



SUMMER PROGRAM 2017

JUNE 5TH - JULY 28TH, 7:00AM - 6:00PM

Applications **MUST** be filled out **COMPLETELY** & Registration Fee **MUST BE PAID** upon application submission.

A Birth Certificate, Immunizations Record, & Physical Exam must be submitted with application.

\$25 REGISTRATION FEE - \$40 PER WEEK (\$320 FULL PAYMENT) - LATE FEES \$1 PER MINUTE

MEMBER NAME (FIRST) _____ (MI) _____ (LAST) _____

MEMBER NICKNAME _____ GENDER (M) (F) _____ ETHNICITY _____

DOB: ____/____/____ AGE: _____ GRADE (GOING TO): _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ PHONE: _____ FAX: _____

PHYSICAL: Eye Color: _____ Hair Color: _____ Skin Color/Features: _____

Height: _____ Weight: _____

DO YOU BELONGS TO OTHER GROUPS?:

Boys Scouts or Girl Scouts _____ School Club _____ YMCA or YWCA _____ Church Group _____
Other: _____

REASON(S) FOR JOINING BGC: FUN _____ LEARNING _____ SPORTS _____ OTHER: _____

Member may participate in all Club activities in or adjacent to the club building: ____Yes ____No

Club Member Since: _____

MEDICAL INFORMATION

DOCTOR NAME: _____ DOCTOR PHONE: _____

LAST EXAM DATE: ____/____/____ **PLEASE PROVIDE A COPY OF CHILD'S IMMUNIZATION RECORDS & PHYSICAL EXAM**

Please check the following:	Y	N	
Permission for Treatment by Doctor / Hospital			Insurance Carrier: _____
Medicaid?			Policy Number: _____
Does your family have health and/or accident insurance?			Group Number: _____
Serious Health Problems?			If yes, explain: _____
Allergies?			Doctor's note provided? ____Y ____N
Medications			If yes, explain: _____

Date Medical Information Received: ____/____/____

Date Health Information Received: ____/____/____

PARENTAL INFORMATION

Someone must be filled in both categories

Mother / Step-Mother / Foster Mother

Name: _____
Person Authorized to Pickup Member: ___Yes ___No
Occupation: _____
Home Address: _____

Employer: _____
Work Address: _____

Phone: _____ Type: _____
Phone: _____ Type: _____
Email: _____

Father / Step-Mother / Foster Father

Name: _____
Person Authorized to Pickup Member: ___Yes ___No
Occupation: _____
Home Address: _____

Employer: _____
Work Address: _____

Phone: _____ Type: _____
Phone: _____ Type: _____
Email: _____

EMERGENCY CONTACTS

There must be 2 Emergency Contacts

Name: _____
Relationship to Member: _____
Person Authorized to Pickup Member: ___Yes ___No
Occupation: _____
Home Address: _____

Employer: _____
Work Address: _____

Phone: _____ Type: _____
Phone: _____ Type: _____
Phone: _____ Type: _____
Email: _____

Name: _____
Relationship to Member: _____
Person Authorized to Pickup Member: ___Yes ___No
Occupation: _____
Home Address: _____

Employer: _____
Work Address: _____

Phone: _____ Type: _____
Phone: _____ Type: _____
Phone: _____ Type: _____
Email: _____

PERSON(S) AUTHORIZED TO PICK-UP MEMBER

(ID Must be shown upon pick-up)

Name _____
Name _____
Name _____
Name _____
Name _____
Name _____

Name _____
Name _____
Name _____
Name _____
Name _____
Name _____

HOUSEHOLD

NOTE: This information is used for Grant writing purposes only

Member live with: <input type="checkbox"/> Mom <input type="checkbox"/> Step-Mother <input type="checkbox"/> Dad <input type="checkbox"/> Step-Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Other _____	Annual Household Income Level: <table style="width: 100%; border: none;"><tr><td>___ \$0 - \$5000</td><td>___ \$30,001 - \$35,000</td><td>___ \$60,001 - \$65,000</td></tr><tr><td>___ \$5,001 - \$10,000</td><td>___ \$35,001 - 40,000</td><td>___ \$65,001 - \$70,000</td></tr><tr><td>___ \$10,001 - \$15,000</td><td>___ \$40,001 - \$45,000</td><td>___ \$70,001 - 75,000</td></tr><tr><td>___ \$15,001 - \$20,000</td><td>___ \$45,001 - \$50,000</td><td>___ \$75,001 - \$80,000</td></tr><tr><td>___ \$20,001 - \$25,000</td><td>___ \$50,001 - \$55,000</td><td>___ \$80,001 - \$85,000</td></tr><tr><td>___ \$25,001 - \$30,000</td><td>___ \$55,001 - \$60,000</td><td>___ \$85,001 - \$90,000+</td></tr></table>	___ \$0 - \$5000	___ \$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+
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___ \$25,001 - \$30,000	___ \$55,001 - \$60,000	___ \$85,001 - \$90,000+																	

Number in Household (to include member): _____

Number under 18 years old: _____ Is there Member of the Household 65 years old or Older: ___ Yes ___ No

Is there a Member of the Household Handicapped: ___ Yes ___ No Current Single Parent: ___ Yes ___ No

Current Head of Household: ___ Female ___ Male ___ Both

PLEASE READ THE FOLLOWING REGULATIONS WITH YOU 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 THE CLUB PROPERTY REGULATIONS.

