



**BOYS & GIRLS CLUBS**  
OF GREATER MANCHESTER

555 Union Street, Manchester NH 03104  
(603) 625-5982

## Tween/Teen Membership Application Grades 6-12 | No Transportation

July 1, 2024 – June 30, 2025

\$10 membership fees are non-refundable

Military Parent in Household

### FOR OFFICE USE

Date Received: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Staff: \_\_\_\_\_

Receipt #: \_\_\_\_\_

### MEMBER INFORMATION

First Name:		Middle Name:	Last Name:
Nickname:		Birth Date:	Age:
Gender:		Member Status:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> New Member
<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Other: _____		<input type="checkbox"/> Former Member
Ethnicity (check all that apply): <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> European <input type="checkbox"/> Other: _____			
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____			
Home Address:			
City:	State:	Zip:	
School in Fall 2024:			Grade in Fall 2024:

### FAMILY/GUARDIAN INFO

Legal Guardian First Name:	Legal Guardian Last Name:
Relation to Child:	Primary Cell Phone:
Primary Email Address:	Secondary Phone:
Legal Guardian Employer:	Work Number:

Secondary Legal Guardian First Name:	Secondary Legal Guardian Last Name:
Secondary Legal Guardian Relation to Child:	Secondary Legal Guardian Cell Phone:
Secondary Legal Guardian Employer:	Secondary Legal Guardian Work Phone & Email:
Members Lives With: <input type="checkbox"/> Both <input type="checkbox"/> Primary Guardian <input type="checkbox"/> Secondary Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Other: _____	

**MEDICAL DISABILITY**  
Please explain medical, physical, emotional, or behavioral issues: \_\_\_\_\_  
\_\_\_\_\_

Please check all that apply:

Asthma    Diabetes    Hearing Impairment    Visual Impairment    ADHD  
 Autism    Seizures    Anxiety/Depression    Oppositional Defiant Disorder    Learning Disability  
 Other: \_\_\_\_\_

Allergies: \_\_\_\_\_

\*Medications to be administered while attending BGCGM Program: \_\_\_\_\_

**\*Medication Form MUST be completed by physician and parent**

**EMERGENCY CONTACT PERSON(S)**

You are required to list **two additional people, who are not listed above as guardians** who live nearby and could assume responsibility for your child if you cannot be reached immediately in an emergency.

Name	Relation to Child	Cell Phone
_____	_____	_____
_____	_____	_____

The following people are allowed to pick up my child:

Name	Relation to Child	Cell Phone
_____	_____	_____
_____	_____	_____

The following people are NOT allowed to pick up my child. Please submit any supporting legal documentation stating person cannot pick up.

Name	Relation to Child	Cell Phone
_____	_____	_____
_____	_____	_____

I agree to follow the rules and policies explained in the Member Behavioral Expectations of Boys & Girls Clubs of Greater Manchester (BGCGM). I realize that membership to BGCGM is a privilege, and if my child/children or myself, can't follow the rules and policies, the Club membership could be in jeopardy, leading to possible removal. I understand that if a member is suspended or expelled from BGCGM's programs, a refund is not guaranteed and is at the discretion of management. I understand that under the behavior management protocol, BGCGM reserves the right to suspend a member from the program and bussing effective the next day, so it is my responsibility to make alternative care arrangements in advance. I know BGCGM has an open-door policy for their Union Street Clubhouse for members in grades 6-12.

I understand that:

- BGCGM Union Street Clubhouse is not subject to licensure under RSA 170-E:4. Parents or guardians must go through the Director of Programs & Leadership or the Assistant Director of Programs & Leadership at 603.625.5031 with all grievances concerning the Club's program, who will inform the appropriate Club contact.
- Photographs in which my child appears have the chance to be used in Club marketing materials, promotions, recognition, displays, and other Club-related publicity. In addition, the Club can upload all photographs and videos in which my child may appear on official BGCGM social media sites and websites.
- My child will have the opportunity to complete Club surveys used to measure the effectiveness of the Club program.
- Members whose parents/guardians give permission to attend a Club field trip, consent to their child potentially having their photograph/video taken by the host of the field trip during the activity.
- I realize my child/children may participate in activities and programs that are physical and, as a result, may be at risk for injury. In consideration for being allowed to participate in any activities, I agree to assume such risk and further agree to hold harmless BGCGM, its staff, and volunteers from any claims, suits, losses, or related causes of actions for damages including, but not limited to, such claims that may result from injury or death, accidental or otherwise, during, or arising in any way from the participation in the activities of the program.
- The Club Tax ID is on receipts given at the time of payment, or you can access information in your Procure account. Year-end tax statements are not provided but can be found in your Procure account.
- For member security and safety, individuals in our facilities and riding in our vehicles may be under video surveillance.
- Grade K-Grade 5 members are not allowed to use their internet-capable devices while at the Club, and grade 6-12 members are permitted under staff supervision. All members using a Club internet-capable device will only be allowed under staff supervision and is subject to site filtering.
- Continued membership to BGCGM is determined based on the child's behavior and the behavior of the parent/guardian.
- If I need to withdraw my child from a program, a two-week written notice is required.
- The membership fee is non-refundable.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please direct any questions regarding your account to  
 Kim Kuehl, Office Manager, at 625-5982 x225 or [kkuehl@bgcgm.org](mailto:kkuehl@bgcgm.org)

