



**BOYS & GIRLS CLUBS**  
OF THE CSRA

# MEMBERSHIP APPLICATION

## MEMBER INFORMATION

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date:     /     /

Male    Female

T-Shirt Size:

Grade:

School:

Georgia Testing ID #:

## MEMBERSHIP LOCATION

**E.W. Hagler**  
1321 Swanee Quintet Blvd.  
Augusta, GA. 30904  
706-312-2200

**Dogwood Terrace**  
747 15<sup>th</sup> Avenue  
Augusta, GA. 30901  
706-737-3554

**W.T. Johnson**  
1610 Hunter St.  
Augusta, GA. 30901  
706-821-2866

**South Augusta**  
2463 Golden Camp Rd.  
Augusta, GA. 30906  
706-869-2532

**Washington County**  
320 Riddleville Rd.  
Sandersville, GA. 31082  
478-552-7115

**Thomson**  
221 Pecan Avenue  
Thomson, GA. 30824  
706-595-7477

**Lakeside Middle School**  
527 Blue Ridge Dr.  
Evans, GA. 30809  
706-825-0537

**Riverside Middle School**  
1095 Furrys Ferry Rd.  
Evans, GA. 30809  
706-825-0883

**PROGRAM TYPE:**    **After School**    **Summer Camp**

## HOUSEHOLD INFORMATION

Household Type:

Two Parent    Single Mother    Single Father    Grandparent  
 Legal Guardian    Foster Care    Extended Family    If Military, what branch? \_\_\_\_\_

Household Size (Total # Living in Household):

Head of Household First Name:

Head of Household Last Name:

Relationship to Member:

Male    Female

Street Address:

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

Email Address:

Cell Phone:

Home Phone:

Other Parent/Guardian First Name:

Other Parent/Guardian Last Name:

Relationship to Member:

Male    Female

Street Address:

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

Email Address:

Cell Phone:

Home Phone:

Head of Household Employer:

Job Title:

Income:

Under \$15,000 per year    \$15,001 - \$20,000    \$20,001 - \$25,000 per year  
 \$25,001 - \$30,000 per year    \$30,001 - \$40,000 per year    Over \$40,000 per year

\*Member Ethnicity:   \_\_\_ African American   \_\_\_ White   \_\_\_ Hispanic   \_\_\_ Asian   \_\_\_ Multi-Racial

## MEMBER MEDICAL INFORMATION

Allergies/Disabilities/Medical Issues:

Medications:

Insurance Company:

Policy #:

Physician Name:

Physician Phone Number:

Preferred Hospital:

Does your child have either of the following?  IEP  504 Plan

## REFERRING ORGANIZATION

Amerigroup  WellCare  School  DFACS  DJJ  Foster Care  Other \_\_\_\_\_

## EMERGENCY CONTACT

### \*Primary Emergency Contact Person

First Name:

Last Name:

Relationship to Member:

Authorized to Pick Up Member?

Yes

No

Cell Phone:

Work Phone:

Home Phone:

### \*Secondary Emergency Contact Person

First Name:

Last Name:

Relationship to Member:

Authorized to Pick Up Member?

Yes

No

Cell Phone:

Work Phone:

Home Phone:

### Other Individuals Authorized to Pick Up Member

First Name:

Last Name:

Relationship to Member:

Phone Number:

First Name:

Last Name:

Relationship to Member:

Phone Number:

Transportation Type:

Car Rider

School Bus

Walk/Bike

BGC Bus/Van

**CONFIDENTIALITY:** Any personal information requested is for Boys & Girls Club records and/or for the entities from which we receive funding. The information you provide will be kept confidential and will be used for aggregated reporting purposes only.

**NONDISCRIMINATION POLICY:** In accordance with Federal Law and US Department of Agriculture Policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint, write to USDA Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410. Or call 800-795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.



