - \$30,000.00
<input type="checkbox"/>	\$30,000.00 - \$40,000.00
<input type="checkbox"/>	\$40,000.00 - \$50,000.00
<input type="checkbox"/>	>\$50,000.00

Address:

(Line 1)

(Line 2)

(City)

(State)

(Zip Code)

Address Type:

 Home Work  \_\_\_\_\_

Phone Number:\*

( ) -

( ) -

Phone Type:\*

 Home  Work  \_\_\_\_\_ Home  Work  \_\_\_\_\_

Family Size:

E-Mail Address:

E-Mail Type:

 Home  Work  \_\_\_\_\_

## Parents / Guardian (Please Print)

First Name:

Last Name:

Gender:

 Male  Female

Address:

(Line 1)

(Line 2)

(City)

(State)

(Zip Code)

Address Type:

 Home Work  \_\_\_\_\_

Phone Number:

( ) -

( ) -

Phone Type:

 Home  Work  \_\_\_\_\_ Home  Work  \_\_\_\_\_

E-Mail Address:

E-Mail Type:

 Home  Work  \_\_\_\_\_

## Member Information (Please Print)

First Name:\*

Middle Name:

Last Name:\*

Nick Name:

Birth Date:\*

Gender:\*

 Male  
 Female

Ethnicity:\*

 African American     Asian     Bi-Racial     Caucasian  
 Haitian     Hispanic     Multi-Racial     Other  
 Pacific Islander

Membership Type:\*

 Child Care  
 General  
 Summer  
 Teens

School:\*

Grade:\*

Household Type:

 Both     Grandparent     Legal Guardian  
 Single

Family Setting:

 lives with dad  
 lives with grandparent(s)  
 lives with guardian  
 lives with mom  
 lives with mom and dad

Referring Organization:

 DCPD     Friend

Check all that Apply:

 TANF  
 Food Stamps  
 General Assistance  
 SSDI  
 SSI  
 Veterans Compensation  
 Day Care Voucher  
 School Lunch  
 Medicaid

Address:\*

 (Line 1)  
 (Line 2)  
 (City)     (State)

Address Type:\*

 Home  
 Work     \_\_\_\_\_  
 (Zip Code)

Phone Number:\*

 ( )     -    

Phone Type:\*

 Home     Work     \_\_\_\_\_

E-Mail Address:

E-Mail Type:

 Home     Work     \_\_\_\_\_

**Member Medical Information ( Please Print )**

Insurance Company:

Insurance Policy Number:

Medications:

Medical Problems/Allergies:

Physician:

Physician Phone:

Disabilities:

Hospital:

Hospital Phone:

**Pick Up Information ( Please Print )**

**Two people authorized to pick up member -**

1.) First Name:

Last Name:



 Home  Work

 Acquaintance  
 \_\_\_\_\_

 Emergency Contact  
 Primary Emergency Contact  
 Lives With Member

2.) First Name:

Last Name:



 Home  Work

 Acquaintance  
 \_\_\_\_\_

 Emergency Contact  
 Primary Emergency Contact  
 Lives With Member

The Asbury Park also uses the following fields to learn more about your child. Please check one item from each group below.

adolescentes \$10.00: \_\_\_ No  
 \_\_\_ Si

caminando a casa: \_\_\_ No  
 \_\_\_ Si

Child Care Resources: \_\_\_ No  
 \_\_\_ Yes

Dr diagnosed asthma?: \_\_\_ No  
 \_\_\_ Yes

Facebook: \_\_\_ No  
 \_\_\_ Username/Email Address:

General \$20.00: \_\_\_ No  
 \_\_\_ Yes

Teens \$10.00: \_\_\_ No  
 \_\_\_ Yes

W2 Submitted: \_\_\_ No  
 \_\_\_ Yes

w2 presentado: \_\_\_ No  
 \_\_\_ Si

Walk Home: \_\_\_ No  
 \_\_\_ Yes

I have read the completed application, understand the rules of the Asbury Park and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Asbury Park will not be responsible for any accident to the boy/girl while on the Asbury Park premises or while engaged in any of its activities away from the Asbury Park. I give my consent for photographs, in which my son/daughter may appear, to be used in any way the Asbury Park may care to use them.

