



# 2017-2018 MEMBERSHIP APPLICATION

This application is good for 2017-2018 School Year and 2018 Summer Program.

Please fill out one application for each member. To attend an application must be completed by parent/ guardian. Members are automatically accepted into the Club with a completed application.

Payment: All attendees must be a current Club member, which is just \$20 membership fee, non-refundable, for the 2017-2018 School Year and 2018 Summer Program. Additional Summer program fees may be required based on a sliding fee scale based on household income. Please submit your income verification during Summer Program.

### GENERAL

MEMBER NAME: \_\_\_\_\_

Male  
 Female

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE #: (\_\_\_\_) \_\_\_\_\_ CELL PHONE #: (\_\_\_\_) \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADE IN FALL 2017 (Kindergarten- 12<sup>th</sup> grade): \_\_\_\_\_

DEMOGRAPHICS:  
 Asian/ Pacific Islander  
 Black/ African American  
 Native American  
 White/ Caucasian  
 Latino/ Hispanic  
 Other (Specify \_\_\_\_\_)

Please list any SIBLINGS enrolled in BGC:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MEDICAL

ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_  
(If medicine needs to be administered while at the Club, the Prescription Medication Policy Form must be completed before medication can be given. Forms available at the Front Desk.)

SPECIAL NEEDS: \_\_\_\_\_

### FAMILY (This information helps us secure funding from donors and grants. It is confidential & used for statistical purposes only.)

HOUSEHOLD TYPE:  
 Both parents  
 Single mother  
 Single father  
 Foster care  
 Alternate custody (Specify \_\_\_\_\_)  
 Other (Specify \_\_\_\_\_)

HOUSEHOLD SIZE:  
 # of Children  
 # of Adults  
\_\_\_\_\_ # Total Household Size

PLEASE CHECK ALL THAT APPLY:  
 Military Household Member  
 Parent incarcerated  
 Daycare Voucher  
 Food stamp  
 Metro/ Public housing  
 TANF/ Cash Assistance  
 SSI

HOUSEHOLD INCOME:  
What is your total household income?  
\$ \_\_\_\_\_  
Is this weekly, monthly, or annual?  
(Circle one)

**LEGAL GUARDIAN INFORMATION** Please note that the Club requires a copy of custody agreements if applicable.

PARENT/ GUARDIAN NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
Does person live at home with child? (yes\_\_\_) (no\_\_\_) If NO, please provide address.  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE #:\_(\_\_\_\_\_) \_\_\_\_\_ CELL PHONE #:\_(\_\_\_\_\_) \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ WORK PHONE #:\_(\_\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

PARENT/ GUARDIAN NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
Does person live at home with child? (yes\_\_\_) (no\_\_\_) If NO, please provide address.  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE #:\_(\_\_\_\_\_) \_\_\_\_\_ CELL PHONE #:\_(\_\_\_\_\_) \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ WORK PHONE #:\_(\_\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

**PLEASE LIST ANY OTHER EMERGENCY CONTACTS WHO ARE AUTHORIZED TO PICK-UP MEMBER:**

- |    |                     |              |
|----|---------------------|--------------|
| 1. | _____ (_____) _____ | _____        |
|    | NAME PHONE #        | RELATIONSHIP |
| 2. | _____ (_____) _____ | _____        |
|    | NAME PHONE #        | RELATIONSHIP |
| 3. | _____ (_____) _____ | _____        |
|    | NAME PHONE #        | RELATIONSHIP |
| 4. | _____ (_____) _____ | _____        |
|    | NAME PHONE #        | RELATIONSHIP |

**EMERGENCY ACTIONS**

In the event that I cannot be reached in an emergency, I hereby give permission to the Club to allow any physician, medical facility, or other healthcare provider, including paramedic, to provide any emergency medical treatment deemed necessary in the event of injury or illness of my child.

**PERSONAL ITEMS**

I understand that the Club is not responsible for lost or stolen items while at the Club. The Club highly discourages bringing any type of toys/ electronics, including cell phones. Members are encouraged to keep cell phones and electronics in their bookbag or at the Front Desk for safe keeping or keep at home. Only Teens are permitted to have cell phones in the Teen Room.

**MENTORING PROGRAM**

I give my permission for my member to participate in the Mentoring Program at the Club. I understand that the program involves mentors who shall be selected from the community and will be screened and trained. A mentor will be expected to spend a minimum of one hour per week with my child at the Club, to last one year. I understand that the staff of the Club will provide ongoing monitoring of the mentoring activities. The mentor is not allowed to take or meet my child beyond the Club facility.

**INTERNET ACCESS**

I give my member permission to have access to the Internet while at the Club. BGC will have rules and consequences at the Club for accessing inappropriate sites; however, we will not be responsible for the consequences of such access.