CLUB PROPERTY REGULATIONS

Please be aware that all grounds and all programs at the Club locations and off site 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 products on the premises is strictly prohibited. Violation of the policy will result in confiscation of the tobacco product and 10-day suspension. No alcohol, drugs, drug paraphernalia, or weapons are allowed on the premises. Violation of the policy includes confiscation of item(s) / charges pressed with Waynesboro or Staunton Police Departments, and a minimum 30-day suspension.

AGREEMENT

1. I/we agree to comply with all published rules and regulations regarding the Club.
2. 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.
3. I/we agree to have my child picked up as soon as possible in the event of injury or sudden illness.
4. I/we agree to pay for damages caused by my child to the building/equipment used or owned by the Boys & Girls Club.
5. I understand and agree that it is my responsibility to arrange for transportation of my child to the Club and the Boys & Girls Club is not responsible for my child until he or she arrives to the Club.
6. I/we agree that my child may be transported on vehicles owned or rented by the Boys & Girls Club of Waynesboro, Staunton, and Augusta County and driven by Club staff and volunteers.
7. I/we agree that my child may accompany Boys & Girls Club staff and/or volunteers on short, local field trips either by walking or by vehicle without formal notification.
8. I give permission for the Boys & Girls Club to obtain pertinent information from/to school, social service agencies, mental health providers and other related agencies concerning my child. I 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.
9. I 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.
10. If I do not pick-up child by closing time, I agree to pay applicable fees (\$1 per minute).
11. I/we agree to voluntarily withdraw my child from the Club if there are persistent discipline problems that cannot be resolved through reasonable efforts of the staff. I understand that the Boys & Girls Club's staff reserves the right to ask for the the immediate withdrawal of any member.
12. I/we authorize the Boys & Girls Club's representatives to obtain immediate medical care and consent to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to my child or ward if an emergency occurs when I or the listed emergency contact(s) can not be located. It is also understood that this agreement covers only those situations which are true emergencies and only when I know those 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 treatments cost 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 asked to return my card, I understand no dues will be returned to me.

Member's Signature: _____ **Date:** ____/____/____

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

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

MEDIA CONSENT FORM

I hereby: Consent _____ Do Not Consent _____ (Check One)
To my child's (Name Above) 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: Grant _____ Do Not Grant _____ (Check One)
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's 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 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 possession, the parent will be called immediately and the Club members 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.

Parent/Guardian's Signature: _____ Date: ____/____/____

SWIMMING PERMISSION

_____ I give my child permission to participate in recreational swimming with the Boys & Girls Club.

_____ I do NOT give my child permission to participate in recreational swimming with the Boys & Girls Club and request that my child stays out of the water during pool trips.

PLEASE GIVE US INFORMATION REGARDING YOUR CHILD'S WATER SKILLS

(ALL MEMBERS MUST PERFORM A SWIM TEST AT THE POOL ON THE FIRST POOL DAY)

_____ NO EXPERIENCE WITH WATER

_____ HAS BEEN IN WATER WITH NO FORMAL INSTRUCTION

_____ HAS TAKEN THE FOLLOWING CLASSES: _____

Parent/Guardian's Signature: _____ Date ____/____/____

SUNSCREEN POLICY

In order to avoid allergic or adverse reactions to certain products, please provide your own bottle of sunscreen for your child's use. Members will be allowed to apply sunscreen or use a buddy system under the supervision of the staff.

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 I'VE PROVIDED: _____

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

_____ My child is allergic to some sunscreens. I will provide a brand specific sunscreen.

BRAND/TYPE OF SUNSCREEN I'VE PROVIDED: _____

_____ For medical or other reasons, please do NOT allow my child to apply sunscreen.

ALLERGIC REACTION: _____

Parent/Guardian's Signature: _____ Date ____/____/____

RECEIPT AND 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, CHANGED BY THE CLUB AT ANY TIME.

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

Parent/Guardian's Signature: _____ Date ____/____/____

MENTORING PROGRAM CONSENT FORM

I, the parent/guardian of _____ hereby give my permission for my child to participate in the Mentoring Program at the Boys & Girls Club.

I fully understand that the program involves mentors, who shall be selected from the community and will be screened (including a criminal background check) and trained before beginning in the program. A mentor will be expected to spend a minimum of one hour per week with my child on-site at the Boys & Girls Club. Mentor is not allowed to take or meet my child beyond the Club facility.

I understand that my child will participate in an orientation at the Club in which the program will be explained. The program is planned to last one year and continuation may then be discussed.

I understand the during the course of 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 activities.

Parent/Guardian's Signature _____ Date ____/____/____

Please have your child answer the following questions as completely as possible. This information will help us to match you with the right mentor (Please print)

How many brothers & sisters do you have?		Favorite kind of music?	
Belongs to any clubs or groups?		Favorite kind of sport?	
Hobbies?	How could mentor help you?	Favorite School subject?	
		Worst School subject?	
		Favorite TV show?	
What would you like to do with a mentor?			
I agree that I will meet with my mentor at BGC only at the times & locations arranged by the coordinator.			
Member Signature _____		Date ____/____/____	

OFFICE USE ONLY

Entry Date: ____/____/____ Expiration Date: ____/____/____ Status: **ACTIVE** **INACTIVE**
 Type: **SUMMER** **AFTERSCHOOL** New Member Renewed Membership Processed by: _____

APPLICATION CHECKLIST

APPLICATION FULLY COMPLETED		2 EMERGENCY CONTACTS	
SIGNED MEMBERSHIP ORIENTATION (HANDBOOK)		REGISTRATION FEE PAID	
IMMUNIZATION RECORDS		FULL PAYMENT	
BIRTH CERTIFICATE		ALL CONSENTS FORMS SIGNED	