



Boys & Girls Clubs of Waynesboro, Staunton & Augusta County
GREAT FUTURES START HERE!
2017- 2018 Fall Registration

Child's Name: _____	Age (August 1, 2017): _____
School: _____	Grade (Fall 2017): _____
Fall Site: _____	Weekly Member Fee: _____ Early Bird Fee: _____

Membership Requirement Checklist (to be completed by staff):

- | | |
|---|---------------------------|
| ____ Completed Membership Registration Packet | |
| ____ Physician's Name, Address and Phone Number | ____ Birth Certificate |
| ____ Insurance Name, Policy Number and Phone Number | ____ Immunization Record |
| ____ Mother Information (name, address, employer info, phone #) | ____ Physical Record |
| ____ Father Information (name, address, employer info, phone #) | ____ Allergies/Medication |
| ____ Emergency Contact #1 (name, address, employer info, phone #) | ____ Sunscreen Form |
| ____ Emergency Contact #2 (name, address, employer info, phone #) | ____ PP/Weapons Form |
| ____ Court Documents as needed | ____ ROI Form |
| ____ Signed Membership Orientation (Handbook) | ____ Media Release |
| ____ Parent/Member Signature | ____ Hardship Information |
| ____ Household Info Complete | |

Membership #: _____	Start Date: _____	Expiration Date: _____	Status: _____
Type: <u>Fall/Summer</u> _____	Member: <u>New/Renewal</u> _____	Processed by: <u>Staff Initials</u> _____	Date: _____
Registration Type: <u>Non-Needy, Reduced, Free, Hardship</u> _____	Free/Reduced Lunch Status Letter: _____		
Amount Paid: _____	Type Payment: _____	Receipt #: _____	By: _____



PLEASE FILL OUT COMPLETELY!

Unit Name: Waynesboro Kid Zone / Booker T

First Name: _____ Middle Name: _____ Last Name: _____

Nickname: _____ Grade (Fall 2017): _____

Gender: ___ M ___ F Ethnicity: _____ Birthdate: _____ Age (August 1, 2017): _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ School: _____

Lunch Status: Free Reduced Full Pay (Letter to verify status)

MEDICAL INFORMATION

Physician Name: _____ Physician Number: _____

Last Medical Exam: _____ Date Health Info Received: _____ Date Medical Info Received: _____

Permission for Treatment by Doctor/Hospital: ___ Yes ___ No Medicaid: ___ Yes ___ No

Does your family have health and/or accident insurance: ___ Yes ___ No

Insurance Carrier: _____ Insurance Phone No.: _____

Policy #: _____ Group #: _____

Serious Medical Problems: ___ Yes ___ No If Yes, explain: _____

Allergies: ___ Yes ___ No If yes, explain: _____

Doctors note required if special conditions are needed concerning allergies

Medications: ___ Yes ___ No If yes, explain: _____

Will medications need to be administered during club time?: ___ Yes ___ No

Doctors authorization is required for ANY medicine that is to be administered at the club

PARENTAL INFORMATION (Mother/Step-Mother)

Name: _____

Home Address: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Email: _____

Employer: _____

Employer Address: _____

Employer Phone: _____

PARENTAL INFORMATION (Father/Step-Father)

Name: _____

Home Address: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Email: _____

Employer: _____

Employer Address: _____

Employer Phone: _____



EMERGENCY CONTACT (Other than parent):

Name: _____

Home Address: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Email: _____

Employer: _____

Employer Address: _____

Employer Phone: _____

EMERGENCY CONTACT (Other than parent):

Name: _____

Home Address: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Email: _____

Employer: _____

Employer Address: _____

Employer Phone: _____

Person(s) Authorized to Pick-up member (anyone picking up your child must provide a picture ID):

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

HOUSEHOLD

Note: This information is important for the Club to help with grant funding. These funds help offset operating costs and keep overall costs as low as possible.

Member Lives with: ___ Mom ___ Step-Mom ___ Dad ___ Step-Dad ___ Foster-Parent

___ Other: _____

Annual Household Income Level:

- | | | |
|-------------------------|-------------------------|---------------------------|
| ___ \$0 - \$5,000 | ___ \$30,001 - \$35,000 | ___ \$60,001 - \$65,000 |
| ___ \$5,001 - \$10,000 | ___ \$35,001 - \$40,000 | ___ \$65,001 - \$70,000 |
| ___ \$10,001 - \$15,000 | ___ \$40,001 - \$45,000 | ___ \$70,001 - \$75,000 |
| ___ \$15,001 - \$20,000 | ___ \$45,001 - \$50,000 | ___ \$75,001 - \$80,000 |
| ___ \$20,001 - \$25,000 | ___ \$50,001 - \$55,000 | ___ \$80,001 - \$85,000 |
| ___ \$25,001 - \$30,000 | ___ \$55,001 - \$60,000 | ___ \$85,001 - \$90,000 + |

Number of people in Household (including member): _____

Number of people in Household under 18 years old (including member): _____

Is any member of the Household Handicapped: ___ Yes ___ No

Current Head of Household: ___ Female ___ Male ___ Both

Current Single Parent: ___ Yes ___ No

Number of Household members who attend Boys & Girls Club: _____

Please list ALL siblings/household members (along with their age) that currently attend Boys & Girls Club:



Please read the following regulations with your child. Your signature on the application form indicates that BOTH YOU AND YOUR CHILD have received a copy of the Parent/Guardian(s) manual, the discipline policies and Club property regulations.

