GREAT FUTURES START HERE.

Clubs Use Only
Member#_____

BOYS & GIRLS CLUBS OF CENTRAL GEORGIA

MEMBERSHIP APPLICATION

First Name: _____ Middle: _____ Last: _____

Gender: ___M ___F Ethnicity: _____ DOB: _____ Age:_____ Address:

_____ Home Phone: _____ City:

_____ State: _____ County: _____ Zip: _____

Primary Parent/Guardian:
Name_____
Employment _____ Work Phone _____ Cell Phone: _____
Secondary Parent/Guardian: Name_____
Address:_____
Employment _____ Work Phone_____ Cell Phone: _____

Emergency Contacts/ Pick up Information (Please Print):

Name_____Phone_____ Relationship_____

Name _____ Phone _____Relationship_____

Name _____ Phone _____Relationship_____

Name of person(s) NOT authorized (YOU MUST PROVIDE LEGAL DOCUMENTATION)

Name:_____
Name:_____

School Information: Name of School: _____ Grade: _____

Medical/Allergy Information: (Please list any known allergies/medical history)
Does your family have health and/or accident insurance: ____Yes ____No
Serious Health Problems: ___Yes ___No If Yes, explain: _____
Medications: ___ Yes ___No If Yes, explain: _____
Allergies ____ Yes ____ No If Yes, explain: _____
Physician & Phone Number: _____
Insurance Company & Policy:_____
Please explain any Special Needs/Concerns for Member:_____
Can Member Swim? ____Yes ____No

DATE	AGE	ACTIVITY	FEE

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GREAT FUTURES START HERE.

Household Please Print: ***NOTE: This information is collected for grant writing and grant reporting purposes ONLY***

Member lives with: ____Both Parents ____Mother _____Father ____Grandparent(s)
____DFCS/Foster parent(s) (please provide documentation Form 177) Other: _____

Number in Household: _____

Current Head of Household: ____Female ____Male ____Both Military Household ____Yes ____No

Member Receives: (Circle one)
Free Lunch Reduced Lunch None

$ Annual Household Income:_____

I have read the completed application and I understand the rules of the Boys and Girls Clubs of Central Georgia. I request that my son/daughter be admitted into membership, and I grant permission for my child to participate in current and future programs. I have explained the rules to my son/daughter and agree that BGCCG & the Department of Human Services will not be responsible for any accident to him/her while on the premises of BGCCG & the Department of Human Services or while engaged in any of its activities away from BGCCG. I (parent/guardian named above) voluntarily submit my child for registration as a member at BGCCG. Activities at the Club may include but are not limited to BGCCG educational programs, swim, weight room, gym, and other sports or recreational activities, which at my discretion may choose to allow my child to participate in. I will hold harmless BGCCG & the Department of Human Services from any claim by me or my child or any entity on behalf of myself or my child arising out of my child's participation in the program. I further state that I am of lawful age and legally competent to sign this agreement and that signing this agreement is my own free act. I also understand and agree that the terms herein are contractual, and they are not a mere recital or simply for information purposes. I have read, understand, and fully informed myself of the contents of this agreement. I assume responsibility for my child's physical condition and capability to perform under the program. Parent/Guardian Signature_____ Date_____

Parent Acknowledgments, Waivers, and Permissions

Bright from the Start Exemption Notice:EXEMPTION NOTICE: (Check-mark or Initial Required)
_____I acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state license requirements.

MEDICAL: (Check-mark or Initial Required)
In the event of an emergency, the Club must have written consent to seek medical treatment for your child.
_____ I authorize the administration of basic first aid. _____I DO NOT authorize the administration of basic first aid.
_____ I give BGCCG permission to seek medical treatment for my child. I understand that treatment may include emergency transportation, x-rays, or surgery in some circumstances for my child, and I agree to assume responsibility for charges associated with this or any other treatment given to my child. _____ I DO NOT give BGCCG permission to seek medical treatment for my child.

