



**BOYS & GIRLS CLUB
OF PEQUANNOCK**



Golf Lessons



Grades: 3 to 8

Sign up now for golf lessons taught by a *Golf 23* professional!

Lessons will include swing mechanics, short game, putting, and golf etiquette.

All lessons will be held at *Golf 23* located on
410 Rt. 23 North, Pompton Plains.

Grades 3-5 will meet Thursday or Friday

Thursday Sept. 30, 4:00-5:00; Oct. 7, 4:00-5:30; Oct. 14, 4:00-5:30

Friday Oct 1, 4:00-5:00; Oct. 8, 4:00-5:30; Oct. 15, 4:00-5:30

Grades 6-8 will meet Mondays

Monday Sept. 27, 4:00-5:00; Oct. 4 4:00-5:30; Oct. 18 4:00-5:30

Member Fee: \$85 per member

Non-Member Fee: \$85 + \$35 annual membership fee

Late fee: \$5

Registration Deadline: September 18, 2010

Class size is limited!

No refunds/credit will be given after regular registration period has ended
Cancellations prior to deadline will be charged a \$5 processing fee

Mail form and fee to:
Boys & Girls Club of Pequannock
19 Oak Avenue
Pequannock, NJ 07440
www.bgcwnj.org
973-956-0033

NEW MEMBERS MUST REGISTER IN PERSON

Boys & Girls Club of Pequannock
2010 Golf Program

Child's Name: _____ Date of Birth: _____
Address: _____ Age: _____ Sex: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Emergency Phone: _____ Grade as of 2010: _____
Email Address _____

Circle One:

6th-8th Grade: Monday
3rd-5th Grade (choose one): Thursday or Friday

Where did you receive this flyer? _____

Parent/Guardian Information:

Mother's Name: _____
Business Name & Address: _____
Business Phone: _____

Father's Name: _____
Business Name & Address: _____
Business Phone: _____

Does your child have any impairment? _____

I hereby give consent for my child to participate in the Boys & Girls Club of Wayne Golf Program. I assume all risk in regard to participation in this and any other Boys & Girls Club program in which my child may participate. I release, indemnify and agree to hold harmless the Wayne Boys & Girls Club, Inc. its directors, officers, coaches, and volunteers from any liability that may result from participation in Boys & Girls Club activities.

By my signature, I attest to the following:

- That the above information is correct.
- That in the event of a medical emergency, I authorize the Boys & Girls Club of Wayne to seek emergency medical care for my child as deemed necessary by the Director.

(Signature of Parent or Guardian)

(Date)



YOUTH MEMBERSHIP APPLICATION

The YOUTH MEMBERSHIP APPLICATION form and MEMBERSHIP FEE is required once a year.
You **do not** have to do this if you have already done so between 9/01/2010 and 8/31/2011.

PLEASE PRINT ALL INFORMATION

Date _____

Club # _____

_____ **MALE** **FEMALE**
CHILD'S LAST NAME **CHILD'S FIRST NAME**

_____ **ADDRESS** **CITY** **STATE** **ZIP**

_____ **HOME PHONE #** **DATE OF BIRTH** **AGE**

_____ **SCHOOL NAME** **GRADE** **TOWN**

FATHER'S NAME

FATHER'S EMPLOYER

FATHER'S OCCUPATION

FATHER'S WORK PHONE #

FATHER'S CELL PHONE #

FATHER'S EMAIL ADDRESS

MOTHER'S NAME

MOTHER'S EMPLOYER

MOTHER'S OCCUPATION

MOTHER'S WORK PHONE #

MOTHER'S CELL PHONE #

MOTHER'S EMAIL ADDRESS

_____	_____
EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE #

RELATIONSHIP TO THE CHILD	

PLEASE FILL OUT THE FOLLOWING INFORMATION. THE BOYS AND GIRLS CLUBS OF NORTHWEST NJ BENEFITS FROM FEDERAL AND STATE FUNDING. THEREFORE, THE FOLLOWING INFORMATION IS REQUIRED FOR GOVERNMENTAL SURVEYS IN ORDER TO CONTINUE RECEIVING THIS FUNDING. FAILURE TO SUPPLY THIS INFORMATION WILL RESULT IN THE LOSS OF THIS FUNDING. ALL INFORMATION IS CONFIDENTIAL AND RECORDED AS A NUMBER. NO PERSONAL INFORMATION IS EVER GIVEN OUT WITHOUT YOUR PERMISSION.

CHILD LIVES WITH: _____ BOTH PARENTS _____ MOTHER _____ FATHER _____ OTHER

PLEASE CIRCLE TOTAL HOUSEHOLD INCOME:

1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
\$0-\$19,600	\$0-\$22,400	\$0-\$25,200	\$0-\$28,000	\$0-\$30,250	\$0-\$32,500	\$0-\$34,700	\$0-\$36,950
Above \$34,700	Above \$39,700	Above \$42,900	Above \$46,050	Above \$49,250	Above \$52,400	Above \$55,200	Above \$59,500

CHECK ALL THAT APPLY

WHITE (NON HISPANIC ORIGIN)
 BLACK (NON HISPANIC)
 HISPANIC

NATIVE AMERICAN INDIAN
 ASIAN OR PACIFIC ISLANDER
 MULTI-RACIAL

HANDICAPPED OR DISABLED

PLEASE INITIAL EACH SECTION AND SIGN BELOW:

MEDICAL

DOES THE CHILD HAVE ANY ACUTE/CHRONIC ILLNESS? PLEASE LIST _____

DOES THE CHILD TAKE ANY PRESCRIBED MEDICATIONS? PLEASE LIST _____

IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME. IN THE EVENT THAT I CANNOT BE REACHED, I HEREBY GIVE PERMISSION TO THE HOSPITAL AND ATTENDING PHYSICIAN SELECTED BY THE BOYS & GIRLS CLUBS OF NORTHWEST NJ, INC. TO TAKE ANY NECESSARY ACTION, INCLUDING SURGERY, ANESTHESIA, OR INJECTIONS, THAT IS IN THE BEST INTEREST OF MY CHILD.

PLEASE INITIAL _____ **Insurance Carrier** _____

_____ I UNDERSTAND THAT MY CHILD'S MEMBERSHIP AT THE BOYS AND GIRLS CLUBS OF NORTHWEST NJ, INC. IS A PRIVILEGE AND MAY BE REVOKED IF MY CHILD DOES NOT ADHERE TO CLUB POLICIES.

_____ THE BOYS AND GIRLS CLUBS OF NORTHWEST NJ, INC. HAS MY PERMISSION TO USE PICTURES TAKEN OF ME AND MY CHILD IN PUBLICATIONS TO PROMOTE ACTIVITIES CONDUCTED THROUGH CLUB.

ACKNOWLEDGEMENT:

I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS AND REPRESENT TO HOLD HARMLESS THE BOYS AND GIRLS CLUBS OF NORTHWEST NJ, INC. FROM ANY LIABILITY, IN CONSIDERATION OF PARTICIPATION OR ATTENDANCE AT THE CLUB FACILITIES ON OR OFF SITE OR FUNCTIONS FOR MY CHILD AND MYSELF.

I HEREBY DECLARE THAT THE ABOVE INFORMATION IS TRUE, ACCURATE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE INFORMATION WILL JEOPARDIZE MY CHILD'S MEMBERSHIP AND MONEY PAID.

PARENT/GUARDIAN'S SIGNATURE

STAFF INITIALS

RECEIPT #