CLUB PROPERTY REGULATIONS

Please be aware that all grounds and all programs at Club locations and offsite activities are governed by Boys & Girls Club policies. All staff, volunteers, youth and adults who come to the Club must follow the policies set by the Boys & Girls Club of Waynesboro, Staunton and Augusta County. Please read them carefully and discuss them with your child or children. Smoking and possession of tobacco and vape products on the premises is strictly prohibited. Violation of this policy will result in the confiscation of said product and a 10-day suspension. No alcohol, drugs, drug paraphernalia, or weapons are allowed on premises. Violation of this policy includes confiscation of item(s)/charges pressed with the Waynesboro, Staunton or Augusta County Police Departments and a minimum of 30-day suspension.

1. I/We agree to comply with all published rules and regulations regarding the Club.
2. I/We understand that Club operating hours are 2:30 – 7:00. I/We understand that to qualify for the scholarship fee, parent/guardian must provide proof of reduced or free lunch status (from the school). Failure to do so will result in forfeiture of scholarship and fees being assessed at the full pay rate
3. I/We agree to provide appropriate and acceptable medical information for my child and I am responsible for updating current contact information with the Club.
4. I/We agree to have my child picked up as soon as possible in the event of injury or sudden illness (any member with a fever of 100 degrees or higher will be sent home and must remain fever free for 24 hours without medication before returning to Club).
5. I/We agree to pay for any damages caused by my child to the building/equipment used or owned by the Boys & Girls Club other than those clearly the result of an accident.
6. I/We understand and agree that it is my responsibility to arrange for transportation of my child to and from the Club and that the Boys & Girls Club is not responsible for my child until he/she arrives at the Club and after he/she departs from the Club.
7. I/We agree that my child may be transported in vehicles owned or rented by the Boys & Girls Club of Waynesboro, Staunton and Augusta County and driven by Club staff and volunteers.
8. I/We agree that my child may accompany Boys & Girls Club staff and volunteers on short, local field trips either by walking or by vehicle without formal notification.
9. I/We give permission for the Boys & girls club to obtain pertinent information from/to schools, social services agencies, mental health providers and other related agencies concerning my child. I/We understand that this information will be used with discretion and as an aid in determining appropriate programs for my child and whether other service referrals are indicated.
10. I/We further grant permission for the information provided by myself, my child, the child's family and other agencies to be shared with discretion to volunteers working with my child. I understand that volunteers are asked to hold this information in confidence.
11. If I/We do not pick up my child by closing time, I agree to pay applicable fees (\$1 per minute).
12. I/We agree and understand that weekly membership fees are due and payable on the Friday PRIOR to the week my child attends Club.
13. I/We agree to pay \$1 per day late fee if my child's weekly membership fee is not paid on time. I/We further understand and agree that if my child's weekly membership fee becomes two weeks past due, my child will not be able to return to Club until it is up-to-date.
14. I/We agree to voluntarily withdraw my child from the Club if there are persistent disciplines or other problems that cannot be resolved through reasonable efforts of the staff. I/We understand that the Boys & Girls Club's staff reserve the right to ask for immediate withdrawal of any member.
15. I/We understand and agree that my child will be picked up within 30 minutes of being informed of suspension for my child.
16. I/We authorize the Boys & Girls Club's representatives to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to, my child or ward if an emergency occurs when I/We or the listed emergency contact(s) cannot be located. It is also understood that this agreement covers only those situations that are true emergencies and only when I/We or any of the emergency contact(s) listed cannot be reached. Otherwise, I expect to be notified immediately.



Please Initial: _____

A) I/We will be responsible for payment of medical care expenses. _____

B) Medical treatment costs are covered by:

1) Private insurance _____

2) Medicaid Insurance _____

3) Other: _____

4) No Insurance _____

I promise to take care of my Club and its property. I understand the Club is not responsible for personal loss of property. If at any time I am suspended from the club, I understand that no fees will be returned to me.

Member Signature: _____ **Date:** _____

I hereby allow my child to join the Boys & Girls Club of Waynesboro, Staunton and Augusta County and participate in its various activities including field trips. The Boys & Girls Club of Waynesboro, Staunton and Augusta County and its property are not responsible for personal injury or loss of property. I hereby waive all rights to any future legal action(s) should one occur. I understand that my child will be governed by certain rules and regulations as part of the membership and that membership may be revoked at any time, without refund.

Parent's Signature: _____ **Date:** _____

RECEIPT & ACCEPTANCE OF PARENT/GUARDIAN MEMBERSHIP ORIENTATION HANDBOOK

I _____, have this day received a copy of the Boys & Girls Club of Waynesboro, Staunton & Augusta County's Parent/Guardian Membership Orientation Handbook, and understand that I am responsible for reading the policies and practices described within it as part of my orientation.

