



BOYS & GIRLS CLUBS
OF WAYNE COUNTY

CLUB: _____
DATE: _____
MEMBER #: _____
PAID BY: CASH CHECK
STAFF MEMBER: _____
APPLICATION TYPE: NEW RENEWAL
EXPIRES: DECEMBER 31ST, 20 _____

Boys & Girls Clubs of Wayne County Membership Application Form
GOLDSBORO 919-735-2358 | FREMONT 919-242-3276 | MOUNT OLIVE 919-658-9836

MEMBER (CHILD) INFORMATION:

First Name: _____ Last Name: _____
Date of Birth (MM/DD/YYYY): _____ Gender: _____ Shirt Size _____ Anticipated Start Date: _____
Child lives with: Both Parents Mother Only Father Only Grandparent(s) Step-Mother Step-Father
 Foster Family Other (Please Specify): _____
If living with Foster Family, please list name and phone # of Case Worker: _____
Are you a Military Family? Yes No If Yes, branch? Army Air Force Navy Marines Coast Guard
Does your child receive: Free Lunch Reduced Lunch Neither
When will your child attend the Club? School Year Summer Only All Year Sports Only Special Program
Has your child previously belonged to a Boys & Girls Club? Yes No
If Yes, previously attended location/city? _____ Total # of years as a Club member? _____
*A copy of a Birth Certificate is required for all six (6) year old children. Attached? Yes

PARENT/GUARDIAN CONTACT INFORMATION:

Name: _____	Name: _____
Relationship to child: _____	Relationship to child: _____
Address: _____	Address: _____
City: _____ State: _____ Zip Code: _____	City: _____ State: _____ Zip Code: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____ EXT: _____	Work Phone: _____ EXT: _____
Cell Phone: _____	Cell Phone: _____
Email Address: _____	Email Address: _____
Employer: _____	Employer: _____
Primary contact for billing? <input type="checkbox"/>	Primary contact for billing? <input type="checkbox"/>

CUSTODY INFORMATION:

Are there any custody issues the staff should be made aware of? Yes No
If yes please attach any official court documents regarding custody that requires the Clubs to limit a child's contact with a parent, custodial or non-custodial. These documents **MUST** be provided to the Clubs or we cannot enforce.

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EMERGENCY CONTACT: (Whom can be contacted if the parent/guardian cannot be reached)

Name: _____	Name: _____
Relationship to child: _____	Relationship to child: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____ EXT: _____	Work Phone: _____ EXT: _____
Cell Phone: _____	Cell Phone: _____
Allowed to pick up child if parent cannot be reached? <input type="checkbox"/>	Allowed to pick up child if parent cannot be reached? <input type="checkbox"/>

MEDICAL INFORMATION: (Including Allergies, Medications, and Special Needs)

Please list any allergies we should be aware of. Please check all that apply:

None Pollen Dust Mold Dogs Cats Bees Peanuts Latex Dairy Tree Nuts

Other: _____

Please list all medical concerns and medications:

None Asthma ADD/ADHD Autism Diabetes Eczema Epilepsy Gastrointestinal

Other Medical Concerns (Please be specific): _____

Medications: _____

Please list AND describe any special needs or special classifications (IEP, 504, etc.) your child may have:

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

Insurance? Medicaid Other Health Insurance Accident Insurance

Insurance Provider: _____ Policy Number: _____

TRANSPORTATION:

How will your child be transported home at the end of program? Picked-Up via Car Walk Home

Are there any persons you would like to authorize to pick up your child, other than the parents and emergency contacts?

NOTE: Persons MUST present identification if requested by staff.

Full Name: (Print)	Phone Number:	Address:	Relationship to child:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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SCHOOL INFORMATION:

Name of School: _____ Grade: _____

Homeroom Teacher: _____ Current GPA: _____

Which extracurricular activities/programs is your child active in? Band Choir Sports YMCA 4-H

Math / Science Club Robotics Club Girl Scouts Boy Scouts Other: _____

DEMOGRAPHIC INFORMATION: (For statistical purposes only. Used to secure grants!)

Ethnicity: _____ Housing: _____ Annual Household Income: _____

African American

Rent

Below \$7,500

Caucasian

Own

\$7,501 - \$15,000

Hispanic

Public Housing

\$15,001 - \$30,000

Multi-Racial

Foster Care

\$30,001 - \$50,000

Asian

Shelter

Above \$50,001

Caribbean Islands

Other: _____

Native American

Pacific Islander

Other: _____

How many siblings? _____ Total number of individuals who live in the household: _____

WERE YOU REFERRED TO THE BOYS & GIRLS CLUB? (Check all that apply)

Parent/Guardian School Law Enforcement Clergy Community Shelter BGC Member

Department of Social Services Mental Health Services Juvenile Court Other: _____

BOYS & GIRLS CLUBS “SAFE PASSAGE” POLICY:

Boys & Girls Clubs has a ‘Safe Passage’ policy, which allows Club members to come and go as their parent/guardian sees fit. A parent/guardian may request in writing each time their child leaves the Club or is signed out by an adult. A parent/guardian may allow a member to sign themselves out, this would be a member self-sign out request. This gives the member the ability to sign themselves out of the Club. Boys & Girls Clubs staff will make reasonable efforts to ensure that only members with an adult signed member self-sign out permission leaves unaccompanied.

IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO INFORM THE MEMBER OF EXPECTATIONS RELATIVE TO REMAINING AT THE CLUB UNTIL SIGNED-OUT OR PICKED UP BY A DESIGNATED PERSON. MEMBERS WHO LEAVE THE CLUB IN VIOLATION OF A WRITTEN MEMBER SELF-SIGN OUT REQUEST MAY BE SUBJECT TO SUSPENSION FROM THE CLUB.

Please check the option that fits your wishes:

I request that my child is signed out by an adult. (Adult MUST come in to sign the child out)

I formally grant permission to my child to sign themselves out. (Applies ONLY to members aged 14 and up.)

Parent/Guardian (Print): _____

Parent/Guardian Signature: _____ Date: _____

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PARENTAL RELEASE FORM:

Liability Clause: I, the parent/guardian of the minor child listed on this applications, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Wayne County, Inc. (hereinafter known as BGCWC) and Boys & Girls Clubs of America (hereinafter known as BGCA), 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.

I understand that BGCWC shall not be responsible or legally liable for any bodily injuries or the result thereof incurred and suffered by my child on any property of BGCWC, or while engaged in any activity away from the club, unless such loss or injury results directly from negligence or willful act or any employee of BGCWC acting within the scope of his/her employment.

Medical Consent: I give consent to BGCWC to seek emergency medical treatment for my minor child if I cannot be reached. I consent that my child may be transported and given medical treatment if it becomes needed. I will be responsible for any cost of medical attention and treatment incurred. I give BGCWC consent to use over-the-counter topical ointments, sunscreen and topically applied insect repellent.

School Information: I give consent to BGCWC, Wayne County Public Schools (WCPS) and any private/charter schools to exchange information regarding the minor child listed on this application. The purpose of the exchange is to better help the member be successful in school, in the Boys & Girls Clubs and in life. This release is valid for one year and may be revoked at any time by contacting BGCWC in writing.

Survey/Questionnaires: I give consent for BGCWC to survey my child about his/her Club experiences, behaviors, skills, and attitudes using BGCA’s National Youth Outcome Survey or other instruments such as pre/post testing pertaining to Boys & Girls Clubs programs. Example of programs: Power HOUR, SMART Moves, Triple Play, Healthy Habits, etc.

Technology: As a member of BGCWC, your child will have access to the Internet. While precautions are taken at the Club to secure and protect all members, it is possible s/he may access inappropriate sites. BGCWC has rules and consequences at the Clubs for such behavior; however, we will not be responsible for the consequences of such access.

Bring Your Own Device (BYOD): We allow members to use the Wi-Fi in our facility. The same precautions on our wired network are used to secure and protect the children while using the Wi-Fi. However, if a child is not on the Wi-Fi those precautions are not in effect. We cannot control what your child does on his/her data plan, if applicable. If your child is seen accessing inappropriate content, your child will be required to turn their device into the front desk and will remain there till a parent/guardian picks up the child.

Media Release: I give consent for my child’s photo, video, graphic depiction, or likeness used in media published in BGCWC advertisements, publications, press releases, or used in conjunctions with partner agencies

Mentoring: I give consent to BGCWC to provide mentor programs/opportunities via BGCA if available.

Privacy: I give consent to BGCWC to share information about my child with BGCA and other grant funders, for research purposes to evaluate the programs’ effectiveness. Information that will be disclosed to BGCA may include information provided on this membership application form, information proved by my child’s school and/or school district, surveys or questionnaires, and other data collected by BGCWC. All information collected or provided to BGCA and other grant funders will be kept confidential.

Miscellaneous: I understand the Club is not, nor does it claim to be, a licensed day care center. I understand membership ends December 31st of each year. Parents and Club members are responsible for their own transportation to and from the Club. I understand the Boys & Girls Clubs is not responsible for lost or stolen items.

By checking this box, I agree to uphold the rules and regulations of Boys & Girls Clubs of Wayne County, Inc. as outlined in the Parent/Guardian Handbook, which was made available to me at the time of registration, and is always available at bgcwayne.org

Parent/Guardian (Print): _____ Member (Print): _____

Parent/Guardian Signature: _____ Date: _____