



# Membership Application

## Juniors | Ages 5 -12

### School Year 2018-2019

(Please print legibly)

Amt. Pd. \$ _____
Date _____
Staff Initials _____
Date entered _____
Other _____
Copies _____ Pmt Plan _____

• Licensed Child Care Hours are Monday through Friday 2:45-6:30pm • Dinner served @ 5:00pm  
 • Please fill out a separate form for each child

Member Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female Race: \_\_\_\_\_ Ethnicity \_\_\_\_\_ Name of School: \_\_\_\_\_

Is child on Reduced/Free Lunch at School?  Reduced  Free  No (Information assists us with grants and scholarships)  
 Does your family receive 3squaresVT?  Yes  No (Information assists us with grants and scholarships)  
 If you do not receive 3squaresVT would you like more information about this resource?  Yes  No

Has your child ever been a member of the Boys & Girls Club of Rutland County?  Yes  No

<b>Mother or Guardian</b>	<b>Father or Guardian</b>
Lives with? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Name: _____
Street Address: _____	Street Address: _____
City State Zip	City State Zip
Home Ph: _____ Cell Ph: _____	Home Ph: _____ Cell Ph: _____
Business/Work Name: _____	Business/Work Name: _____
Work Ph: _____ E-mail: _____	Work Ph: _____ E-mail: _____

**Emergency Contacts ~ Please list two emergency contacts *in addition to* the parents/guardians listed above:**

Emergency Contact #1: _____	Relationship: _____
Phone #'s Home: _____	Work: _____ Cell: _____
Emergency Contact #2: _____	Relationship: _____
Phone #'s Home: _____	Work: _____ Cell: _____

<b>Medical Info.</b>	Is member allergic to food or other substances? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>(If yes, name foods or substances to be avoided.)</b>
	Are there any medical problems or disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>(If yes, please explain.)</b> (including IEP, 501, EST, etc.)
	Does member take any medication on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>(If yes, please list.)</b>

## ***Boys & Girls Club Membership Application (Page 2)***

### **Members: Read & Sign**

As a member of the Boys & Girls Club of Rutland County, I agree to take care of my Club and follow the policies and agreements established by the Boys and Girls Club, and understand that not following the agreements will result in loss of membership and no refund of dues will be granted.

\_\_\_\_\_

\_\_\_\_\_

Sign

\_\_\_\_\_

Date

### **Parent / Guardian: Read & Sign**

I grant permission for my child to become a member of the Boys & Girls Club of Rutland County (BGCRC). I understand that the BGCRC is not responsible for the time and manner in which he/she arrives, or for his/her actions after leaving the Club (if given permission to leave on his/her own). In consideration of my child being allowed to participate in said activities, I hereby release and forever discharge the BGCRC, their representatives, successors, 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, damages injury or death and any claim of damages resulting from use of facilities owned or controlled by the BGCRC or participation in activities of the BGCRC either at or away from the BGCRC.

I also give permission for my child to attend field trips with the BGCRC throughout the school year. I understand that he/she will be transported to and from the club with BGCRC staff. I also understand there is some inherent risk in these activities and have talked with my son/daughter about the importance of following BGCRC rules. I will not hold the BGCRC or the field trip destination responsible for accidents outside of their control directly due to my child's behavior.

Should my child require emergency medical attention, I hereby give my permission to the BGCRC for my child to receive any and all medical treatment deemed necessary. I understand that health and accident insurance coverage is my responsibility as parent or guardian. I grant the BGCRC to survey my child about their Club experiences and behaviors, skills and attitude using survey instruments. I also give my consent for any photographs or other media in which my child may appear to be used by the BGCRC without compensation.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

## Permission To Pick Up

Designated adult(s) for pick-up of member:

Name	Relation to member	Phone Number(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**If interested in Scholarships please fill out the following information.**

Family Member

Family Member

\_\_\_\_\_

Type of Income (select all that apply)

\_\_\_\_\_

Type of Income (Select all that apply)

Amount

Frequency

Amount

Frequency

AmeriCorp Stipend

Child Support Received

Dividend Income

3SquaresVT

Housing Assistance

Interest Income

Medicaid

Military Pay-Active Duty

Military Pay-Reserve

PSE Stipend

Reach Up

Rental Income

Self-employment Income

Social Security Benefit

Spousal Maintenance Received

SSI

Tips, Etc.

Trust Fund

Unemployment Compensation

Veterans Benefits

Wages

Worker's Compensation