



# Membership Application

**Fall 2017**

**MEMBER INFORMATION**

Member's Full Name:	Last:	First:
Address:		

Home Phone:	Home School:	Grade:
Gender:	Date of Birth:	Age:
Weight:	Height:	Eye Color:
Hair Color:	Ethnicity:	

**PARENT/GUARDIAN INFORMATION**

Mother or Female Guardian	Home Address	Home Phone	Work Phone	Cell Phone
Please provide us with your <u>email address</u> so we can keep you updated about information concerning the Boys & Girls Club	<b>Employer</b>	<b>Position</b>		
Father or Male Guardian	Home Address	Home Phone	Work Phone	Cell Phone
Please provide us with your <u>email address</u> so we can keep you updated about information concerning the Boys & Girls Club	<b>Employer</b>	<b>Position</b>		

Child lives with:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	Other (please specify): _____
Number of people living in your household?		Does your child receive free/reduced lunch?		

**EMERGENCY CONTACT**

In the event that I/we cannot be reached the following person(s) will take responsibility for my/our child. Please do not list anyone who cannot be reached during program hours.

Name of Responsible Adult	Relationship To Child	Address	Home Phone	Work Phone	Cell Phone

**AUTHORIZATION FOR PICK-UP OF MEMBERS**

The safety of your child is important to us. When your child is enrolled in Boys & Girls Clubs of Potter County we will not allow anyone other than those people that you list below to pick up your child. If you wish to make changes to this list, please contact us.

**THE ONLY PEOPLE AUTHORIZED TO SIGN OUT MY/OUR CHILD ARE (please include yourself):**

Name	Relationship	Address	Home Phone	Work Phone	Cell Phone

What are the interests of the youth member?	
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**Please check any disabilities or special needs your child may have:**

<input type="checkbox"/> Attention Deficit Disorder	<input type="checkbox"/> Attention Deficit Hyperactive Disorder	<input type="checkbox"/> Autism
<input type="checkbox"/> Downs Syndrome	<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Asthma
<input type="checkbox"/> Other (please specify)		

<b>Special Information (diets, habits, special needs, allergies, medications, etc.):</b>

Physician Name:		Phone:	
Insurance Carrier:			
Name of Policy Holder:			

**Please note that Boys & Girls Clubs of Potter County will not administer medications to your child.**

The programs operate with a **DISCIPLINE CODE** (*this Discipline Code may be altered at the discretion of the Administration*):

- ✓ **First Offense** – Verbal warning to the child and a time out (will depend on severity of incident).
- ✓ **Second Offense** – Verbal warning to the child and parent will be notified. Written documentation will be kept on file.
- ✓ **Third Offense** – Conference with child and parent. Suspension from the program for a period of time up to 10 weeks.
- ✓ **Fourth Offense** – Release of the child from the program.

**ACKNOWLEDGEMENT AND CONSENT**

I approve of my child’s application for membership to the Boys & Girls Club of Potter County. I acknowledge that the Boys & Girls Club and/or its sponsors may use photographs of the child named on this application for internal and external use. Pictures of members taken involving Boys & Girls Clubs of Potter County programs or activities used for promotion are the property of the Boys & Girls Clubs of Potter County. I consent to such uses and hereby waive all rights of compensation.

\_\_\_\_\_ Initial

**EMERGENCY AUTHORIZATION**

In the event of a medical emergency involving my child during a Boys & Girls Clubs of Potter County sponsored activity; I understand the Boys & Girls Clubs of Potter County will notify me, the parent/guardian as soon as possible. If the parent/guardian cannot be located and the child is in need of immediate medical attention I authorize the Boys & Girls Clubs of Potter County staff to act as my agent to consent to appropriate medical attention.

\_\_\_\_\_ Initial

I, \_\_\_\_\_ agree to the terms and conditions described above and understand that by signing this agreement I acknowledge that I have read and accept the policies of the Boys & Girls Clubs of Potter County.

**PAYMENT**

*This form is per youth; please fill out a separate form for each additional family member.*

Membership Fee:

\$80/month individual

\$110/month family

Additional child with \_\_\_\_\_ family.

<b>Parent/Guardian Signature:</b>		<b>Date:</b>	
<b>Youth Signature:</b>		<b>Date:</b>	

<b>Paid Date:</b>		<b>Payment Type:</b>	Check / Cash
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**For Boys & Girls Club of Potter County Future Grant Funding , Please Provide Total Household Income.**

**Check One:**

<input type="checkbox"/> \$0-\$20,000	<input type="checkbox"/> \$21,000-\$40,000	<input type="checkbox"/> \$41,000-\$60,000
<input type="checkbox"/> \$61,000-\$80,000	<input type="checkbox"/> \$81,000-Up	

## Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:[http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;  
(2) fax: (202) 690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.