**BOYS & GIRLS CLUBS**  
OF THE CSRA

2016-2017

**Dear Parents and Guardians,**

Boys & Girls Clubs of the CSRA's Students Tapping Academic Resources for Success (STARS) Program is beginning another successful year! STARS provides Club members with additional academic resources to succeed in school. The program will take place at the Boys & Girls Club site which your child attends and will be offered to grades 1<sup>st</sup>-8<sup>th</sup> in Richmond and McDuffie Counties, grades 2<sup>nd</sup>-9<sup>th</sup> in Washington County, and grades 6<sup>th</sup>-8<sup>th</sup> in Columbia County.

**The STARS Program includes:**

- Tutoring from a Certified Teacher in small groups for math, reading, and science.
- Enrichment activities in music, dance, art, technology and more.
- Lessons that promote good character and life skills.
- Sports, fitness, and the development of healthy habits.

**To accept a scholarship to this program and allow your child to participate in STARS, please complete the registration form below.**

**YES! My child accepts this scholarship to participate in the STARS Program and I understand that:**

- Classes will be held Monday–Friday at each Club between 2:00 pm and 7:00 pm during the school year and between 9:00 am and 2:00 pm during the summer.
- Regular attendance in the STARS Program will contribute to my child's academic success.
- If my child misses STARS for three days in a row without contacting the Unit Director, he/she may be dropped from the STARS portion of the after school program.
- As a parent, I will need to attend a **minimum of one** family event per month.

**PLEASE PRINT CLEARLY:**

**Student's Name:** \_\_\_\_\_

**Student Grade:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

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

\_\_\_\_\_  
**Date**

**\*To refuse the scholarship and waive permission for participation in this program please check the box and sign below.**