I agree to abide by the policies and procedures contained herein. I understand that the policies and benefits contained in this handbook may be added to, deleted or changed by the Club at any time.

If I have any questions regarding the content or interpretation in the Handbook, I will bring them to the attention of the Executive Director.

Members Name: _____

Parent/Guardian Signature: _____ **Date:** ____/____/____

MEDIA CONSENT FORM

I hereby (please initial): Consent _____ Do Not Consent _____

To my child's (_____) participation in interviews, the use of quotes, the taking of photographs, film or any other media produced by or in conjunction with The boys & Girls Club of Waynesboro, Staunton and Augusta County.

Additionally, I (please initial): Grant _____ Do Not Grant _____

The Boys & Girls Club the right to edit, use, and reuse said material for or on behalf of the organization, for purposes including, but not limited to, use in publications, marketing collateral or campaigns, website content, social media content, and fundraising efforts.

Parent/Guardian Signature: _____ **Date:** ____/____/____



PERSONAL BELONGING & WEAPONS POLICY

The Boys & Girls club is not responsible for personal belongings that are lost, left behind, or stolen while attending the Club. Parents and club members are strongly encouraged to leave any items of value (including electronic devices such as laptops, cell phones, personal video games, MP3 players, etc.) at home.

In order to ensure the personal safety of all Club members and staff Boys & Girls Club staff reserve the right to search personal belongings, including backpacks and lockers/cubbies, when there is reasonable cause to do so.

NOTE: In the event that a club member claims to have an item identified as a "weapon" in his/her possession, the parent will be called immediately and the Club member will be suspended. The length of the suspension will be at the discretion of the Executive Director. In the event that a Club member HAS an item identified as a "weapon" the police will be called, the parents will also be called, and the Club member will be permanently suspended from attending the Boys & Girls Club.

Club Member's Name: _____

Parent(s)/Guardian(s) Name: _____

Parent/Guardian Signature: _____ **Date:** ____/____/____

PARENT/GUARDIAN'S PERMISSION TO APPLY SUNSCREEN TO HIS/HER CHILD

As the parent/guardian of the above child, I give permission to the staff of the Boys & Girls Club to apply sunscreen on my child when he/she will be playing outside, especially during the months of March through October and between the daily times of 10am – 4pm. I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs. A sunscreen product with SPF 15 or higher will be applied to children 9 years and under. Sunscreen will be applied through the buddy system for children over 9 years of age, under the supervision of staff.

In order to avoid allergic or adverse reactions to certain products, please provide your own bottle of sunscreen for your child's use.

Please check below **all** applicable information regarding the brand/type and use of sunscreen for your child:

_____ I agree to provide sunscreen for my child, labelled with his/her first and last name.

Brand/type of sunscreen provided: _____

_____ I do not know of any allergies my child has to sunscreen.

_____ My child is allergic to some sunscreens. Please use ***ONLY** the following brand(s)/type(s) of sunscreen:

_____ For medical or other reasons, please do **NOT** apply sunscreen to the following areas of my child's body:

_____ I do not wish for my child to have sunscreen

Parent/Guardian's Name: _____ **Date:** _____

Parent/Guardians's Signature: _____ **Date:** _____



RELEASE OF INFORMATION FORM

Student Name (please print): _____ Date of Birth: _____

School Student Currently Attends: _____

If you have more than one child, please use the spaces provided below:

Student Name (please print): _____ Date of Birth: _____

School Student Currently Attends: _____

Student Name (please print): _____ Date of Birth: _____

School Student Currently Attends: _____

I hereby give permission to:

_____ **Waynesboro Public Schools** _____ **Staunton Public Schools** _____ **Augusta County Public Schools**

To provide the following information of my child to the Boys & Girls Club:

- **School Attendance**
- **Immunization Record/Physical Records**
- **Copy of Birth Certificate**
- **Grades/Report Cards**
- **Academic Progress**

This authorization is valid for one school calendar year. It will expire on _____. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that health records, once received by the school district, may not be protected by the Health Insurance Portability and Accountability Act of 1996 (HIPPA), but will become education records protected by the Family Education rights and Privacy Act (FERPA).

Parent Name (please print): _____ Date: _____

Parent Signature: _____ Date: _____



OFFICE USE ONLY

Entry Date: ____/____/____ Expiration Date: ____/____/____ Status: ___**ACTIVE** ___**INACTIVE**
 Type: _____ New Member ___ Renewed Membership ___ Processed by: _____
 Member Since: ____/____/____ Site: _____ Booker T. Washington _____ Waynesboro

APPLICATION CHECKLIST

APPLICATION FULLY COMPLETED		2 EMERGENCY CONTACTS	
SIGNED MEMBERSHIP ORIENTATION (HANDBOOK)		REGISTRATION FEE PAID	
IMMUNIZATION RECORDS		WEEKLY FEE	
BIRTH CERTIFICATE		ALL CONSENTS FORMS SIGNED	
PHYSICAL EXAM		HOUSEHOLD INFORMATION	