



Boys & Girls Club of the Hatchie River Region 2016-2017 School Year Membership Form

After School Club Hours: 2:30pm-6:30pm - Car riders pick-up at 5:30 pm

Location: 412 Alston Circle Bldg C, Covington, TN Children Ages 6-18 (if still in H.S.) Annual Fee \$30.00 for the entire school year (If your child receives free lunch this fee is \$5 for the entire school year, if your child receives reduced lunch this fee is \$15 for the entire school year. Half-price for additional children in the same household.

FOR SAFETY REASONS GYM SHOES MUST BE WORN EVERY DAY

1. Student Name: _____ DOB ___ - ___ - ___ Age ___ Race ___ M ___ F ___
2. Student Name: _____ DOB ___ - ___ - ___ Age ___ Race ___ M ___ F ___
3. Student Name: _____ DOB ___ - ___ - ___ Age ___ Race ___ M ___ F ___
4. Student Name: _____ DOB ___ - ___ - ___ Age ___ Race ___ M ___ F ___
5. Student Name: _____ DOB ___ - ___ - ___ Age ___ Race ___ M ___ F ___
6. Student Name: _____ DOB ___ - ___ - ___ Age ___ Race ___ M ___ F ___

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: (____) ____ - ____ Emergency Phone #: (____) ____ - ____

Cell Phone #: (____) ____ - ____ Other #: (____) ____ - ____

Parent/Guardian E-mail Address: _____

I would like my child(ren) to be considered to be a Peer Mentor. _____ yes _____ no

School Information

1. Name of School: _____ Grade: _____ GPA: _____
2. Name of School: _____ Grade: _____ GPA: _____
3. Name of School: _____ Grade: _____ GPA: _____
4. Name of School: _____ Grade: _____ GPA: _____
5. Name of School: _____ Grade: _____ GPA: _____
6. Name of School: _____ Grade: _____ GPA: _____

Do the student(s) receive: Free Lunch Reduced Lunch Neither Free or Reduced Lunch

Family Information

Mother's Name: _____

Mother's Best Contact Phone #: (____) ____ - ____ 2nd Best Contact Phone#: (____) ____ - ____

Father's Name: _____

Father's Best Contact Phone #: (____) ____ - ____ 2nd Best Contact Phone#: (____) ____ - ____

If different parents specify child and parent information below:

Name of Guardian (if different from mother or father): _____

Relationship of Guardian to the student: _____

Guardian's Best Contact Phone #: (____) ____ - ____ 2nd Best Contact Phone#: (____) ____ - ____

Number of Brothers/Step Brothers: _____ Number Of Sisters/Step Sisters: _____

Medical Information

Doctor's Name: _____ Doctor's Phone: _____

Permission for Doctor/Hospital In case of an emergency: ____ Yes ____ No

Does Your Family Have Health And/Or Accident Insurance: ____ Yes ____ No

If yes, provide the name of the Insurance Provider: _____

Please Indicate Any Medical (physical or mental health) Problems And/Or Allergies:

1. Child Name: _____ Condition(s): _____

Medications: _____

2. Child Name: _____ Condition(s): _____

Medications: _____

3. Child Name: _____ Condition(s): _____

Medications: _____

4. Child Name: _____ Condition(s): _____

Medications: _____

5. Child Name: _____ Condition(s): _____

Medications: _____

6. Child Name: _____ Condition(s): _____

Medications: _____

Parent/Guardian Release

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 Club of the Hatchie River Region, 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 and 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.

Medical Treatment

I give permission to the Boys & Girls Club of the Hatchie River Region to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.

Data Collection

I give my permission to the Boys & Girls Club of the Hatchie River Region to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members.

School Information

I give my permission to the Boys & Girls Club of the Hatchie River Region and the Tipton County School District to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting the Tipton County School District or the Boys & Girls Club in writing.

Data Sharing

I understand that the Boys & Girls Club of the Hatchie River Region may share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by Boys & Girls Club of the Hatchie River Region, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Technology

As a member of the Boys & Girls Club, your child will have access to the Internet. While precautions are being taken, it is possible that s/he may access inappropriate sites. The Boys & Girls Club will have rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access.

Miscellaneous

I understand that the Boys & Girls Club is not responsible for lost or stolen items. Parents and Club members are responsible for their own transportation to and from the Club which may be arranged by using Tipton County Schools transportation if eligible.

Guest Speakers/Organizations & Programs

From time to time we will invite guest speakers and organizations to the Club. We may also partner with other agencies and churches as part of our character and leadership development program as well as our healthy living program. Some of the information provided may be faith-based in nature.