MEDIA PERMISSION RELEASE: (Check-mark or Initial Required)
Use of Name, Photograph and Identity in Connection with Advertising and/or Promotion of the organization For valuable consideration I, the undersigned, hereby irrevocably consent to and authorize the unrestricted use by Boys & Girls Clubs of Central GA, Department of Human Services and their subsidiaries, affiliates and advertising agencies ("Companies ") of my child's name, photographs, works of art and identity in various BGCCG website, social media and collateral material, as well as miscellaneous print publications and other media outlets , and any personal information that I supply to the Companies, in connection with advertising and promotion of the Companies and/or their products in any media, form or material selected by the Companies, without any right of prior review or further approval, whether such advertising and promotions to the public, to the trade, or both, and in the corporate releases , newsletters and other communications of the Companies and I hereby waive, and release and discharge said Companies and all agents, employees and officers of the Companies, including their agencies, media producers and customers from, any claims, abilities and demands, past, present or future, including any that I do not now know of or anticipate arising in the future, none of which would affect my execution on of this release if known to me, and waive all rights with respect to such use of my name, photograph, identity, and personal information including but not limited to publicity, privacy, psychological injury & libel.
____Yes I give my child Media Permission_____ No, my child does not have Media Permission

GENERAL TRAVEL PERMISSION (Check-mark or Initial Required)
By signing below, the parent(s) of the youth agree that the Boys & Girls Clubs of Central Georgia, the Department of Human Services, nor any of their representatives shall be held liable for any accidents or misfortunes while in route to, or returning from any Boys & Girls Club outings during the After-school/Summer Program. The Boys & Girls Clubs of Central Georgia must have this permit signed by the parent(s) before the youth is allowed to travel with the Club during any outings during the After School /Summer Program. This form only gives permission for youth to travel with the Boys & Girls Clubs of Central Georgia. A parent's signature must be on a sign-up sheet for each field trip before the youth will be allowed to attend that field trip or outing. Youth may only attend field trips open to their age group. Some field trips may have limited capacity; these sign-ups will be on a first-come, first-served basis. **____I give my child General Travel Permission. _____I DO NOT give my child General Travel Permission.**

TRANSPORTATION: (Check-mark or Initial Required)
After School Travel: From School & Travel To Home (When space is available on van routes)
_____ I authorize service from my child's school (where available) to the Club for the current school year. I understand that BGCCG reserves the right to remove my child from the van service.

Field Trips/Special Events/Summer Travel
____ I authorize travel with the BGCCG to any field trip or outing that I sign my child up for during the SCHOOL YEAR AND /OR SUMMER PROGRAM. I understand that BGCCG reserves the right to remove my child from the van service.
____I **DO NOT** authorize ANY travel with BGCCG. By selecting this option, your child CAN NOT PARTICIPATE in ANY off-site trip.

COMPUTERS: (Check-marks OR Initials Required)
____ My child CAN USE e-mail and the Internet while at the Club as outlined in the Rules of Appropriate Use. As a user of the Club computer, my child and I agree to comply with the stated rules and use the network in a constructive manner.
____ I would prefer that my child **NOT USE** e-mail or the Internet while at the Club.

I represent that I am the below-named parent/guardian, that I am over the age of 21, that I have read the foregoing and fully understand the contents thereof, and that the consideration that I have received for this Agreement, Release, and Waiver is fair and equitable, and that I hereby give this Agreement, Release and Waiver of my own free choice. This Agreement, Release, and Waiver shall ensure to the benefit of the successors, assigns, licensees, and legal representatives shall be binding upon my heirs, executors, assigns, and legal representatives. **Date: _____ Parent/Guardian Signature: _____ Child's Name: _____**

FOR OFFICE USE ONLY

MEMBERSHIP PAYMENT

/Debit _____Scholarship _____Employee Child

Payment Received: $_____
Method of Payment: (check one) _____ Money Order/Cashier's Check _____Credit

Receipt #:_____ Date: _____ Initials of Staff: _____

Verify each item (by initialing) that the following information has been accurately completed and receive

___ Membership Application checked for completion & signatures ____ Media Permission ___ Waivers & Releases Signed or Initialed ___DHS Income Eligibility Form & Proof of Income ___ Medical Information Completed ____ Parent Orientation Unit Director Signature:

_____ Club Name:_____ Date:_____ New Member: _____

Renewal Member: _____ Date: _____ 20_____ 20_____ 20_____ 20_____ 20_____ 20_____ 20_____ 20_____

Processed by: _____