**My child does not accept this scholarship and will not participate in STARS**

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

\_\_\_\_\_  
**Date**

**E.W. Hagler Club**  
at Collins Elementary  
1321 Swanee Quintet Blvd.  
Augusta, GA. 30904  
706-312-2200

**Dogwood Terrace Club**  
747 15th Avenue  
Augusta, GA. 30901  
706-737-3554

**Thomson Club**  
221 Pecan Avenue  
Thomson, GA. 30824  
706-595-7477

**W.T. Johnson Club**  
1610 Hunter St.  
Augusta, GA. 30901  
706-821-2866

**South Augusta Club**  
at Henry Brigham Center  
2463 Golden Camp Rd.  
Augusta, GA. 30906  
706-869-2532

**Washington County Club**  
320 Riddleville Rd.  
Sandersville, GA. 31082  
478-552-7115

**Lakeside Middle School**  
527 Blue Ridge Dr.  
Evans, GA. 30809  
706-504-4071

**Riverside Middle School**  
1095 Furrys Ferry Rd.  
Evans, GA. 30809  
706-504-4071





# CONSENT & PARTICIPATION

Member Name:		
Parent/Legal Guardian Name:		
Parent/Legal Guardian Initials	<b>Participation Waiver:</b>	I, the parent of the above named child hereby give my approval to his/her participation in all activities. I understand and acknowledge that the Boys & Girls Clubs of the CSRA does not carry health or accident insurance on the above referenced child and I will be solely liable for any costs arising from any injury sustained by the child while engaged in activities or in transport to or from activities. I understand that there are risks associated with engaging in activities sponsored by the Boys & Girls Clubs of the CSRA and in transporting the child to and from such activities and I hereby assume all risks and hazards incidental to the child's participation in and transportation to and from activities. I do hereby waive, release, absolve, and indemnify and agree to hold harmless the Boys & Girls Clubs of the CSRA, in, its directors, organizers, supervisors, employees, participants, volunteers, and other persons assisting or overseeing such activities and/or engaging in the transportation of my/our child to or from activities from any claim arising out the injury or death of my/our child. I further waive the right to a jury trial in connection with action concerning the foregoing.
Parent/Legal Guardian Initials	<b>Homework Agreement:</b>	I understand that although the Boys & Girls Club will provide time and space for homework while encouraging my child to use his/her time wisely, the Boys & Girls Club staff will NOT be responsible for homework completion and accuracy or for checking agendas or assignments. I agree to review my child's assignments and assume responsibility for their completion.
Parent/Legal Guardian Initials	<b>Consent to Share Information:</b>	I authorize the Boys & Girls Clubs of the CSRA and cooperating organizations and agencies to exchange information related to the above named child. This information will be kept to provide medical, educational, and welfare management services in confidential by the receiving organization or agency. The information exchanged will be used in the best interest of the student. I understand that personal records are protected by various Federal and State laws and cannot be disclosed without this, my written consent, unless otherwise authorized. To further clarify, as parent/guardian of the above named child, I give written consent for my child's school to share all pertinent student records with the Boys & Girls Clubs of the CSRA including, but not limited to, report card grades and standardized test scores. I also authorize the staff of the Boys & Girls Clubs of the CSRA to discuss any educational concerns about my child with his/her school professional.
Parent/Legal Guardian Initials	<b>Outcome Measurement Consent:</b>	I give my permission to the Boys & Girls Clubs of the CSRA to survey and interview my child, to find out what his/her behaviors, skills, and attitudes are in regards to issues such as health risks and habits, self-esteem, respect for diversity, education and educational resources, positive relationships, career choices, and connections to the community, as well as his/her experiences at the Club. I understand that the purpose of these surveys and interviews is to help find out how well the Club is meeting my child's needs and to identify areas which may call for further attention. I also understand that this information will remain private, and that only the management staff and assigned research assistants at the Boys & Girls Clubs will be able to look at his/her responses. I understand that my child's responses will be automatically grouped together with the responses of other Boys & Girls Club members for any public presentation of the findings, and that my child will never be individually linked to his/her responses. I understand that I can receive a copy of this signed Consent Form, and that upon written request I may arrange to discuss the findings with the Executive and/or Program Director at the Club.
Parent/Legal Guardian Initials	<b>Emergency Health Treatment Authorization:</b>	In the event I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the Boys & Girls Clubs of the CSRA to hospitalize, secure proper treatment for, and to order injections and/or surgery for my child named above. In addition, I hereby give permission to the physician selected by The Boys & Girls Clubs of the CSRA staff to order x-rays, routine tests, and treatment for the health of my child. I shall assume full responsibility for payment of any such attention, care, and services. I hereby release, indemnify and hold harmless the Boys & Girls Clubs of the CSRA, the Georgia Department of Human Services, as well as any officer, director, employee, or agent of the Club from any liability, claim, or demand resulting from any legal medical attention and assistance that may be needed and provided as a result of an injury or harmful incident to my child at the time of entering my child in Boys & Girls Clubs of the CSRA programs.
Parent/Legal Guardian Initials	<b>Photo Permission:</b>	I hereby give my permission to have photographs taken of my child as a Boys & Girls Clubs of the CSRA member. I am aware that any pictures taken may be used in marketing materials, such as annual reports, postcards, flyers, magazines articles, on the internet, social media and other published material for the benefit of the Boys & Girls of the CSRA.
Parent/Legal Guardian Initials	<b>Abstinence/Prevention Program Participation Permission (TEENS ONLY):</b>	I give my permission for the above named child to participate in Boys & Girls Clubs of the CSRA healthy lifestyles programs and risk taking behavior resistance classes including but not limited to those addressing sexual behavior, drugs and alcohol, gang involvement, and conflict resolution for teens. These programs prepare students to make decisions and to care for and respect themselves. The sessions will be conducted during normal operating hours at the Boys & Girls Clubs of the CSRA.
I, _____, the parent/legal guardian of the above named child agree, understand, and consent to the information as stated above.		
Parent/Legal Parent/Legal Guardian Signature: _____ Date: _____		