



**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, 2025 – June 30, 2026

\$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: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other: _____		Member Status: <input type="checkbox"/> New Member <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 2025:			Grade in Fall 2025:

### 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: _____	

<b>MEDICAL DISABILITY</b> Please explain medical, physical, emotional, or behavioral issues: _____  Please check all that apply: <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Visual Impairment <input type="checkbox"/> ADHD <input type="checkbox"/> Autism <input type="checkbox"/> Seizures <input type="checkbox"/> Anxiety/Depression <input type="checkbox"/> Oppositional Defiant Disorder <input type="checkbox"/> Learning Disability <input type="checkbox"/> Other: _____ Allergies: _____ *Medications to be administered while attending BGCGM Program: _____ <b>*Medication Form MUST be completed by physician and parent</b>
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### 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 603.625.5982 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.
- 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.
- My child will have the opportunity to complete Club surveys used to measure the effectiveness of the Club program.
- 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+
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