



# Membership Application

## Juniors | Ages 5 -12

### School Year 2018 - 2019

(Please print legibly)

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

- Drop In Hours are Monday through Thursday from 5:00-6:30pm and Friday from 2:30-6:30pm
- Licensed Child Care Hours are Monday through Thursday 2:30-5:00pm
- Drop In cost is \$15 for the school year-Fridays only and after 5 Mon-Thu
- Dinner served @ 5:00pm (no extra cost)
- Please fill out a separate form for each child

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

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

Is child on Reduced/Free Lunch at School?  Reduced  Free  No (Information assists us with grants and scholarships)

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

<p><b>Mother or Guardian</b> Lives with? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name: _____</p> <p>Street Address: _____</p> <p>_____</p> <p style="text-align: center;">City State Zip</p> <p>Home Ph: _____ Cell Ph: _____</p> <p>Business/Work Name: _____</p> <p>Work Ph: _____ E-mail: _____</p>	<p><b>Father or Guardian</b> Lives with? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name: _____</p> <p>Street Address: _____</p> <p>_____</p> <p style="text-align: center;">City State Zip</p> <p>Home Ph: _____ Cell Ph: _____</p> <p>Business/Work Name: _____</p> <p>Work Ph: _____ E-mail: _____</p>
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**Emergency Contacts ~ Please list two emergency contacts *in addition to* the parents/guardians listed above:**

<p>Emergency Contact #1: _____ Relationship: _____</p> <p>Phone #'s Home: _____ Work: _____ Cell: _____</p>
<p>Emergency Contact #2: _____ Relationship: _____</p> <p>Phone #'s Home: _____ Work: _____ Cell: _____</p>

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

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

### **Permission to Leave Club / Walk Home**

Club Members are not allowed to leave the club without a parent/guardian signed permission letter. Please check any boxes below that apply:

- A.  **I DO NOT** allow my child to leave the Club. (Unless I provide a permission letter for special instances).
- B.  **I DO GIVE** my child permission to leave the Boys & Girls Club of Rutland County on their own.

If you checked Box B, please fill out one of the following boxes:

<input type="checkbox"/> My child may leave the Club at any time.	<input type="checkbox"/> My child may leave the Club after: _____ : _____ pm	<input type="checkbox"/> I give permission for my child to walk home at 6:15 p.m.
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**Please note: If your child is signed up for licensed child care hours, please see page three for more details.**

### **Internet Use Permission Form**

Teaching youth how to be safe and appropriate on the internet is something we take very seriously. BGCRC has a policy around access to the internet at our clubs. We provide free education on how to use the internet safely and appropriately.

Upon the attendance of an internet safety workshop led by Club staff, followed by a test, review with a staff member, and approval of parents we allow youth and teens with parental permission limited and restricted access to the internet.

Signing below waives the Boys & Girls Club of Rutland County of any liability incurred from misuse. **Please check the appropriate box:**

- I DO NOT give my child permission to use the internet at the BGCRC
- I DO give my child permission to use the internet at the BGCRC

### **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: \_\_\_\_\_



# Licensed Time Registration

## Juniors / Ages 5-12

### School Year 2017-19

*All information is confidential (Please print legibly)*

*Office Use Only*

Date \_\_\_\_\_

Staff Initials \_\_\_\_\_

Registered \_\_\_\_\_

Wait Listed \_\_\_\_\_

Copies \_\_\_\_\_ Pmt Plan \_\_\_\_\_

- Licensed Child Care Hours are Monday through Thursday 2:30-5:00pm
- Child may attend drop-in activities after 5:00pm through 6:30pm, and Fridays from 2:30pm-6:30pm

Last Name	First Name	Monday	Tuesday	Wednesday	Thursday	Friday		
		<input type="checkbox"/> \$17.50	<input type="checkbox"/> \$17.50	<input type="checkbox"/> \$17.50	<input type="checkbox"/> \$17.50	<input type="checkbox"/> \$0	=	\$
<input type="checkbox"/> I would like to apply for a Boys & Girls Club scholarship for my child								
Van Pick-Up RIS (3pm)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Van Pick-Up NW El (3:25pm)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Boys &amp; Girls Club Transportation is based on a First-Come, First-Served Basis</b> Space is limited to 13 students from Rutland Intermediate School & 13 students from Northwest Elementary								

## Medical Information and Release Form

(We will also need a copy of your child's immunization records for their file)

**\*\*\*Complete the top of this form even if your child does not need to be administered medication\*\*\***

Name of Child: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone number: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Dentist's Phone number: \_\_\_\_\_

\*\*\*\*\*

**Only complete the rest of this form if you need to authorize the Boys & Girls Club to administer medication to your child**

Name of Medication: \_\_\_\_\_ Amount to be administered: \_\_\_\_\_

When to be administered: \_\_\_\_\_ Length of time and dates: (ie, all year, 10 days, 3 weeks)

Special instructions: (ie, refrigeration)

I, \_\_\_\_\_, as parent or guardian of \_\_\_\_\_,

hereby grant permission for the Boys & Girls Club staff to administer the above medication.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**\*Medication must be in its original container. If it is prescription it must be labeled by the pharmacy or physician, which should include child's name, dosage, frequency and duration.**

# BGCRC Licensed Time Registration (page 2)

## Permission To Pick Up

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

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

## Drop Off / Pick Up Restrictions

Members are not allowed to leave the club without a parent/guardian signed permission letter given to a staff member. Please check a box from each drop-off/pick-up option that applies to your child.

### Drop-off

- A.  I or one of the designated adults on the Pick-Up Permission Form will physically sign my child in every day when they are dropped off.
- B.  I give my child permission to personally sign in every day when they are dropped off. *(If they are signed up to ride with the Boys & Girls Club, you should choose this option.)*

### Pick-up

- A.  I or one of the designated adults on the Pick-Up Permission Form will physically sign my child out every day when they are picked up.
- B.  I give my child permission to personally sign out at the time designated below. **In doing so, I understand that my child will have to leave the Boys & Girls Club at that point** and the Boys & Girls Club of Rutland County is not liable thereafter.

My child may leave the Club after: \_\_\_\_\_ : \_\_\_\_\_ pm

## Signature

I (print parent/guardian's name) \_\_\_\_\_ hereby authorize the Boys & Girls Club of Rutland County (BGCRC) to release my child (print child's name) \_\_\_\_\_ to the person(s) specified above. I agree that the BGCRC shall not release my child to any other person unless I have provided alternative written instructions. I also give the Boys & Girls Club permission to pick my child up after school and transport them to the Club until they are picked up or signed out per my instructions above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date