



**BOYS & GIRLS CLUBS**  
OF YORK COUNTY

# Club Membership Application

## After School Program 2017-2018

Club Site: \_\_\_\_\_

FOR OFFICE USE ONLY

Received: \_\_\_\_\_ By: \_\_\_\_\_

KidTrax  Enrolled

Membership Fee  Monthly Fee

Lunch Status Verif.  Sent to CD

Start Date: \_\_\_\_\_

**Confidentiality:** Any confidential information requested is for our records and for funding our organization receives. The answers you provide will be kept completely confidential. Required fields are denoted with an asterisk (\*). **All required fields must be completed in order for your child(ren) to be enrolled in the Club.**

### MEMBER INFORMATION

|                       |                                  |   |
|-----------------------|----------------------------------|---|
| First Name:* _____    | Middle Initial:* _____           | Nick Name: _____                                      |
| Last Name:* _____     | Gender:* Male _____ Female _____ |   |
| Date of Birth:* _____ | School:* _____                   | Grade:* _____<br><small>(School year 2017-18)</small> |
| Address:* _____       | Apt/Suite#: _____                | City:* _____  |
| State:* _____         | Zip: * _____                     | Phone: * _____  |

Number of adults living in household:\* \_\_\_\_\_ Number of children living in household:\* \_\_\_\_\_

Race:\*

|  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Black/African American                    | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Asian                            | <input type="checkbox"/> Multi-racial    | <input type="checkbox"/> Other           |

Medications (please complete Medication Consent Form if medication is to be given at the Club):

Allergies/Mental and/or Physical Health Conditions/Special Notes Related to the Care of My Child:

### PARENT/GUARDIAN INFORMATION

| Primary Contact                | Secondary Contact              |
|--------------------------------|--------------------------------|
| First Name:* _____             | First Name:* _____             |
| Last Name:* _____              | Last Name:* _____              |
| Gender:* _____                 | Gender:* _____                 |
| Relationship to Child:* _____  | Relationship to Child:* _____  |
| Email Address: _____           | Email Address: _____           |
| Address:* _____                | Address:* _____                |
| Apt/Suite#: _____ City:* _____ | Apt/Suite#: _____ City:* _____ |
| State:* _____ Zip: * _____     | State:* _____ Zip: * _____     |
| Phone: * _____ Type: _____     | Phone: * _____ Type: _____     |
| Phone: _____ Type: _____       | Phone: _____ Type: _____       |
| Phone: _____ Type: _____       | Phone: _____ Type: _____       |
| Employer: _____                | Employer: _____                |

Parent/Guardian Military Status:  Active Duty  Reserves/National Guard  Veteran  N/A

**HOUSEHOLD INFORMATION**

Family Setting/Household Type:\*

|  |   |
|--|---|
| <input type="checkbox"/> Both Parents  | <input type="checkbox"/> Residential Facility |
| <input type="checkbox"/> Single Parent | <input type="checkbox"/> Relative/Guardian    |
| <input type="checkbox"/> Step Parent   | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Grandparent   |   |
| <input type="checkbox"/> Foster Parent |   |
| <input type="checkbox"/> Joint Custody |   |

Check all that apply: \*

|   |  |
|---|--|
| <input type="checkbox"/> TANF               | <input type="checkbox"/> Veterans Compensation   |
| <input type="checkbox"/> Food Stamps        | <input type="checkbox"/> Day Care Voucher  |
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> <b>Free School Lunch</b>  |
| <input type="checkbox"/> SSDI               | <input type="checkbox"/> <b>Reduced School Lunch</b>                                       |
| <input type="checkbox"/> Medicaid           | <input type="checkbox"/> <b>Regular School Lunch</b>                                       |
| <input type="checkbox"/> SSI                | <b>***Documentation of school lunch status must be provided at time of registration***</b> |

Income Status:\*

|  |
|--|
| <input type="checkbox"/> Under 15,000  |
| <input type="checkbox"/> 15,001-25,000 |
| <input type="checkbox"/> 25,001-35,000 |
| <input type="checkbox"/> 35,001-50,000 |
| <input type="checkbox"/> 50,001-75,000 |
| <input type="checkbox"/> Over 75,001   |

**PICK UP INFORMATION**

Two people authorized to pick up member (other than parent/guardian). To add additional names, please see Club Director for additional form.

| Authorized Pick Up Person #1  | Authorized Pick Up Person #1  |
|-------------------------------|-------------------------------|
| First Name:* _____            | First Name:* _____            |
| Last Name:* _____             | Last Name:* _____             |
| Relationship to Child:* _____ | Relationship to Child:* _____ |
| Home Phone: * _____           | Home Phone: * _____           |
| Work Phone: * _____           | Work Phone: * _____           |
| Mobile Phone: * _____         | Mobile Phone: * _____         |

**PLEASE READ CAREFULLY:**

Parental Release Form

I, the parent/ guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of York County, and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club. I understand that the Boys & Girls Club is not responsible for lost or stolen items.

Medical Treatment

If in the event that I cannot be reached in an emergency, I hereby give permission to staff to hospitalize, secure proper treatments for, to order injection, anesthesia or surgery for my child as named herein. In the event that my child, as named herein, should require basic first aid and/or minor treatments, as ordered by staff, I give permission for the health care professional to administer such aid or treatment for my child.

School Information

I also grant permission for Boys & Girls Club personnel to access my child's school records and speak to school personnel for the purpose of planning for and tracking behavioral and scholastic advancement.

SMART Moves Program

In addition, I give my permission for the above named child to participate in the Skills Mastery And Resistance Training Program (SMART MOVES) designed to address problems such as drug and alcohol abuse and premature sexual activity in three age-appropriate modules. I understand that all of the curriculum manuals are available for my review upon request at the Boys & Girls Club.

Surveys & Questionnaires

Boys & Girls Clubs frequently ask for members to complete surveys/evaluations. I give consent for my child to participate in any and all surveys/evaluations conducted by Boys & Girls Club staff.

Technology

I understand that Boys & Girls Clubs of York County will take all necessary and reasonable precautions to ensure that my child will not have access to inappropriate materials on the internet. I further understand that not only will Boys & Girls Club of York County discuss internet safety with my child but that I, as the parent/guardian, must discuss this with my child as well.

General Travel Permission Form

I allow my child to participate in offsite field trips. I understand that by signing below I give BGCYC permission to transport my child to these trips via Club van or bus. I also understand that I will be notified in advance of such trips.

Photo Release

I hereby agree that all photographs, negatives, prints, paintings, drawings, sketches, reproductions, and likeness of any kind made of the child are and shall remain the property of the Boys & Girls Clubs of York County. I give my permission that said works may be published, displayed, reproduced, and circulated in any form by the Boys & Girls Clubs of York County, Inc. with or without the child's name for commercial purposes or otherwise, including advertisement in any media, and with or without any testimonial copy or other form of advertising or display. Yes, I agree  No, I do not agree  Initials: \_\_\_\_\_

***I have read the completed application and this form, understand the policies/expectations of the Boys & Girls Clubs and request that my child be admitted into membership. I certify that the above information I have supplied is true and correct and that I have provided the Boys & Girls Clubs of York County all necessary information related to the care and safety of my child. I will receive a copy of the Membership Handbook and will read/review the handbook with my child.***

Parent/ Guardian Signature\* \_\_\_\_\_

Date \_\_\_\_\_