**SCHOOL RECORDS**

I give permission to BGC obtain my members records from my Marion City School District if applicable.

**SURVEYS**

I give permission for BGC to survey my child about his or her Club experience, behaviors, skills and attitudes using BGCA National Outcomes Survey or other survey instruments.

**PICK UP POLICY**

I understand that if I do not allow my child to walk/ride home I am responsible for insuring my child is picked up from the program. I will pick up my child on time or pay a late charge of \$10. I understand that if my child is not picked up within 30 minutes of the end of the program the Marion Police Department and Marion County Children Services will be notified.

**VOLUNTEERS/ PROGRAMMING**

Volunteers who come to the Club will be accompanied by a BGC Staff and will be screened and trained. The Club also has community members come into the Club regularly for programming activities.

**HEAD LICE POLICY**

I understand that BGC is a nit free facility. If my member has nits or live lice, they will need to be picked up immediately and will be unable to return to the Club until they are treated and cleared by Club staff.

**PHOTO and VIDEO**

I consent and agree that the BGC may take photographs or recordings of my member and to use these in any media, now or hereafter known, and exclusively for the purpose of community awareness and promotion of the BGC publicly or privately.

**DRESS CODE**

Tennis shoes are highly encouraged daily and members must wear tennis shoes to participate in all gym activities for safety. No tank tops less than 3" in width and appropriate length shorts for modesty.

**SUMMER SWIMMING**

Yes, my member may participate in swimming at Lincoln's aquatic center. I understand that no lifejackets are provided and that aquatic center lifeguards and BGC staff will be on duty at all times. Each member must attend 3 sessions of our Brain Gain program each week in order to go swimming. On assigned swim days members must be at the Club no later than 11:00am for lunch, and to prepare to leave for the pool between 12:00- 3:00pm.

**FIELD TRIPS**

I give permission for my member to walk/ ride supervised by BGC staff to field trip locations around Marion.

**AUTHORIZATION TO WALK OUT**

I give permission for my member to walk or ride their bike home upon calling the Club.

Please specify \_\_\_\_\_ Initial: \_\_\_\_\_

OR

I give permission for my member to check themselves in/ out of the Club on their own.

Please specify \_\_\_\_\_ Initial: \_\_\_\_\_

**RULES/ DISCIPLINE**

**RULES:**

- 1.) Be Respectful to yourself and others!
  - a. No threatening or encouraging disruptive behavior toward any one at the Club.
  - b. Profanity or degrading language is not acceptable at the Club, including offensive gestures.
- 2.) Respect BGC Club property and personal property!
- 3.) Listen and follow directions!
- 4.) Be safe and have FUN!
  - a. Members are required to sign in/ out when entering/ leaving the Club.
  - b. Not permitted in areas that are unsupervised by staff member.
  - c. Members must have permission to leave room and have a pass.
  - d. Members are not allowed to have/ use weapons of any kind nor drugs, alcohol or tobacco
- 5.) If a member is not in attendance at school they may not attend the Afterschool Program.

**DISCIPLINARY POLICY:**

- 1.) Member will be separated from the group and counseled on behavior by staff.
- 2.) Time out, based on the age of the member. (Timeout sheets and apology letters may also be implemented based on behavior.)
- 3.) Information reports are filled out based on any behavior from the member to be reviewed by parent/ guardian. A copy will be kept with student file and a copy given to parent/ guardian if requested.
- 4.) Suspensions range from 1 day to 1 week to 1 month (for severe consequences).
  - Automatic Suspension: fighting, destruction of property, stealing, running away, bullying or sexual behavior  
(No sexual behavior: drawing, touching, exposing, or acting out- this will be reported to parents and Children's Services)

Parent/ Guardian please review Rules/ Disciplinary Policy with your member:

**Member Signature:** \_\_\_\_\_

*With my signature below, I acknowledge that I have truthfully completed this application. I also understand and agree to the rules of the Boys & Girls Club of Marion County and will work with Club staff to ensure my child's compliance with those rules. On behalf of myself, any other guardian of my child, I/we agree to indemnify and hold harmless Boys and Girls Club of Marion County, their agents, members, officers, employees, counselors, and volunteers, from any and all liability, claims, suits, demands, damages, judgments, costs, interests and expenses (including attorney's fees and all legal costs, any injury and costs of medical services, etc.) arising directly or indirectly from membership in the Boys and Girls Club of Marion County or participation of my child with regard to any activity. I further waive all claims I may have against Boys and Girls Club of Marion County, to the fullest extent permitted by law. By my signature below, I also indicate my understanding that the information contained in this application is correct.*

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