- I give my child(ren) permission to participate in activities at the Club that may contain faith-based content.
- I do not give my child(ren) permission to participate in activities at the Club that contains faith-based content.

I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the Boys & Girls Club and its activities. (This would be done to promote the club and show the community what we do with the children.) I also understand that the Club is not, nor does it claim to be, a licensed day care center.

Safe Passage Policy

For members under the age of 12, a parent, guardian or other authorized adult (e.g. family member, babysitter) must retrieve the member from the Club. Members age 12 and older may leave the club unescorted with written permission from parent or guardian and a signed release of liability. Members 12 and older may also escort other members of their household from the club. However, no member, regardless of age, will be allowed to return to the Club once they leave the premises for the day.

Parents/guardians/authorized adults are asked to enter and exit through the main door to drop off or pick up children. Staff will not respond to phone calls requesting a member to be dismissed unescorted.

The above notwithstanding, the Club will not physically restrain a member that insists on leaving the club, nor block the facility's exits. Therefore it is each parent's responsibility to discuss the Club's Safe Passage policy with his or her child and ensure that he or she complies. The Club will not accept responsibility for members that leave the Club unsupervised and in breach of this policy. Nevertheless, the Club reserves the right to discipline members that leave unescorted without written permission, up to and including suspension and termination of membership. Again, safety is our primary concern. Therefore, please discuss this policy with your child to help foster an even safer environment for all our members.

Authorization to Leave Premises Unescorted:

- My child(ren) is/are 12 years or older and has my permission to check him/herself out of the Club.
- My child(ren) is/are 12 years or older but does not have my permission to check him/herself out of the Club.

Children younger than 12 years old may leave the Club with a relative so long as the relative is 12 years or older.

- My child(ren) is/are younger than 12 years old, but has my permission to leave the club with

Age: _____ Relationship: Brother Sister Cousin Aunt/Uncle Grandparent Other _____

I have read the completed application and this form, understand the rules of the Boys & Girls Club and request that my child be admitted into membership.

I give my permission to the Boys & Girls Club of the Hatchie River Region to share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by Boys & Girls Club of the Hatchie River Region, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Parent / Guardian Signature

Parent/Guardian Printed Name

Date

1. Student Name/Signature: _____ Date: _____

2. Student Name/Signature: _____ Date: _____

3. Student Name/Signature: _____ Date: _____

4. Student Name/Signature: _____ Date: _____

5. Student Name/Signature: _____ Date: _____

6. Student Name/Signature: _____ Date: _____

Confidential Information:

The following information is necessary for our records and the funding our organization receives. The answers you provide are confidential. Your cooperation in providing this information is both appreciated and necessary.

Number of Family Members in the Household: _____

Check all that Apply:

SSDI SSI TANF Day Care Volunteer Food Stamps General Assistance

Free or Reduced Price School Lunch Teen Parent Veteran Compensation

Child's Family Setting:

Mother Only Father Only Foster Care 1 Parent/1 step 2 Parent Family Grandparent(s)

Other _____

Is the Parent or Guardian Active Military? _____ Yes _____ No

FOR USE BY STAFF ONLY:

Assigned Membership # - _____

Card Made & Issued _____

Free or reduced lunch proof provided

Free or reduced lunch no proof provided

Total Fees Paid _____



**BOYS & GIRLS CLUB
OF THE HATCHIE RIVER
REGION**

Parent/Guardian Transportation and Field Trip Permission Form

_____ has my permission to be transported in a vehicle to or from the Boys & Girls Club of the Hatchie River Region (BGCHRR) either on a daily basis or on a specific date specified as _____ as part of a BGCHRR offsite activity. As stated in the BGCHRR membership application that I signed, I hereby release, waive, acquit and forever discharge the Boys & Girls Club of the Hatchie River Region, 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 and any claim of damages resulting from participation in activities of said organizations either at or away from the Club. If I have any questions or concerns I will make sure I address these issues with the Boys & Girls Club staff.

Parent's Printed Name

Date

Parent's Signature

Best Contact Number

GREAT FUTURES START **HERE.**

If multiple children in the family please write in the information for each child below:

Student Name: _____ Grade _____ Age _____ Gender _____

Student Name: _____ Grade _____ Age _____ Gender _____

Student Name: _____ Grade _____ Age _____ Gender _____

Student Name: _____ Grade _____ Age _____ Gender _____

Student Name: _____ Grade _____ Age _____ Gender _____

Student Name: _____ Grade _____ Age _____ Gender _____