



**General Membership Registration Form  
After-School 2019-2020**

Please complete the form and print clearly. The following information is kept confidential and the required data is for self-certification and contact purposes.

BGCBG Office Use Only	
DATE ENTERED INTO SYSTEM: ____/____/____	
PROGRAM INITIALS: _____	
Amt Paid: _____	Amt Owe: _____

RECEIPT #: _____
# _____

Last Name
_____

**Youth Member Information** Date: \_\_\_\_\_

New Member  Returning Member  (please fill out updated information below)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male /  Female

(month-day-year) Social Security Number: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ School: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

My child has an IEP or a 504 Plan:  Yes  No

Pre-existing medical conditions (i.e. allergies, seizures, etc.)? If yes, please comment: \_\_\_\_\_

Parent/Guardian E-mail Address (for Club & event info only): \_\_\_\_\_

Member Lives with:  Father & Mother  Father Only  Mother Only  Other \_\_\_\_\_

**Guardian Information:**  Father  Mother  Other (please specify) \_\_\_\_\_

Name: \_\_\_\_\_ Permission to pick up child?  Yes  No

Place of Employment: \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_

**Guardian Information:**  Father  Mother  Other (please specify) \_\_\_\_\_

Name: \_\_\_\_\_ Permission to pick up child?  Yes  No

Place of Employment: \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_

<b>Check all that apply:</b>	<input type="checkbox"/> food stamps
	<input type="checkbox"/> SSI
	<input type="checkbox"/> School Lunch
	<input type="checkbox"/> Medicaid

<b>Family Income:</b>
<input type="checkbox"/> \$9,000 or below <input type="checkbox"/> \$9,001-\$12,000 <input type="checkbox"/> \$12,000-\$15,000
<input type="checkbox"/> \$15,001-\$19,000 <input type="checkbox"/> \$19,001-\$23,000 <input type="checkbox"/> \$23,001-\$28,000
<input type="checkbox"/> \$28,001-\$32,700 <input type="checkbox"/> \$32,7001-\$37,500 <input type="checkbox"/> \$37,501-\$42,000
<input type="checkbox"/> \$42,000 and above

**Authorized Pickup List:**

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

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_

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

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_

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

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_

## Parent/Guardian/Member Consent Form

**Acknowledgement and Consent:** I understand the conditions under which the Boys & Girls Club of Bowling Green (aka the Club) operates and that it is not a day care facility. I understand the sign in/sign out policy which requires the member to sign in to the program and the parent to sign the member out. Professional supervision will be provided for children at the Club facility, and on Club field trips. I understand that no loitering is allowed outside the Club entrance. For both internal and external use, I acknowledge that the Boys & Girls Club of Bowling Green may utilize photographs or videos of my child taken during involvement in Club activities. I consent to such uses and hereby waive any rights of compensation. The Club offers educational programs with age appropriate curriculum such as SMART Moves, SMART Girls, and Passport to Manhood which discuss life skills, personal hygiene, sexual health and development, how to manage peer pressure and relationships, and the dangers of drugs and alcohol. By signing this application, you give permission for your child to participate in these programs.

**Waiver of Liability & Disclaimer:** In consideration of my child's membership and participation in the activities and special programs or events of the Club, on behalf of me and my child, waive, release, and agree to defend and hold harmless Boys & Girls Club of Bowling Green, including its sponsors, staff members, board of directors and any other affiliated persons and/or vehicle drivers from any and all claims, injuries, death, damages, and demands arising or in any way resulting from or connected to any Club related event, activity, program or property. I attest and verify that I have full knowledge of the risks involved in Club-related events, activities, programs and properties and that I will, on behalf of my child, assume and pay any medical or emergency expenses. I further acknowledge that my child is physically fit to participate in the programs or other activities of the Club.

**Attendance Policy:** The Club reserves the right to assume a member is no longer active if he/she does not attend the program at least three days per week. If he/she is transported by van to Boys & Girls Club, he/she must attend the program at least three days each week or shall be subject to replacement.

**Emergency Authorization:** I, the undersigned, as the parent/guardian of my child hereby authorize the staff of the Club, its sponsors, and vehicle drivers as my agents to consent to medical, surgical, dental examination or treatment of my child. In case of emergency, I hereby authorize treatment or care at any hospital or by any licensed medical personnel.

**"Remind" App:** The Club utilizes a text messaging app called "Remind" to provide parents and guardians with updates and reminders regarding Club policy, events, special hours, field trips, etc. Please list a working mobile phone number that can receive text messages.

Name: \_\_\_\_\_ Cell Phone #:( \_\_\_\_\_ ) \_\_\_\_\_

**Your signature below acknowledges that you have read and accept the policies/conditions of the Boys & Girls Club of Bowling Green as described above.**

**Parent/Guardian Consent:**

↙ \_\_\_\_\_  
Parent/Guardian Consent Printed Name Date

**Member Consent:**

↙ \_\_\_\_\_  
Member Signature Printed Name Date

**T-SHIRT SIZE:** \_\_\_\_\_