

MAIN UNIT 1026 S. Fir Street
 (956) 781- KIDS (5437)
 Youth 5-12 \$30 Membership
 Teens 13-17 \$30 Membership



School _____
 Year 2025
www.pharrkids.org

MEMBERSHIP FORM

First Name	Middle Name	Last Name	Membership #	Please fill each block below Which of the following do you currently receive? <input type="checkbox"/> Food Stamps <input type="checkbox"/> Foster Family Care <input type="checkbox"/> Free Lunch <input type="checkbox"/> Reduced Lunch <input type="checkbox"/> TANF <input type="checkbox"/> Medicaid <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Earned Income Tax Credit Head of Household <input type="checkbox"/> Mom <input type="checkbox"/> Dad Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian Total Number in household: _____ Does Child Live with: <input type="checkbox"/> One Parent <input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Family <input type="checkbox"/> Other _____ Family Housing: <input type="checkbox"/> Renting <input type="checkbox"/> Own <input type="checkbox"/> Temp <input type="checkbox"/> Public Housing Number of Household that are Under 18 _____ Handicapped _____ Over 65+ _____ Military Parent/Guardian: Name _____ Name _____ Rank _____ Duty Station _____ Lives on Military Base? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch of Service: <input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> Air Force <input type="checkbox"/> Air National Guard <input type="checkbox"/> Reserve <input type="checkbox"/> Active Duty
Ethnicity: <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unable to Determine	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB _____ Age _____	Previous Members <input type="checkbox"/> Yes <input type="checkbox"/> No Club Member Since _____	
Physical Address (NO P.O. BOX)	City/Zip	School	Teacher Name	
Email Address	County:	Grade	Primary language spoken at home'	
Home Phone No.	Other Phone No.	Father's or Male Guardian's Name	Mother's or Female Guardian's Name	
In Case of Emergency Contact	Relationship	Day Phone Number	Night Phone Number	
In Case of Emergency Contact	Relationship	Day Phone Number	Night Phone Number	
Doctor's Name	Doctor's Phone #	Do you have any serious health problems? If yes, please explain:	Do you have a disability? If yes, please explain:	
Hospital Preference	Insurance Type: Provider:			

YEARLY FAMILY INCOME INFORMATION FOR GRANT PURPOSES: The following information is optional, but needed for statistical purposes to receive funding, statistical information, and program grant funds. This information will be confidential and in no way affect involvement in our programs.

Please check one: \$0-\$10,000 \$10,001-\$20,000 \$20,001-\$30,000 \$30,001-\$40,000
 \$40,001-\$50,000 \$50,001-\$62,999 \$63,000 and up

The Boys & Girls Club of Pharr - San Juan does not discriminate based on political affiliation, race, color, national origin, sex religious creed, age or disability.

PARENTAL AUTHORIZATION

I, parent, adult participant, or guardian of the above named participant fully understand that the participation in Boys & Girls Club of Pharr-San Juan Programs may result in serious injury or illness. Risk involved, getting hurt playing basketball, weight lifting, volunteering to work with concessions and concession equipment, travel, and more serious injuries may result from participating in a Boys & Girls Club program. Although I fully appreciate those risks, I desire to participate without regard to the consequence. I assume all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify and agree to hold harmless the Boys & Girls Club of Pharr-San Juan, City of Pharr, City of San Juan, the organizers, supervisors, participants, volunteers, or any other individuals, firm or organization resulting in whole or part from any participation in the Boys & Girls Club programs. This Waiver shall be binding on my heirs, legatees, administrators and assigns. Further, I hereby grant full permission to any and all of the forgoing to use any photograph, video tapes, motion pictures, recordings or any other record of my participation in these programs for any legitimate purpose.

No refunds granted under any circumstances.

I, also grant permission to managing personnel or other representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should a participant become ill or injured while participating in activities away from home, or at any times when neither available to grant authorization for emergency treatment. I will furnish a certified birth certificate of the above named upon request by sponsors or supervisors.

For Office Use Only: Main Unit South Pharr Unit Valley View Unit San Juan Unit

Staff Accepting Form _____ Special Event _____ Date _____ Transportation Program _____

Receipt Number: _____



FLIP PAGE - APPLICATION CONTINUES ON BACK SIDE



Expectations of Conduct

Respect others. Respect yourself. Respect your Boys & Girls Club and what it represents.

