

**BOYS & GIRLS CLUBS OF WICHITA FALLS** (bold fields **REQUIRED**) **MEMBERSHIP APPLICATION**

(FOR OFFICE USE ONLY—Form updated 23 Jan 2026)

CLUB: \_\_\_\_\_ CLASS: \_\_\_\_\_ NUMBER: \_\_\_\_\_ DATE JOINED: \_\_\_\_\_ NEW: \_\_\_\_\_ RENEWAL \_\_\_\_\_  
PAID – CK\$ \_\_\_\_\_ - CK# \_\_\_\_\_ / CASH \$ \_\_\_\_\_ MILITARY \_\_\_\_\_ Birth Certificate YES or NO STAFF \_\_\_\_\_

Primary child will attend (Circle One): Central Eastside Northwest Southeast Southwest

Child's First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: Male Female Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Ethnicity: African American Asian Caucasian Hispanic Native American Other

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (primary number to call about your child)

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

In the school lunch program, is your child eligible for one of the following? (Circle one): Free Reduced Not-eligible

Will child attend Club (Circle one): Year Round School Year Only Summer Only Athletics Only

**CONTACT INFO & OTHER ADULTS AUTHORIZED TO PICK UP YOUR CHILD:**

Use extra page to list any additional adults you authorize to pick up your child. \*\*Cell phone carrier IS REQUIRED to alert you in an emergency!

**Parent/Guardian 1**

**Parent/Guardian 2**

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

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Carrier\*\*: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Carrier\*\*: \_\_\_\_\_

Alternate phone: \_\_\_\_\_ Type: \_\_\_\_\_ Alternate phone: \_\_\_\_\_ Type: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact 1**

**Emergency Contact 2**

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

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Carrier\*\*: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Carrier\*\*: \_\_\_\_\_

Alternate phone: \_\_\_\_\_ Type: \_\_\_\_\_ Alternate phone: \_\_\_\_\_ Type: \_\_\_\_\_

**MEDICAL INFORMATION:**

Family Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Does your family have health and/or accident insurance (Circle one): Yes No

Does child have any health problems or behavior challenges we should be aware of? (Circle one): Yes No

If yes, please explain \_\_\_\_\_

\*Does child currently take any medications of which we should be aware of? (Circle one): Yes No

If yes, please list: \_\_\_\_\_ \*BGCWF cannot administer medication directly (see Handbook).

**HOUSEHOLD:**

Annual Household Income (Circle one): 0-\$19,999 \$20,000-\$39,999 \$40,000-\$59,999 \$60,000-\$79,000 Over \$80,000

Child primarily lives with (Circle): Both Parents Mom Dad Grandparent(s) Foster parent(s) Other: \_\_\_\_\_

Total number living in household: \_\_\_\_\_ Is this a Single Parent Household (Circle one): Yes No

Is either parent Active Military, Reserves, National Guard, or Coast Guard (Circle one): Yes No

**\*Membership Agreement/Waivers:** *(initial each & sign at bottom: REQUIRED)*

\_\_\_\_\_**Liability Release:** In consideration of my child's membership and participation in the Boys & Girls Clubs of Wichita Falls (a.k.a. the "Club"), I, as parent/guardian of named minor, do hereby release the Club from all liability to me, my child, and my child's personal representative, assigns and heirs for all claims and damages which my child or I may have against the Club and/or its sponsors resulting from participation in or connections to a Club-related activity. I understand that the Club is not responsible for lost or stolen items/personal belongings. I understand that the Club is not a licensed day care provider and day care licensing does not regulate the Club's operation.

\_\_\_\_\_**Membership Processing Fee:** I understand that the cost of membership is subsidized by generous donors and community partnerships. I agree to pay the **nominal processing fee of \$30 per child per year** *(from March 1, 2026)* to defray the administrative expenses of enrolling and servicing my child's membership. **I further commit to support the Club** by donating funds to enable impactful activities, encouraging others to donate, encouraging other parents to enroll their children, volunteering my time or talent, and/or promoting the Club in my church, community whenever possible.

\_\_\_\_\_**Closed Campus Policy:** I understand my child(ren) will only be released to authorized adults listed on my membership application form. It is the parent/guardian's responsibility to submit any changes in authorization in written form; phone instructions will not be accepted. I realize it is my responsibility to be familiar with Club program hours and make arrangements for my child to be picked up by closing time.

\_\_\_\_\_**Late fees:** If my child is not picked up **by 8pm on a school day, or 5:30pm on a non-school day** (Club closes at 5), I understand I will be charged a **late fee of \$1 per minute per family**—and that **my child will not be able to return to the Club until the fee is paid**. I understand that after 30 minutes, if BGCWF cannot contact me or another authorized adult, the police non-emergency line will be called.

\_\_\_\_\_**Children walking home (OPTIONAL):** I authorize my child to walk home from the Club. I acknowledge that such a release is only valid for members age 11 or older (or children walking in groups with child(ren) age 11 or older) walking no more than 0.5 miles. The Club reserves the right to require parent pick up if conditions prevent safe walking.

