



**Please note:** Failure to completely fill out this form can result in your child not being admitted as a member of the Boys & Girls Club of Greater Lowell. All fields are required to be completed.

Member Information	
First Name:	Last Name:
Date of Birth:	Age:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Male <input type="checkbox"/> Trans Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Gender Fluid <input type="checkbox"/> Choose Not to Answer	
Parent Name:	
Parent Email:	
Parent Phone:	
Address:	
City, State, Zip Code:	

Secondary Parent and Emergency Contact Information	
Parent/Guardian Name: _____	Emergency Contact Name: _____
Relationship to Member: _____	Relationship to Member: _____
Parent/Guardian Email: _____	Emergency Contact Phone: _____
Parent/Guardian Phone: _____	Emergency Contact Email: _____
Parent/Guardian Employer: _____	Emergency Contact Address: _____
Parent/Guardian Occupation: _____	_____
Employer Phone: _____	Emergency Contact Employer: _____
	Employer Phone: _____



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Is the emergency contact able to pick up this member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the emergency contact able to pick up this member? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please note: The emergency contact **MUST** be someone **OTHER** than the primary parent/guardian.

**School Information**

Grade Level:	Did your child advance to the next grade on time? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Will your child be taking the bus from school to the Club?  Yes  No

If you selected yes, please select the schools that are currently providing transportation to the club:

<input type="checkbox"/> Bailey (Elementary Only) <input type="checkbox"/> Daley <input type="checkbox"/> Lincoln <input type="checkbox"/> Pawtucketville <input type="checkbox"/> Robinson <input type="checkbox"/> Morey	<input type="checkbox"/> Moody <input type="checkbox"/> Wang <input type="checkbox"/> Rogers <input type="checkbox"/> Murkland <input type="checkbox"/> Pyne Arts <input type="checkbox"/> McAvinnue
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For more information about transportation to the Club, please contact your child's school or Lowell Public Schools Office of Transportation.

Transportation Director: John Descoteaux  
978-674-4333

Please indicate if your child receives any additional support in school or in the community?

<input type="checkbox"/> Individualized Education Plan (IEP) <input type="checkbox"/> 504 (Accommodations) <input type="checkbox"/> Speech Coach	<input type="checkbox"/> Meets with School Counselor <input type="checkbox"/> Meets with Private Counselor  Other: _____
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If you did check off any of the boxes above, please contact the Membership Department through our email: [membership@lbgc.org](mailto:membership@lbgc.org) or [nathalia.rodriques@lbgc.org](mailto:nathalia.rodriques@lbgc.org).



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### Medical Information

Insurance Provider: \_\_\_\_\_

Primary Insurance Carrier: \_\_\_\_\_

Primary Doctor's Name: \_\_\_\_\_

Primary Doctor's Contact: \_\_\_\_\_

Preferred Emergency Hospital: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Dentist Contact: \_\_\_\_\_

### Please indicate if your child have any allergies to the following:

<p>Food:</p> <p><input type="checkbox"/> Peanuts</p> <p><input type="checkbox"/> Dairy/Lactose</p> <p><input type="checkbox"/> Seafood/Shellfish</p> <p>Other: _____</p> <p>Environmental Allergies:</p> <p><input type="checkbox"/> Bee Stings</p> <p><input type="checkbox"/> Pollen</p> <p><input type="checkbox"/> Dust</p> <p><input type="checkbox"/> Mold</p> <p>Other: _____</p>	<p>Medicine Allergies:</p> <p><input type="checkbox"/> Penicillin</p> <p><input type="checkbox"/> Aspirin</p> <p><input type="checkbox"/> Amoxicillin</p> <p>Other: _____</p> <p>Other:</p> <p><input type="checkbox"/> Lotion</p> <p><input type="checkbox"/> Perfumes/Colognes</p> <p>Other: _____</p>
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### Please indicate if your child needs extra support or if your child has any of following diagnoses:

<p>Emotional:</p> <p><input type="checkbox"/> Transitioning from one activity/group to another.</p> <p><input type="checkbox"/> Managing overstimulation (ex. lights or noise).</p> <p><input type="checkbox"/> Following directions.</p> <p><input type="checkbox"/> Making and keeping friendships.</p> <p><input type="checkbox"/> Managing an experience in a large</p>	<p><input type="checkbox"/> Autism</p> <p><input type="checkbox"/> ADHD</p> <p><input type="checkbox"/> Generalized Anxiety</p> <p><input type="checkbox"/> Depression</p> <p><input type="checkbox"/> ADD</p> <p><input type="checkbox"/> PTSD</p> <p>Other: _____</p>
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group. <input type="checkbox"/> Controlling anger or other feelings. <input type="checkbox"/> Asking for help. Other: _____	
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**APPENDIX C**