Please read the following, initial, and sign indicating agreement:

_____ I hereby give permission for my child (children) to become a member of the Boys & Girls Club of Pharr –San Juan (the "Club") and to participate in all programs and activities. I understand that the Club is **NOT** regulated as a licensed daycare by the State of Texas and that an open campus policy is in effect at all times. I further understand that the Club is **NOT** responsible for the time or manner in which my child (children) may arrive at or leave the facility.

_____ I understand and agree that my child (children) must be picked up by 8pm during regular school days and 5:30pm during non-school days or a fee will be charged that must be paid before my child (children) can return to the Club. **The charge for late pick-up is \$1 per minute, per child. NOTE:** If no contact is made with the parent/ guardian and the child/youth has been left for 30 minutes after closing time, the proper authorities will be contacted.

_____ I understand that if my child does not meet the behavior expectations of the Club, they may lose their privilege of being a member.

- Level 1: Refusal to follow instruction, rude/disrespectful, group disturbance, &/or Electronic use without permission.
- Level 2: Damaging or destroying property, false information, profanity/graffiti/vulgar language, obscene/inappropriate gesture/language, and/or failure to accept disciplinary actions.
- Level 3: *Automatic suspension* Inappropriate Bodily Contact/PDA, indecent exposure/obscene material, violence/ fighting, and/or drugs/weapons/loitering/trespassing.

_____ I understand and agree that the Club cannot and will not administer prescription or over the counter medications of any kind to my child (children).

_____ In the event of an emergency, I authorize Club staff to secure medical treatment for my child (children) and that I, as the legal guardian, will assume any and all responsibility for paying medical expenses associated with such treatment.

_____ I understand and agree that the Club does not refund memberships, summer nor transportation fee and that my child (or ward) must obey all standards of conduct. I further understand that behavioral problems that cannot be resolved may result in my child (children) being suspended from the Club without monetary refund.

_____ I understand and agree that the Club is not responsible or legally liable for any personal property losses or for any bodily injuries incurred and suffered by the applicant on any Club property or in connection with any activities at any of its facilities, or while engaged in any Club activities away from the Club.

_____ I understand and agree that the Club does not provide medical insurance for my child (or ward).

_____ I give consent for my child's (children) picture or any reproduction thereof (while he/she is engaged in Club-related activities) to be used for publicity/fundraising purposes. I give permission for the Club to use my child's (or children) name or any fictitious one for publicity/fundraising purposes.

_____ I give permission for the Club to administer occasional anonymous surveys to my child (children for purposes of better understanding the needs of my child (children) and the impact of the Club on my child (children).

_____ I give permission for the Club to obtain age verification of my child (children) from their current school.

_____ I give permission for the Club to make and retain copies of my child's (children) report cards, progress reports and/or state exam results or to be given access to PSJA ISD, Idea Public Schools, Vanguard Academy records pertaining to my child (children) in order to better understand the academic needs of my child (children) and to better assist him/her in his/her educational pursuits. I understand that copies made of report cards and/or progress reports will remain confidential and will only be viewed by Boys & Girls Club staff.

_____ I agree to read and understand the Boys & Girls of Pharr-San Juan Parent/Member Handbook found on **www.pharrkids.org**. By enrolling my child/ren as a member of the Boys & Girls Club of Pharr-San Juan, I agree to adhere and abide by the policies of the club as stated in the Parent/Member Handbook Packet.

_____ I understand that my child/ren cannot be picked up until 5:00pm on regular school days, and cannot be picked up between 4:30pm-5:00pm on non-school days. If a member must be released during the no pick time he/she will be suspended for 3 days. *The days of suspension may increase if released more than once.*

_____ I understand the Member Pick Up Procedure to be followed is for the parent/guardian to park in the designated parking and report to the front desk.

The undersigned represents that he/she is the parent and/or legal guardian of the minor named above, and represents that he/she has the legal authority to execute this consent and release. If the child/applicant is signing for him or herself, the undersigned warrants that he/she has reached the age of legal majority according to the State of Texas.

Parent or Guardian Signature

Print Name

Relationship

Date