Total Number Living in Household: _____				
Please Circle your total household income below				
Family Income	\$0-\$21,000	\$21,001-35,000	\$35,001-55,950	\$55,951+



\*\*This consent will be shared with the Manchester School District.

**MANCHESTER SCHOOL DISTRICT**  
SCHOOL ADMINISTRATIVE UNIT NO. 37  
20 Hecker Street  
Manchester, NH 03102  
Telephone: 603.624.6300 • Fax: 603.624.6337

**Jenn Gillis**  
Superintendent of Schools

**Diane Fitzpatrick**  
CEO-Boys & Girls Club of Manchester

**CONSENT FOR RELEASE OF STUDENT RECORDS**

The undersigned parent/guardian or eligible student (*as appropriate*) hereby authorizes the release of the education records of \_\_\_\_\_ (**Name of Student**) by the **Manchester School District** to the **Boys & Girls Club of Manchester**.

The specific records to be released are as follows:

- \*Student Attendance Records
- \*Disciplinary Records
- \*Quarterly Academic Report Card and related grades and course assignments
- \*Other academic records available to the Boys & Girls Club on the MSD Aspen academic portal.

Records designated should be released and disclosed only to the **Boys & Girls Club of Manchester** for the purpose of your child’s participation in the Boys & Girls Club of Manchester’s **Academic Case Management Program**.

I understand that this consent is voluntary and will remain in effect while my son/daughter remains a member of the Club; that I am entitled to review the above education records; that I may revoke this consent at any time by notifying the Manchester School District in writing; and that any such revocation will take effect upon receipt except to the extent that records have already been disclosed in reliance upon this consent.

<b>Child’s Name</b>	<b>Grade</b>	<b>Date</b>
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<b>Print Name of Parent/Guardian</b>	<b>Signature of Parent/Guardian</b>
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Our program has benefited from funding provided by the City of Manchester Community Improvement Program, through the U.S. Housing and Urban Development Community Development Block Grant Program. The Program requests income verification and other statistics from applicants. This information will not be shared and will remain confidential.

**Member Name(s)** \_\_\_\_\_

Male    Female    Non-Binary    Transgender    Other: \_\_\_\_\_

HUD FY 2025 INCOME GUIDELINES:	2025 MEDIAN FAMILY INCOME MUST CIRCLE ONE BELOW		
FAMILY SIZE			
<b>1 PERSON</b>	<b>0-24,050</b>	<b>24,051-40,050</b>	<b>40,051-64,050</b>
<b>2 PERSON</b>	<b>0-27,450</b>	<b>27,451-45,800</b>	<b>45,801-73,200</b>
<b>3 PERSON</b>	<b>0-30,900</b>	<b>30,901-51,500</b>	<b>51,501-82,350</b>
<b>4 PERSON</b>	<b>0-34,300</b>	<b>34,301-57,200</b>	<b>57,201-91,500</b>
<b>5 PERSON</b>	<b>0-37,050</b>	<b>37,051-61,800</b>	<b>61,801-98,850</b>
<b>6 PERSON</b>	<b>0-41,960</b>	<b>41,961-66,400</b>	<b>66,401-106,150</b>
<b>7 PERSON</b>	<b>0-47,340</b>	<b>47,341-70,950</b>	<b>70,951-113,500</b>
<b>8+ PERSON</b>	<b>0-52,720</b>	<b>52,721-75,550</b>	<b>75,551-120,800</b>

For Member Only (please check only one)	
RACE	ETHNICITY
<input type="checkbox"/> White	
<input type="checkbox"/> Black/African American	
<input type="checkbox"/> Asian	
<input type="checkbox"/> American Indian/Alaskan Native	
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
<input type="checkbox"/> American Indian/Alaskan Native & White	
<input type="checkbox"/> Asian and White	
<input type="checkbox"/> Black/African American & White	
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American	
<input type="checkbox"/> Asian/Pacific Islander	
<input type="checkbox"/> Other Multi Racial	

\_\_\_\_\_ Total Number Living in Household

- Female Head of Household
- Member Disabled

Does the member have any special/medical needs? \_\_\_\_\_

Home Address: \_\_\_\_\_

I declare that all information provided above regarding household income is true and correct. I understand that knowingly providing false or incomplete information is unlawful and can lead to prosecution for fraud.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_