



# BOYS & GIRLS CLUB OF ALACHUA COUNTY

## 2019-2020 APPLICATION FOR MEMBERSHIP

Membership form must be filled out completely. Every item must be answered before application will be accepted. Our federal, state, and local funding requires our ability to track everything provided on this form. All information will be kept private.

Please print legibly.

Name of Child _____			Nickname _____		
_____	_____	_____	_____	_____	_____
Address _____		City _____		Zip _____	
Home Phone (____) _____ - _____	Mobile Phone (____) _____ - _____	Date of Birth ____/____/____	Gender <input type="checkbox"/> M <input type="checkbox"/> F		
Age: _____	Child's Race: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other _____				

Did your child attend Boys & Girls Club of Alachua County during the 2019 Summer Camp? <input type="checkbox"/> Yes <input type="checkbox"/> No	School attending Fall 2019  _____  Grade entering Fall 2019  _____	Is your child enrolled in a Special Education Program at School? <input type="checkbox"/> ESE <input type="checkbox"/> ESOL <input type="checkbox"/> OTHER: _____
Did your child attend Boys & Girls Club of Alachua County during the 2018-2019 School Year? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your child receive free or reduced lunch at school? <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> No

### PARENT / LEGAL/GUARDIAN INFORMATION

Please provide all requested information.

**MOTHER / LEGAL GUARDIAN NAME** \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Race:  African American  Asian  Caucasian  Multi-Racial  Hispanic  Native American  Other \_\_\_\_\_

Place of Employment \_\_\_\_\_ Address \_\_\_\_\_

**FATHER / LEGAL GUARDIAN NAME** \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Race:  African American  Asian  Caucasian  Multi-Racial  Hispanic  Native American  Other \_\_\_\_\_

Place of Employment \_\_\_\_\_ Address \_\_\_\_\_

FOR OFFICE USE ONLY		
Membership # _____	Computer Updated: ____/____/____	Date Fees Paid: ____/____/____
Receipt #: _____	Applied for scholarship: <input type="checkbox"/> Yes <input type="checkbox"/> No	Scholarship Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Form Verified By: _____	Member Shirt Size _____	

## MEDICAL INFORMATION

Personal/Family Physician: \_\_\_\_\_ City/State: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Permission for Doctor/Hospital:  Yes  No Child's Medical Insurance: \_\_\_\_\_ Policy # / Group #: \_\_\_\_\_

### Medical

List any medical or physical limitations that would limit your child's participation in the program or that we should know about - *(please be specific)*

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### Behavior

Diagnosed behavior conditions? (This may not restrict your child from enrolling):  EH  SLD  ADD  ADHD  OTHER \_\_\_\_\_

### Allergies

Does your child have any known allergies (such as dust, drugs, plants, animals, food, etc.):  Yes  No If yes, what are they allergic to?

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### Medication

List any medication(s) that your child is currently taking & the dosage. (If your child's condition requires medication please note that we are unable to administer or store medicine as we do not have a nurse on site. Therefore, if medication (EpiPens, inhalers, etc) is needed member must keep them in their bag and be able to administer properly.) Please be specific:

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What is the specific medical condition that requires the above listed medication?

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### MEDICAL INFORMATION VERIFICATION

The undersigned hereby states, to the best of my knowledge, that my answers to the above medical questions are complete and correct and that I am at least eighteen (18) years of age and am fully competent to sign this verification.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

### MEDICAL EMERGENCY RELEASE

In case of accidental injury, the undersigned authorizes Boys & Girls Club Staff to see that the necessary medical treatment is obtained in the event the parent or legal guardian is unable to be reached or is otherwise inaccessible. In this event, the undersigned authorizes a Boys & Girls Club of Alachua County Staff Member to sign for and authorize the physician, hospital or emergency personnel of his/her choice to provide emergency care. In cases of accidental injury, the undersigned agrees to assume financial responsibility for cost incurred. I have read the above and agree to the stipulations. I represent that I am at least eighteen (18) years of age and am fully competent to sign this Release.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

## HOUSEHOLD INFORMATION

*This section must be completed and is used internally and for grant funding only.  
This information does not determine membership status and all information is kept confidential.*

The reason for joining the Club (Check all that apply): <input type="checkbox"/> Fun <input type="checkbox"/> School Referral <input type="checkbox"/> Learning <input type="checkbox"/> Court Referral <input type="checkbox"/> Sports <input type="checkbox"/> Friends are members <input type="checkbox"/> Other (please list): _____	Single Parent Household?  <input type="checkbox"/> Yes <input type="checkbox"/> No	The child lives with (Check all that apply): <input type="checkbox"/> Mom <input type="checkbox"/> Grandparent <input type="checkbox"/> Dad <input type="checkbox"/> Guardian <input type="checkbox"/> Step-Mom <input type="checkbox"/> Step-Dad <input type="checkbox"/> Other (please list): _____
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Total Number of People Living in Household: \_\_\_\_\_      Number of members in household age 65 or older: \_\_\_\_\_

Current head of household (check one):  Male  Female  Both      Parent(s) in the Military?  Yes  No If yes, Branch: \_\_\_\_\_

Annual Household Income (check one):  0- \$19,99    \$20,000 - \$39,000    \$40,0000 - \$59,000    \$60,000 and up

### PERSONS AUTHORIZED TO PICK UP CHILD - INCLUDE YOURSELF

*Please notify Boys & Girls Club of Alachua County promptly of any changes. You must have TWO additional contacts other than yourself*

Name	Relationship	Home Phone	Cell Phone	Emergency Contact
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

### TEENAGE MEMBERS ONLY:

#### Permission for Self Check Out and Sibling Check Out

I give permission for my teen aged child to self-check-out each afternoon. I understand that the Boys & Girls Club is not responsible for him/her before arrival to the Club or after they leave Club.

PLEASE NOTE: Once your child has checked out for the day, they are no longer the responsibility of the Boys & Girls Club of Alachua County and they must leave the Boys & Girls Club of Alachua County property immediately. They must wait for their transportation to arrive before checking out. Failure to follow these procedures will result in revocation of self-check-out privileges.

I further give permission for my teen child to sign out his/her younger siblings.  Yes  No

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

Date \_\_\_\_\_ Sr. Staff Member Verification: \_\_\_\_\_

## LATE PICK UP

Boys & Girls Club of Alachua County will close promptly each day at the posted closing time. Pickup after the posted closing time is considered a violation of the membership agreement. For any child remaining after the posted closing time, a late fee will be charged. Beginning at five (5) minutes past the posted closing time a late fee of fifteen dollars (\$15) will be immediately charged. Late fees will then accrue at one dollar (\$1.00) per minute per child until the child is picked up.

If any child is remaining without contact from the parent / legal guardian thirty (30) minutes after the posted closing time, local law enforcement will be contacted to take custody of the child. Please know that the staff and leadership of Boys & Girls Club of Alachua County does not want to take this action. It is the parent / legal guardian's responsibility to ensure children are picked up on time.

I understand that if I am habitually late (as determined by Unit Director), my child's membership may be suspended or terminated without refund.

All late fees must be paid by close of business the next day the Cub is open, or membership may be suspended or terminated. All future registrations (including sports) will not be processed unless all late fees are paid.

I agree that I am responsible for picking up special notices and flyers each day which will alert me to any changes in scheduling. If someone else is picking up my child, I agree that they are responsible for picking up notices and flyers and conveying their message to me.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

## CHECK-IN, CHECK OUT, AND PICK UP

I understand that I must come into the building to Check-In and/or Check-Out my child. Exceptions will only be made for documented handicapped, disabled, or special needs. Prior arrangements must be made.

I understand that any authorized adult, including myself, who drops off or picks up my child must show valid Identification and know my child's name, their group name and member number for each child they are responsible for. I understand that no one unknown to attendant Club staff, including myself, will be allowed to pick up my child. I understand that a proper photo ID must be presented when asked. I understand that for the safety of my child no exceptions to this policy will be made.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

## TRANSPORTATION PERMISSION

I hereby give permission for my child to participate in field trips, activities and programs with the Boys & Girls Club of Alachua County that may necessitate transportation in vehicles. I understand that day trips within Alachua County may be unannounced. I understand that trips outside of Alachua County will be posted at least three (3) days in advance and will require a separate authorization form. I understand that all trips will be under the supervision of Boys & Girls Club of Alachua County staff. I hereby agree not to hold Boys & Girls Club of Alachua County, its agents, volunteers, or employees responsible for any injuries or accidents that may occur during my child's participation in field trips, travel or transportation. Furthermore, I authorize Boys & Girls Club of Alachua County to administer first aid in case of injury or accident. I grant Boys & Girls Club of Alachua County permission to authorize and obtain medical care in case of injury or accident when neither parent or legal guardian is available to grant such permission. I represent that I am at least eighteen (18) years of age and am fully competent to sign this Release.

My child may participate in field trips, activities and programs requiring off-site transportation:  Yes  No

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

## SWIMMING PERMISSION

I hereby give permission for my child to participate in water-related and swimming activities either at a Boys & Girls Club of Alachua County facility or local public swimming pool. I hereby fully release, and shall in the future release, the Boys & Girls Club of Alachua County and its Directors, Instructors, Officers and Staff, from any cause of action, claim or liability for damages or expenses, including but not limited to any claims for personal injuries resulting or arising out of any water-related activities, swimming activities, or related activities.

My child  can  cannot swim.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

## COMPUTER AND ELECTRONIC DEVICE USE PERMISSION

I hereby give permission for my child to participate in the activities and programs of Boys & Girls Club of Alachua County that requires the use of the internet. I further understand that my child may be allowed to use computers and electronic devices for educational and/or appropriate entertainment purposes. I understand that all computer and electronic device use will be under the supervision of Boys & Girls Club of Alachua County staff. I understand my child may only go to internet sites that are pre-approved by Boys & Girls Club of Alachua County staff. Inappropriate or malicious use of computers or electronic devices may result in disciplinary action, up to and including suspension or termination of membership. Memberships terminated for misuse of computers and electronic devices will not receive a refund of fees.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

## SCHOOL INFORMATION

I hereby give permission to Boys & Girls Club of Alachua County and the Alachua County School District (or my child's school) to exchange files and information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job helping my child be successful in school, at Boys & Girls Club of Alachua County, and in life. I understand programs and partnerships Boys & Girls Club of Alachua County use to assist my child may require this information. All information will remain private. To the extent information is required for qualified partners, it will be shared anonymously. This release applies to report cards, progress reports, attendance records, and discipline files. I give permission for Boys & Girls Club of Alachua County staff to discuss academics, attendance, and discipline with school staff, teachers, counselors, and administration personnel. This release is valid for one year and may be revoked at any time by contacting Alachua County School District and the Boys & Girls Club of Alachua County in writing.

I understand that for membership Boys & Girls Club of Alachua County must maintain a copy of my child's report cards and progress reports on file. I must allow Boys & Girls Club of Alachua County to photo copy report cards and progress reports or provide one within forty-eight (48) of issuance by my child's school.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

## SURVEYS & QUESTIONNAIRES

I hereby give permission for Boys & Girls Club of Alachua County to survey my child about his or her Club experience, behaviors, skills and attitudes using Boys & Girls Clubs of America's National Youth Outcomes Initiative Survey or other survey instruments.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

## BOYS & GIRLS CLUB OF AMERICA

I hereby give permission to the Boys & Girls Club of Alachua County to share information about the minor child listed on this application with the Boys & Girls Club 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 data collected via surveys or questionnaires. All information provided to BGCA will be kept anonymous and confidential.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

## 2019-2020 MENTORING PARENT/GUARDIAN CONSENT FORM

I understand Boys & Girls Club of Alachua County will offer my child the opportunity to participate in an on-site Mentoring Program. Mentors are Boys & Girls Club of Alachua County staff or vetted adult volunteers from the community who help Club Members with school, goals, and relationship issues related to family, teachers and friends. Mentors will get to know each Member's goals and interests. I understand Mentors will be screened, including criminal background checks, and trained before working with my child. I understand Mentors will meet regularly with my child at Boys & Girls Club of Alachua County facilities and under the supervision of Club staff. I understand that Mentors will NOT be allowed to meet or communicate with my child off-site or during non-Club hours.

I understand that my child may participate in an orientation session at the Club during which the program will be explained. The program is planned to last one year, and continuation may then be discussed. I understand that during the mentoring program there may be special group events (incorporating all mentors and youth) and family events planned. I understand that the staff of the Club will provide ongoing monitoring and supervisions of the mentoring activities.

I hereby give my child permission to participate in the Mentoring Program.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

## CLUB RULES

- 1. CHOOSE to respect!**
  - a. Respect carries across all areas of our life. We choose to respect:**
    - i. Ourselves, Our Family, Our Friends**
    - ii. Other Club Members**
    - iii. Club Staff, Club Facilities, Club Equipment**
    - iv. Teachers, Roles Models, Mentors**
- 2. CHOOSE to be kind and considerate to everyone!**
- 3. CHOOSE not to use bad language or call people names!**
- 4. CHOOSE not to use horseplay!**
  - a. Horseplay is the catalyst of nearly every argument or fight at the Club.**
  - b. We play hard ... at the appropriate time and place.**
- 5. CHOOSE to do what you know is right, even when no one is looking!**

### Parent/Child Agreement - Rules & Discipline Procedures

I understand that if my child acts out, displays unwarranted aggression, or misbehaves, Boys and Girls Club of Alachua County will follow a process called Trust Based Relational Interfacing (TBRI). Should this prove to not be sufficient we will begin a documented discipline process: written warning, parental notification, suspension, and termination of membership. The response from both your child and you will determine the progression of this process. All disciplinary notices will require a signature by a parent / legal guardian. I understand that refusal to sign disciplinary notices may result in the termination of membership. Note that some behaviors may require In Club Suspension (ICS,) Out of Club Suspension (OCS) and/or Revocation of Membership automatically.

I agree that my child must wear proper clothing and footwear unless preapproved specific circumstances warrant. The following clothing articles are not allowed at the Club: bare feet, open-toed shoes (including flip-flops, slides, and sandals), Heelie shoes (shoes containing integrated wheels), baggy pants without belts, clothing with inappropriate phrases, "sayings", graphics or pictures, short skirts or shorts, midriff shirts and those with thin spaghetti straps. Members will display modesty always. I understand that the Unit Director is the final determinant of appropriate clothing and footwear.

I understand that if my child damages or defaces property, steals or takes someone's possessions without permission, harasses or bullies (as determined by Club staff), physically fights or uses inappropriate physical contact he/she will immediately receive Out-Of-Club Suspension. I understand I will be contacted and must immediately make arrangements to remove my child from the Club. I agree to be financially responsible for any damages determined to be maliciously caused by my child. If a suspension occurs, I understand my child will not be allowed to return to the Club until I have met in-person with the Unit Director.

I understand that Personal Games, Toys, Collections Cards/Notebooks, Silly Bands, Cell Phones, CD/MP3 Players, Video Games and other electronic devices should not be brought to the Club without prior permission of Club staff. I understand that use of any of these items without prior permission will result in immediate confiscation. I understand that confiscated items may only be retrieved by a parent / legal guardian. I agree Boys & Girls Club of Alachua County is not responsible for items that are broken, misplaced, lost or stolen. I understand cell phones and electronic devices may only be used by students with specific permission of Club staff.

I agree that I have explained to my child that for their safety they are not to be in any staff office, kitchen, storage areas, hallways, restrooms or outside play areas without permission. I agree that I have instructed my child to never be alone with an adult in any closed spaces. I have instructed my child that they must always have at least one fellow student with them. My child and I understand that for his/her safety he/she is to remain with his/her assigned group and group leader always. I understand If my child leaves his/her assigned group without permission, the discipline process will be followed.

I agree I have explained the CLUB RULES to my child and that he/she will obey CLUB staff.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Club Member Signature \_\_\_\_\_

### OUT-OF-CLUB SUSPENSIONS

I understand that if my child receives Out Of Club Suspension (OCS), I will be required to meet with the Unit Director before my child will be allowed to return to the Club. I understand OCS requires my child be immediately picked up from the Club. I understand that not picking my child up in a reasonable time (as determined by the Unit Director) may result in additional actions. I understand that a second OCS in the same school year will require an in-person meeting with the Executive Director prior to my child returning to the Club.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

### PARENT / LEGAL GUARDIAN BEHAVIOR

I understand my behavior as a parent / legal guardian may determine whether my child can attend the Club. I understand this applies to my representatives as well, I understand that If I am abusive, combative, disrespectful or aggressive with Club staff (as determined by the Unit Director), my child's membership may be terminated without refund.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

### BUMPS, BRUISES, AND ABRASIONS

I understand that my child will be involved in recreational, active and sports related activities at the Club. I understand that he/she may fall or be struck by a ball in the course of active play. I understand that in the course of growing up, my child may stumble, trip, or fall and hurt some part of his/her body. I understand my child may experience bumps, bruises, and abrasions associated with active play.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

### MEDIA RELEASE

I hereby grant permission to Boys & Girls Club of Alachua County, its agents, and employees the irrevocable and unrestricted right to reproduce the photographs, video images, and any media taken of my child for publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby release the Boys & Girls Club of Alachua County and its legal representatives for all claims and liability relating to said images or video. I waive my right to any compensation.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

### GENERAL RELEASE OF LIABILITY

I, \_\_\_\_\_ (print full name), attest that I am the parent or legal guardian of the child named above. I hereby give my consent and permission for my child listed above to attend and participate in Boys & Girls Club of Alachua County programs and activities. I hereby agree not to hold the Boys & Girls Club of Alachua County, its agents, volunteers, or employees responsible for any injuries or accidents that may occur during my child's participation in activities of, or related to, Boys & Girls Club of Alachua County. I authorize the Boys & Girls Club of Alachua County to administer first aid in case of injury or accident. I grant Boys & Girls Club of Alachua County permission to authorize and obtain medical care in case of injury or accident when neither parent or legal guardian is available to grant such permission. I represent that I am at least eighteen (18) years of age and am fully competent to sign this Release. I acknowledge that all the above information is correct and that I understand and agree to all the information contained in this application. I acknowledge that I have read completely the 2019-2020 **APPLICATION FOR MEMBERSHIP** and that I fully understand and consent to all the information contained therein.

Date \_\_\_\_\_ Parent / Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Sr. Staff Member Verification: \_\_\_\_\_