\_\_\_\_\_**Transportation Waiver (OPTIONAL):** I request and authorize BGCWF or its agent to transport my child from school to the Club, and release the Club from all liability related to such transportation. I agree to pay the **nominal processing fee of \$15/family for transportation (starting August 2026)**—*n/a for City View ISD. Complete bus form.*

\_\_\_\_\_**Medical Treatment:** I hereby authorize the Club, as my agent, to secure medical treatment as deemed necessary. I commit, on behalf of said minor, to assume and pay all expenses associated with such treatments in the event of accident, illness or other incapacity. I understand that **BGCWF does NOT pay medical bills on behalf of uninsured Members**.

\_\_\_\_\_**Authorization to send push notifications via cell phone:** For emergency notifications and useful updates.

\_\_\_\_\_**Updating parent/guardian contact information:** I commit to sharing any change in phone number or email promptly to ensure timely communication about my child, including any emergency notifications. I recognize that failure to keep my child's contact information current may result in termination of membership.

\_\_\_\_\_**Handbook Receipt & Agreement:** I **acknowledge receipt** of the Club's Member/Parent Handbook or access online at BGCWF.org, and that **I have read and understood the contents**. I will ensure that my child complies with the behavioral rules listed below and all requirements outlined in the Handbook. I acknowledge that failure by my child to follow Club rules could result in his/her suspension from ALL Clubs and programs.

\_\_\_\_\_**Permission to participate:** I authorize my child to participate in the full range of activities at the Club or planned by the Club, to include outdoor activities, field trips, child-appropriate movies, gym-based athletic activities, arts, etc.

\_\_\_\_\_**Photo Release (OPTIONAL):** I permit the Club to utilize photographs of my child taken of his/her involvement in Club programs for public relations purposes and hereby waive all rights of compensation for said use.

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

**TOP 10 CLUB RULES and EXPECTATIONS**

1. Bring your Boys & Girls Club card to sign IN and OUT each time you visit the Club.
2. Take care of the equipment and Club building.
3. Keep your hands and feet to yourself.
4. Follow the directions of all staff and volunteers.
5. Be courteous and respectful in your behavior and speech.
6. Walk while in the Club building; you may run only in the gym.
7. Dress appropriately.
8. Be open to all types of activities offered at the Club. Be ready to learn something new!
9. Complete the required Digital Citizenship and Online Safety Training each year.
10. Have fun!

**Child's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Optional page:**

Child's name: \_\_\_\_\_

**REMINDER: Closed Campus Policy:** I understand my child(ren) will only be released to authorized adults listed on my membership application form. It is the parent/guardian's responsibility to submit any changes in authorization in written form; phone instructions will not be accepted.

## **OTHER ADULTS AUTHORIZED TO PICK UP YOUR CHILD:**

**\*\*Cell phone carrier IS REQUIRED to alert you in an emergency!**

### **Emergency Contact #3**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Employer: \_\_\_\_\_  
**Cell phone:** \_\_\_\_\_ **Carrier\*\*:** \_\_\_\_\_  
Alternate phone: \_\_\_\_\_ Type: \_\_\_\_\_  
Email: \_\_\_\_\_

### **Emergency Contact #4**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Employer: \_\_\_\_\_  
**Cell phone:** \_\_\_\_\_ **Carrier\*\*:** \_\_\_\_\_  
Alternate phone: \_\_\_\_\_ Type: \_\_\_\_\_  
Email: \_\_\_\_\_

### **Emergency Contact #5**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Employer: \_\_\_\_\_  
**Cell phone:** \_\_\_\_\_ **Carrier\*\*:** \_\_\_\_\_  
Alternate phone: \_\_\_\_\_ Type: \_\_\_\_\_  
Email: \_\_\_\_\_

### **Emergency Contact #6**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Employer: \_\_\_\_\_  
**Cell phone:** \_\_\_\_\_ **Carrier\*\*:** \_\_\_\_\_  
Alternate phone: \_\_\_\_\_ Type: \_\_\_\_\_  
Email: \_\_\_\_\_

### **Emergency Contact #7**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Employer: \_\_\_\_\_  
**Cell phone:** \_\_\_\_\_ **Carrier\*\*:** \_\_\_\_\_  
Alternate phone: \_\_\_\_\_ Type: \_\_\_\_\_  
Email: \_\_\_\_\_

### **Emergency Contact #8**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Employer: \_\_\_\_\_  
**Cell phone:** \_\_\_\_\_ **Carrier\*\*:** \_\_\_\_\_  
Alternate phone: \_\_\_\_\_ Type: \_\_\_\_\_  
Email: \_\_\_\_\_

### **Emergency Contact #9**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Employer: \_\_\_\_\_  
**Cell phone:** \_\_\_\_\_ **Carrier\*\*:** \_\_\_\_\_  
Alternate phone: \_\_\_\_\_ Type: \_\_\_\_\_  
Email: \_\_\_\_\_

### **Emergency Contact #10**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Employer: \_\_\_\_\_  
**Cell phone:** \_\_\_\_\_ **Carrier\*\*:** \_\_\_\_\_  
Alternate phone: \_\_\_\_\_ Type: \_\_\_\_\_  
Email: \_\_\_\_\_