**SELF DECLARATION OF INCOME REPORT / FY2022-23**

*(Effective June 15, 2023)*

*Federal regulations require we obtain this information to document grant assistance is being provided to low and moderate-income households. The Participant/Guardian should complete this form indicating all persons residing within their household, regardless of whether or not they are related. The Sub-Recipient (Grantee) should retain this form for monthly reporting requirements, as well as on-site monitoring visits.*

**INFORMATION PROVIDED ON THIS FORM IS KEPT CONFIDENTIAL AND IS NOT SHARED WITH ANY OTHER AGENCIES PLEASE NOTE: ALL FOUR SECTIONS OF THIS FORM MUST BE COMPLETED**

**PARTICIPANT INFORMATION**

1. **PARTICIPANT STATUS (Please circle one):** *FAMILY* or *INDIVIDUAL*

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

2. **ETHNICITY (Please circle only one):** *Hispanic/Latino* or *Not Hispanic/Latino*

3. **RACE (Please circle only one):**

White American Indian/Alaskan Native **and** White

Black/African American Asian **and** White

Asian Black/African American **and** White

American Indian/Alaska Native American Indian/Alaskan Native **and** Black/African American

Native Hawaiian/Other Pacific Islander Other Multi-Racial: \_\_\_\_\_

4. **HOUSEHOLD INFORMATION:**

1) Circle the number of persons living in your household (family and non-family members).

2) Circle the corresponding income level. Note: Income level does not need to be on the same row as the number of people – it should reflect the accurate yearly income. (FY2023 Median Family Income - \$132,400)

Household Size	#1 (0% - 30%)	#2 (31% - 50%)	#3 (51% - 80%)	#4 (81% and above)
1	\$0 - \$27,800	\$27,801 - \$46,350	\$46,351 - \$ 66,300	\$ 66,300 +



**BOYS & GIRLS CLUB**  
OF GREATER LOWELL

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2		\$0 - \$31,800	\$31,801 - \$53,000	\$53,001 - \$ 75,750	\$ 75,750 +
3		\$0 - \$35,750	\$35,751 - \$59,600	\$59,601 - \$ 85,200	\$ 85,200 +
4		\$0 - \$39,700	\$39,701 - \$66,200	\$66,201 - \$ 94,650	\$ 94,650 +
5		\$0 - \$42,900	\$42,901 - \$71,500	\$71,501 - \$102,250	\$102,250 +
6		\$0 - \$46,100	\$46,101 - \$76,800	\$76,801 - \$109,800	\$109,800 +
7		\$0 - \$49,250	\$49,251 - \$82,100	\$82,101 - \$117,400	\$117,400 +
8		\$0 - \$52,450	\$52,451 - \$87,400	\$87,401 - \$124,950	\$124,950 +

I certify the above information is true and accurate to the best of my knowledge.

Participant/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*(Original signature is required)*



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**Demographic Information:** All information provided will remain confidential. This information is used for funding purposes to keep costs affordable.

<p><b>Ethnicity:</b> (check all that apply)</p> <p><input type="checkbox"/> American Indian or Alaska Native  <input type="checkbox"/> Asian  <input type="checkbox"/> Black or African American  <input type="checkbox"/> Brazilian  <input type="checkbox"/> Haitian  <input type="checkbox"/> Hispanic or Latino  <input type="checkbox"/> Middle Eastern or North African  <input type="checkbox"/> Native Hawaiian or Pacific Islander  <input type="checkbox"/> White  <input type="checkbox"/> Bi-racial  <input type="checkbox"/> Multi-racial  <input type="checkbox"/> Other _____  <input type="checkbox"/> Choose not to answer</p>	<p><b>*Members live with...</b> (check all that apply)</p> <p><input type="checkbox"/> Father  <input type="checkbox"/> Mother  <input type="checkbox"/> Step Father  <input type="checkbox"/> Step Mother  <input type="checkbox"/> Aunt  <input type="checkbox"/> Uncle  <input type="checkbox"/> Grandparent/s  <input type="checkbox"/> Foster Parents  <input type="checkbox"/> Other _____</p>	<p><b>*Total # of People in Household:</b> (check one)</p> <p><input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5  <input type="checkbox"/> 6  <input type="checkbox"/> 7  <input type="checkbox"/> 8 or more</p>	<p><b>*Assistance Programs:</b> (check all that apply)</p> <p><input type="checkbox"/> None  <input type="checkbox"/> Child Care Assistance  <input type="checkbox"/> Food Stamps/SNAP  <input type="checkbox"/> Medicaid  <input type="checkbox"/> Medicare  <input type="checkbox"/> Social Security  <input type="checkbox"/> SSI (Social security income)  <input type="checkbox"/> SSDI (Social security Disability income)  <input type="checkbox"/> WIC (Women, Infants, and Children)  <input type="checkbox"/> TANF (Temporary Assistance for Needy Families)  <input type="checkbox"/> Veterans Compensation  <input type="checkbox"/> Housing (Section 7, Section 8, etc)  <input type="checkbox"/> Mass Housing  <input type="checkbox"/> Other _____  <input type="checkbox"/> Choose not to answer</p>	<p><b>*School Lunch Program:</b> (check one)</p> <p><input type="checkbox"/> Free  <input type="checkbox"/> Reduced  <input type="checkbox"/> Unknown  <input type="checkbox"/> Not Applicable</p> <hr/> <p><b>*Child of military and does not live on base?</b> (Check one)</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>
<p><b>*Primary language Spoken at home:</b> (check one)</p> <p><input type="checkbox"/> English  <input type="checkbox"/> Haitian Creole  <input type="checkbox"/> Khmer  <input type="checkbox"/> Portuguese  <input type="checkbox"/> Spanish  <input type="checkbox"/> Swahili  <input type="checkbox"/> Vietnamese  <input type="checkbox"/> Other _____</p> <p><b>Foster Child</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	<p><b>*Single Parent Household?</b> (check that apply to you)</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No          *****</p> <p><input type="checkbox"/> Single  <input type="checkbox"/> Married  <input type="checkbox"/> Widow/er  <input type="checkbox"/> Divorced  <input type="checkbox"/> Separated  <input type="checkbox"/> Other _____</p>	<p><b>*Household Annual Income:</b></p> <p>\$ _____          _____</p>	<p><b>*Housing:</b></p> <p><input type="checkbox"/> Permanent (Own, rent, etc)  <input type="checkbox"/> Public Housing  <input type="checkbox"/> Group home  <input type="checkbox"/> Foster home  <input type="checkbox"/> Military Base  <input type="checkbox"/> Transitional housing  <input type="checkbox"/> Homeless  <input type="checkbox"/> Other _____</p> <p><b>*Homeless in the last 12 months?</b></p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b>*Does Member have a history with Juvenile Justice?</b> (Check one)</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>Was child adjudicated?</b></p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>



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**School Information**

I give permission to the Boys & Girls Club of Greater Lowell and my child’s school to exchange information regarding my child. The purpose of the exchange is to help both organizations do a better job of helping my child be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting my child’s school or the Boys & Girls Clubs in writing.

By checking this box, you are giving permission to the Boys & Girls Club of Greater Lowell to attain your child’s school records. (By not checking the box, you are choosing to opt out.)

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**Outcome Tracking**

I give permission for my child to participate in the tracking of BGCGL outcomes/goals, which includes taking surveys, pre/post-tests, participating in focus groups and tracking progress against goals.

By checking this box, you are giving permission to the Boys & Girls Club of Greater Lowell to track your child’s outcome and progress. (By not checking the box, you are choosing to opt out.)

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**Technology**

As a member of the Boys & Girls Club, my child will have access to the internet. While precautions are taken by the Boys & Girls Clubs of Greater Lowell, it is possible that s/he may access sites inappropriate for him/her. The Boys & Girls Clubs will have rules and consequences for such behavior. However, I will not hold the Boys & Girls Clubs of Greater Lowell or their staff, employees, volunteers, or directors responsible for the consequences of any such access by my child.

By checking this box, you are acknowledging and agreeing that the Boys & Girls Club of Greater Lowell cannot be held responsible for the consequences from your child having access to the internet during club hours.

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**Public Relations & Media**

My child has permission to be used in public relation materials for the Boys & Girls Club of Greater Lowell. This may include, but is not limited to, having his/her photo or name in newspapers, newsletters, TV, BGCGL website, YouTube, BGCGL Facebook and Twitter pages).

By checking this box, you are giving permission to the Boys & Girls Club of Greater Lowell to take photographs and videos of your child.

My child has permission to be used in public relations materials of funders and partner organizations or companies that are associated with the Boys & Girls Club of Greater Lowell (includes, but is not limited to having his/her photo or name in newspapers, newsletters, websites, YouTube, Facebook, and Twitter).

By checking this box, you are giving permission to the Boys & Girls Club of Greater Lowell to use your child’s likeness for public relations materials.

**Member Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_



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## **Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue**

**PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING THE BOYS & GIRLS CLUB OF GREATER LOWELL FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE**

### **Assumption of Risk**

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of Boys & Girls Club of Greater Lowell facilities, services, equipment and premises ("Facilities") and any participation in the Boys & Girls Club of Greater Lowell programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

### **Waiver, Release, Indemnification & Covenant Not to Sue**

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Boys & Girls Club of Greater Lowell, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)