

2025 SUMMER MEMBERSHIP APPLICATION

Please note: Failure to completely fill any part of this form can result in your child not being admitted as a member of the Boys and Girls Club of Greater Lowell. All fields are required to be completed. If you have additional questions or would like more information please contact our membership department by emailing Membership@lbgc.org.

2025 Summer Program:

Note that registration and payment **MUST be received by the Thursday of the previous week in order for your child to attend.* Orientation is mandatory for all new members, and **MUST** be completed in order for your child to attend. You may schedule your orientation by calling our Front Desk at 978-458-4526, or emailing membership@lbgc.org. Payments must be paid prior to starting the summer. If you have a balance from the school year it must be paid in full before submitting the summer application. If you are unable to make payments during those times, please contact the membership department by calling at 978-458-4526, or emailing membership@lbgc.org.*

Please fill out the application with black or blue ink pens only.

TEXT US AT 978-866-8410 for Pick-up

CALL US AT 978-866-9391 or

978-458-4526 for Membership Press 1

Address: 657 Middlesex Street, Lowell, MA, 01851

Registration Type	Amount	To be completed by staff	
		Date of Payment	Staff Initials
2024-2025 School Year Registration/Summer Registration Ages 8-18	\$40.00		
Week 1 (June 30th - July 3rd)	\$40.00		
Week 2 (July 7th - July 11th)	\$40.00		
Week 3 (July 14th - July 18th)	\$40.00		
Week 4 (July 21st - July 25th)	\$40.00		
Week 5 (July 28th - August 1st)	\$40.00		
Week 6 (August 4th - August 8th)	\$40.00		
Week 7 (August 11th - August 15th)	\$40.00		
Mass Hire/BGCGL Youth Leader/Peace League	FEE WAIVED		

MEMBER NAME:

STAFF USE ONLY:

Application Received:		Orientation Date:	
My Club Hub Number:		Completion:	
<input type="checkbox"/> BlackBoard	<input type="checkbox"/> ClassDojo	<input type="checkbox"/> Email/Text	<input type="checkbox"/> MCH

PARTICIPATION

For Ages 8-12:

☐ Day Program; 8:00am-5:30pm (\$40.00 per week)

For Ages 13-18:

☐ Teen Day Program; 8:00am-5:30pm (\$40.00 per week)

For Ages 13-18:

☐ Teen Nights 6pm-8pm (\$5.00 per week)

☐ Peace League

MEMBER INFORMATION

First Name:

Last Name:

Date of Birth:

Age:

Address:

Name of School:

City:

Zipcode:

State:

Gender:

- ☐ Female
- ☐ Non-Binary
- ☐ Male
- ☐ Gender Fluid
- ☐ Trans Male
- ☐ Trans Female
- ☐ Other
- ☐ Choose Not to Answer

SCHOOL INFORMATION

Current Grade Level:

Did your child advance to the next grade on time?

- ☐ Yes
- ☐ No

Is your child attending Summer School?

- ☐ Yes
- ☐ No

Name of School: _____

Will your child be taking the school bus from school to the club?

- ☐ Yes
- ☐ No

School Bus Number: _____

Is your child taking an ESL class? (English as a Second Language)

- ☐ Yes
- ☐ No

Is your child allowed to walk home?

- ☐ Yes
- ☐ No

Please indicate if your child needs extra support or if your child has any of the following diagnoses:

- ☐ Autism
- ☐ ADHD
- ☐ Generalized Anxiety
- ☐ Depression
- ☐ ADD
- ☐ PTSD
- ☐ Other _____

Emotional:

- ☐ Transitioning from one activity/group to another
- ☐ Managing overstimulation (ex. lights or noise)
- ☐ Following directions
- ☐ Making and keeping friendships
- ☐ Managing an experience in a large group
- ☐ Controlling anger or other feelings
- ☐ Asking for help
- ☐ Other _____

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

Other:

- ☐ Individualized Education Plan (IEP)
- ☐ 504 (Accommodations)
- ☐ Speech Coach
- ☐ Meets with School Counselor
- ☐ Meets with Private counselor
- ☐ Meets with Clinician
- ☐ Meets with Social Worker
- ☐ Meets with Mentor
- ☐ Meets with Therapist
- ☐ Other _____

*** If your child has an IEP or 504 Plan please bring in an updated copy of the plan with the school year application.**

Name:

- ☐ Mentor
- ☐ Social Worker
- ☐ Clinician
- ☐ Other _____

Email:

Number:

Scheduled Meeting Day & Time:

Additional Information:

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 has any allergies to the following:

IMPORTANT PLEASE PROVIDE DOCTOR'S NOTE FOR ALLERGIES

Food:

- ☐ Peanuts
- ☐ Dairy/Lactose
- ☐ Seafood/Shellfish
- ☐ Other _____

Medicine:

- ☐ Penicillin
- ☐ Aspirin
- ☐ Amoxicillin
- ☐ Other _____

Environmental:

- ☐ Bee Stings
- ☐ Pollen
- ☐ Dust
- ☐ Mold
- ☐ Other _____

Additional Allergies:

- ☐ Lotion
- ☐ Perfumes/Colognes
- ☐ Other _____

Uses:

- ☐ Inhaler
- ☐ Epi-Pen
- ☐ Other _____

Additional Information:

PARENT/GUARDIAN INFORMATION

PRIMARY PARENT/GUARDIAN	SECONDARY PARENT/GUARDIAN (If Applicable)
First Name:	First Name:
Last Name:	Last Name:
Relation to Member:	Relation to Member:
Email:	Email:
Phone:	Phone:
Employer:	Employer:
Employer Phone:	Employer Phone:
Is this contact able to pick up this member? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is this contact able to pick up this member? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMERGENCY CONTACT INFORMATION

PLEASE NOTE: The emergency contact ***MUST*** be someone ***OTHER*** than the primary parent/guardian.

Emergency Contact #1	Emergency Contact #2
First Name:	First Name:
Last Name:	Last Name:
Relation to Member:	Relation to Member:
Email:	Email:
Phone:	Phone:
Address:	Address:
City:	City:
State:	State:
Zip Code:	Zip Code:
Employee:	Employee:
Employer Phone:	Employer Phone:
Is this contact able to pick up this member? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is this contact able to pick up this member? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMERGENCY CONTACT INFORMATION

PLEASE NOTE: The emergency contact ***MUST*** be someone ***OTHER*** than the primary parent/guardian.

Emergency Contact #3	Emergency Contact #4
First Name:	First Name:
Last Name:	Last Name:
Relation to Member:	Relation to Member:
Email:	Email:
Phone:	Phone:
Address:	Address:
City:	City:
State:	State:
Zip Code:	Zip Code:
Employee:	Employee:
Employer Phone:	Employer Phone:
Is this contact able to pick up this member? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is this contact able to pick up this member? <input type="checkbox"/> YES <input type="checkbox"/> NO

DEMOGRAPHIC INFORMATION

All information provided will remain confidential. This information is used for funding purposes only to keep costs affordable.

Ethnicity: (Check all that apply) <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	Members live with... (check all that apply) <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"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Cousin <input type="checkbox"/> Other _____	Total # of People in Household: (check one) <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	Assistance Programs: (check all that apply) <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	Receive Free School Lunch Program: (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO
		How many adults are in the household? _____ How many children under the age of 18 in the household? _____		Child of military and does not live on base? (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO
				Foster Child: <input type="checkbox"/> YES <input type="checkbox"/> NO
Primary language spoken at home: (check one) <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 _____	Single Parent Household? (check all that apply) <input type="checkbox"/> YES <input type="checkbox"/> NO ***** <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 _____	Household Annual Income: \$ _____	Housing: <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 _____	Does member have a history with Juvenile Justice? (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO
			Homeless in the last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO	Was the child adjudicated? <input type="checkbox"/> YES <input type="checkbox"/> NO

RELEASES AND ACKNOWLEDGEMENTS

School Information:

I give permission for 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 can be revoked at any time by contacting my child's school or the Boys & Girls Club 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.)
-

Outcome Tracking:

I give permission for my child to participate in the tracking of Boys & Girls Club of Greater Lowell 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.)
-

Technology:

As a member of the Boys & Girls Club of Greater Lowell, my child will have access to the internet. While precautions are taken by the Boys & Girls Club of Greater Lowell, it is possible that they may access sites that are inappropriate for them. The Boys & Girls Club of Greater Lowell will have rules and consequences for such behavior. However, I will not hold the Boys & Girls Club 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.
-

Public Relations & Media:

While at the Club, photos and/or videos may be taken to be used in public relation materials for the Boys & Girls Club of Greater Lowell. This may include, but is not limited to, having their photo or name in newspapers, newsletters, TV, Boys & Girls Club of Greater Lowell website, YouTube, Boys & Girls Club of Greater Lowell Facebook and Instagram pages.

- ☐ By checking this box, you are giving permission to the Boys & Girls Club of Greater Lowell to use photographs and videos of your child in such materials.