Parent or Guardian Signature

Member's Signature

Date



**BOYS & GIRLS CLUBS  
OF MONMOUTH COUNTY**

If you would like your child to participate in field trips during the 2014-2015 programming year, please complete and sign the following statement of consent and acknowledgement. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named member.

I hereby certify that my child \_\_\_\_\_ has my permission to participate in all field trips for activities outside of the Boys and Girls Clubs of Monmouth County, Asbury Park Unit during the 2014-2015 Program Year. To the best of my knowledge he/she is physically fit to engage in such activity and is not suffering from any disease or injury.

I agree and do hereby waive and release all claims against the Boys and Girls Club of Monmouth County, Asbury Park Unit and any of its employees and agree to hold harmless from any and all liability relating to my son or daughter for any personal injury or illness that may be suffered or any loss of property that may occur to my son/ daughter that is not due negligence by a Boys and Girls Club representative (ie employee or chaperone).

I understand that the Boys and Girls Clubs of Monmouth County uses a 25 passenger bus to transport the students. All drivers are in good standing with the Division of Motor Vehicles.

\_\_\_\_\_ YES, my child has permission to participate in any and all trips

It is understood that my child is expected to behave in a safe and respectful manner while on trips. This includes respecting the staff, bus and each other. Failure to do so may result in termination of trip privileges or suspension from the Club. My child will not be allowed to participate in this activity until a parent or guardian signs this form. If the permission form is not returned by the above date your child will not be able to attend any outside field trips during the spring break. The boys and girls club will no longer accept verbal permission on the day of the trip.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Please Initial one of the following...**

\_\_\_\_\_ By initialing this box I agree that my child, as a REGULAR CLUB MEMBER, (not child care), has permission to leave the building at will. Upon him/her doing so the Boys & Girls Club of Monmouth County is not responsible for his/ her actions outside of the Club.

\_\_\_\_\_ By initialing this box I request that my child remain in the building until the end of the Boys & Girls Club Program Day unless otherwise instructed by his/ her parent guardian.

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**CONSENT and RELEASE FOR USE OF LIKENESS**

By signing below, I grant Horizon Healthcare Services, Inc. doing business as Horizon Blue Cross Blue Shield of New Jersey, and its subsidiaries, affiliates, and successors (collectively, "Horizon") and Boys & Girls Clubs in New Jersey ("BGCNJ"), the right to use my name, likeness, voice and personal testimonials as captured on video, picture, portrait, and any images, audiotapes, videotapes, and/or interviews of me taken or recorded (included edited version thereof) (the "Recorded Materials") in any manner for the purpose of education, training, advertising, trade, or any other lawful purpose whatsoever, in print or electronic form and in any media now known or ever developed.

I grant and assign to Horizon and BGCNJ all right, title and interest in and to the Recorded Materials, including, without limitation, copyright. I confirm that I have the right to enter into this Agreement and that neither Horizon nor BGCNJ has an obligation to pay me for the Recorded Materials. I waive all my rights to review and approve the finished product as used by Horizon and/or BGCNJ and I understand that Horizon and BGCNJ are not obligated to use any of the Recorded Materials.

**I release and agree to hold harmless Horizon and BGCNJ, and anyone acting under Horizon's and BGCNJ's permission, from any liability (including, without limitation, claims for invasion of privacy or right of publicity) for any injury that may occur to me in connection with the Recorded Materials or for Horizon's or BGCNJ's exercise of its rights granted under this Agreement, except for liability for being intentionally cast in a bad light.**

This Agreement represents my entire understanding with Horizon and BGCNJ. I have read this Agreement prior to signing it, and I understand its contents. This Agreement may not be amended unless Horizon, BGCNJ and I agree in writing. This Agreement is governed by and construed under the laws of the State of New Jersey (excluding its conflicts of laws principles).

If this is a consent and release for a minor, I warrant that I am the legal guardian of the minor named below and have every right to contract for him/her in the above regard.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Minor Name (If under 18)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature