



BOYS & GIRLS CLUBS OF THE BLUE RIDGE
 311 East Church St. Suite B; Martinsville, VA 24112
 Phone: 276-656-1171 E-mail: mwomack@bgcbr.org

ID #: _____

Start Date

____/____/____

FOR OFFICE USE ONLY

Membership Type <input type="checkbox"/> New Member <input type="checkbox"/> Dues Paid <input type="checkbox"/> Renewing Member Expiration Date: May 31 st , 2022	Site Location Summer: _____ Fall: _____	<input type="checkbox"/> Physical <input type="checkbox"/> Immunization <input type="checkbox"/> Copy of Original B/C <input type="checkbox"/> Emergency Action Plan	Allergies/ Emergency Medication	Primary Contact Number: () -
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CHILD'S INFORMATION

First Name: _____ Middle: _____ Last Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Birth Date: ____/____/____ Age: _____ Race: _____ Eye Color _____ Hair Color: _____
 Birth State: _____ Birth #: _____ Sex: Male Female Height: _____ Weight: _____
 School Name: _____ Previous School Name: _____ Grade: _____
 I give BGCBR permission to use photographs of my child for promotional material Yes No
 (check one)

CUSTODIAL PARENT/GUARDIAN INFORMATION

Parent/Guardian 1	Parent/Guardian 2
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Street Address: _____	Street Address: _____
City: _____ State: _____	City: _____ State: _____
Employer: _____	Employer: _____
Work #: _____ Cell #: _____	Work #: _____ Cell #: _____
Home #: _____	Home #: _____

EMERGENCY CONTACTS: Please list two people *other than* parent/guardian.

Emergency Contact #1/ Authorized to Pick Up	Emergency Contact #2/ Authorized to Pick Up
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Street Address: _____	Street Address: _____
City: _____ State: _____	City: _____ State: _____
Employer: _____	Employer: _____
Work #: _____ Cell #: _____	Work #: _____ Cell #: _____
Home #: _____	Home #: _____

PERSONS NOT AUTHORIZED TO PICK UP CHILD*

1) _____ 2) _____

* IF A PARENT IS NOT ALLOWED TO PICK UP THE CHILD APPROPRIATE PAPERWORK SUCH AS CUSTODY PAPERS MUST BE SUBMITTED.

EMERGENCY INFORMATION

Medical Information: BGCBR is not responsible for injuries that occur to your child at the Club. Parents should carry their own medical insurance.

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

Does your child have health and/or accident insurance? Yes No

Child's Insurance Carrier: _____ If your child has Medicaid, please specify carrier: _____

Policy #: _____ Group #: _____

Serious/Chronic Health Problems? Yes No If yes, list special accommodations needed: _____

Allergies (including medicine and food): _____

The Medical Release Form must be signed by a doctor, for members requiring emergency medication.

Action to Take in an Emergency: (Attach Doctors Instructions) _____

Any dietary restrictions? _____

Emergency:

In case of an emergency, the Parent/Guardian gives permission for the Boys & Girls Club Staff to administer CPR and First Aid until rescue personnel arrive. The Parent/Guardian also authorizes immediate medical care and consents to the hospitalization of and/or the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. If there is an objection to seeking emergency medical care, a statement must be obtained from the parent/guardian that states the objection and the reason for the objection. This form is to be kept by the provider and is to be taken to the doctor or treatment facility in case of emergency.

SIGNATURE OF PARENT OR GUARDIAN

Date

HOUSEHOLD INFORMATION

The household information you provide is important to the Clubs various funding sources and will be used to secure funding for a better Club Experience. Information Gathered On This Application Is Kept Strictly Confidential and Will Only Be Used for Administrative Purposes.

Annual Gross Household Income: \$0 – \$9,999 \$10,000- \$19,999 \$20,000- \$29,999 \$30,000- \$39,999
 \$40,000- \$49,999 \$50,000- \$59,999 above \$60,000

The child lives with (check all that apply): Mom Step-Mom Dad Step-Dad Grandparents Other _____

Current Head of Household: Male Female

Single Parent: Yes No

Is there a Member of the Household who serves or has served the Military? Branch _____ Yes No

Current Number in Household (Include the child and everyone that lives in the same house with the child.) _____ Of that number, how many are under 18? _____

Do you receive the following? TANF Free Lunch Reduced Lunch Other: Please Specify:

Disclaimer:

By signing below, I acknowledge that I have completed this form in its entirety both honestly and accurately to the best of my abilities. I agree to inform staff in writing of any changes to any information immediately. This registration form guarantees membership from the start date.

Parents Signature

Date

Administrator's Signature

Date

Child's Name: _____ Club: _____

Permission for pre- and post- tests/surveys

In an effort to help us track the effectiveness of our programs, we may request that your child participate in pre- and post- tests, and/or surveys that run in conjunction with specific programs.

- I **do** give my permission for the administration of pre- and post tests/surveys
- I **do not** give my permission for the administration of pre- and post tests/surveys

Consent to Release Student Records

In order to help with our academic success program, we ask permission to obtain a copy of your child's report card, MAP data, SOL scores, and academic progress reports. All parent/guardian(s) are entitled to request student data from the school system, which their child is enrolled. Member information will remain strictly confidential and will only be used by the Club and its staff. At no point will individual student data be publicly released.

This release shall remain in effect until revoked.

- I **do** agree for my child's academic information to be released to the BGCBR staff.
- I **do not** agree for my child's academic information to be released to the BGCBR staff

Permission for field trips

As a part of the program BGCBR members have the opportunity to go on field trips during operational hours. In addition to city and/or county school buses, smaller groups may be transported in rented or personally owned vehicles. Parents who enroll their child(ren) in BGCBR afterschool and summer programs, give his/her approval to participate in field trips taken during club operational hours.

There will be individual permission slips for activities scheduled beyond club operational hours (e.g. skate night).

By signing below parents assume all risks and hazards incidental to the conduct of the activities and transportations to and from the activities. Parents do further release, absolve, indemnify, and hold harmless the organizers, sponsors, or any of the supervisors appointed by them. Parents likewise release from responsibility any person transporting their child(ren) to or from club and club related activities.

- I **do** give my permission for my child to participate in field trips taken during club operational hours.
- I **do not** give my permission for my child to participate in field trips taken during club operational hours.

Signature of Parent: _____ **Date:** _____

ACKNOWLEDGEMENT FORM

- I have read and understand the LATE PICK-UP POLICY. I understand and agree that there will be a late fee, and that the club will bill me. A payment schedule can be arranged for considerable amounts of money due; however, I understand that I must call and make such arrangements.
- I have read and understand the BEHAVIOR POLICY/DISCIPLINARY PROCEDURES *for children and adults* stated by BGCBR. I understand that my child and I will need to abide by all rules of the BGCBR while at the Club or a Club event.
- BGCBR agrees to notify the parents/guardians whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible. I also agree to quarantine my child(ren) in accordance with CDC guidelines for 14 days, if my child or myself are sick, or experiencing symptoms of COVID-19, or if anyone in my household has any signs or symptoms of COVID-19, or if we have been in close contact with anyone diagnosed with COVID-19.
- The parent/guardian authorize the BGCBR to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately. If there is an objection to seeking emergency medical care, a statement should be obtained from a parent or guardian that states the objection and the reason for the objection.
- The parents/guardians agree to inform the club within 24 hours or the next business day after their child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.
- I realize that the BGCBR is not responsible for injuries that occur to my child at the Club. Parents should carry their own medical insurance and are responsible for medical costs that may be incurred in cases of emergency.
- At any time BGCBR can choose to operate as an Exempt Program; whereas club members are advised to stay on Club premises; however, we cannot legally require a member to stay at the Club. Members will operate under an open door policy- the members are free to arrive and depart at their request. In this case, BGCBR will not be a licensed facility and is not responsible for the time or manner in which your child may arrive at or leave the Club. BGCBR accepts that it assumes responsibility for the supervision, protection, and well-being of several children with disabilities who are mainstreamed and shall not be subject to licensure.
- There will be a \$35.00 fee for all returned checks. Upon receipt of any returned checks the Boys & Girls Clubs of the Blue Ridge will deny any other check written and will only accept cash, money orders, or credit cards, thereafter.

By signing this document, I am acknowledging to have received and read a copy of the Parent Handbook and understand and agree to comply with policies and procedures outlined within. I have also reviewed these policies and procedures with my child.

Parent Name: _____ Signature: _____

Child's Name: _____

Afterschool Club: _____ Summer Club: _____ Date: _____