At times, images of Club members may be shared with funders and partner organizations or companies that are associated with the Boys & Girls Club of Greater Lowell (includes but is not limited to, having their photo or name in newspapers, websites, YouTube, Facebook, and Instagram.)

- ☐ By checking this box, you are giving permission to the Boys & Girls Club of Greater Lowell to share your child's name or image with program partners and funders for use in their public relations materials.

Member Name: _____

Parent/Guardian Signature: _____

Date: _____

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.

Assumptions 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") come 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 ("Releases") 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 Releases. 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** Releases 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 Releases 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 Releases.

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** Releases from any and all causes of action, claims, demands, losses, suits, liabilities or cost 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): _____

Parent/Guardian Name (Print Clearly): _____

Parent/Guardian Signature: _____

Date: _____

IMPORTANT NOTICE

Information provided on the attached form (Self-Declaration of Income Report) is required by the City of Lowell in order to fund the program in which you or your child is participating. All information provided will remain confidential and will only be used to confirm income eligibility.

Thank you for your assistance.

La información incluida en el documento anexo (Self-Declaration of Income Report) es exigida por la ciudad de Lowell para que puedan dar fondos al programa en que su hija/hija está participando.

Toda la información dada será confidencial y será usada solamente para determinar elegibilidad.

Gracias por su ayuda.

ព័ត៌មានបានផ្តល់នៅលើសំណុំបែបបទដែលភ្ជាប់ (សេចក្តីប្រកាសនៃរបាយការណ៍ប្រាក់ចំណូលរបស់ខ្លួនផ្ទាល់) គឺជាសេចក្តីត្រូវការរបស់សាលាក្រុងឡូវែល ដើម្បីផ្តល់ជំនួយថវិកាដល់កម្មវិធីដែលលោកអ្នកឬកូនរបស់លោកអ្នកកំពុងតែចូលរួម ។ ព័ត៌មានទាំងអស់ដែលបានផ្តល់ឲ្យ នឹងត្រូវរក្សាទុកជាសម្ងាត់ ហើយនឹងត្រូវប្រើប្រាស់ដើម្បីបញ្ជាក់ប្រាក់ចំណូលដែលអាចមានសិទ្ធិទទួលបានតែប៉ុណ្ណោះ ។ សូមអរគុណចំពោះជំនួយរបស់លោកអ្នក ។

A informação dada no documento anexo (Self Declaration of Income Report) é exigida pela cidade de Lowell para determinar a distribuição de fundos ao programa em que o vosso filho(a) está participando. A informação é confidencial e será usada somente para determinar elegibilidade.

Muito obrigada pela sua ajuda.

APPENDIX C

FY25-26 INCOME VERIFICATION FORMS

SELF-DECLARATION OF INCOME REPORT / FY2025-2026 (Effective April 1, 2025)

Federal regulations require we obtain this information to document 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 Grantee should retain this form for monthly reporting requirements as well as for 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 TO RECEIVE REIMBURSEMENT

PARTICIPANT INFORMATION

1. PARTICIPANT STATUS: FAMILY ☐ INDIVIDUAL ☐

Participant Name: _____

Address: _____ City, State, Zip Code: _____

2. ETHNICITY (please select only one):

Hispanic or Latino ☐ Not Hispanic or Latino ☐

3. RACE (please select 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 family and non-family members living in your household below.

2) Circle the corresponding income level. Note: Does not need to be on same row as number of household size ~ should be accurate yearly household income.

Household Size	#1 (0% - 30%)	#2 (31% - 50%)	#3 (51% - 80%)	#4 (81% and above)
1	\$0-\$28,750	\$28,751-\$47,950	\$47,951-\$73,200	\$73,201+
2	\$0-\$32,850	\$32,851-\$54,800	\$54,801-\$83,650	\$83,650+
3	\$0-\$36,690	\$36,691-\$61,650	\$61,651-\$94,100	\$94,101+
4	\$0-\$41,050	\$41,051-\$68,450	\$68,451-\$104,550	\$104,551+
5	\$0-\$44,350	\$44,351-\$73,950	\$73,951-\$112,950	\$112,951+
6	\$0-\$47,650	\$47,651-\$79,450	\$79,451-\$121,300	\$121,301+
7	\$0-\$50,950	\$50,951-\$84,900	\$84,901-\$129,650	\$129,651+
8	\$0-\$54,200	\$54,201-\$90,400	\$90,401-\$138,050	\$138,051+

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

Participant/Guardian: _____ **Date:** _____