



# Membership Application

**Juniors / Ages 5 -12**  
**School Year 2021-2022**

(Please print legibly)

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

• Licensed Child Care Hours are Monday through Friday 2:30-6:30pm • 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: \_\_\_\_\_ 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: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

<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)

## 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 2021-2022

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 Friday 2:30-6:30

## Medical Information and Release Form

(We will also need a 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: \_\_\_\_\_

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**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



**BOYS & GIRLS CLUB**  
OF RUTLAND COUNTY

My child \_\_\_\_\_ has permission to ride the van to and from activities related to the Boys & Girls Club School Year program.

Having a seat on the van is a privilege and it is of the utmost importance that van rules are followed. Failure to follow these rules will result in the loss of your seat on the van for a period of time.

1. Walk to the van
2. Enter the van in a respectful manner
3. No horseplay while on the van
4. No loud voices on the van
5. No eating, gum chewing or drinking on the van
6. Seat belts must be worn
7. Don't unbuckle your seatbelt until the side door is opened
8. Listen to staff
9. Exit van in a respectful manner
10. Walk from the van to club or other location
11. Take your items with you – we cannot go back to the van when you are picked up in order to retrieve your items

I have read these rules:

\_\_\_\_\_  
Club member and date

\_\_\_\_\_  
Parent and date



**BOYS & GIRLS CLUB  
OF RUTLAND COUNTY**

**I have read the policies and procedures in the Boys & Girls Club of Rutland County's Family Handbook for School year 2021-2022. I have reviewed all of the information with my child/children. I understand that as a parent/guardian I am obligated to abide by these policies and procedures, and will encourage my child/children to do the same. I also understand that failure to abide by them may be grounds for my child/children to be dismissed from the program without refund of registration fees.**

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**Name of member(s)**

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**Name of parent/guardian(s)**

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**Signature of parent/guardian(s)**

**Date**

To be filled out by BGCRC staff:

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Date Received

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Staff Initials

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

Family Member

Family Member

\_\_\_\_\_

Type of Income (select all that apply)

Amount

Frequency

\_\_\_\_\_

Type of Income (Select all that apply)

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

# TOPICAL LOTION/NON-PRESCRIPTION MEDICATION PERMISSION FORM

I give permission for the Boys & Girls Club of Rutland County to use the following products on my child, \_\_\_\_\_, when appropriate. I understand that the products will only be used as instructed on the container, and must in the original container that contains those instructions. If I provide the non-prescription medication I understand that the container shall be labeled with my child's name.

\_\_\_ Sunscreen: \_\_\_\_\_ (Name of product)

\_\_\_ Insect Repellent: \_\_\_\_\_ (Name of product)

\_\_\_ First Aid cream/lotion/spray: \_\_\_\_\_ (Name of product)

\_\_\_ Sunburn relief spray/lotion/gel: \_\_\_\_\_ (Name of product)

\_\_\_ Hand/body lotion: \_\_\_\_\_ (Name of product)

\_\_\_ Other: \_\_\_\_\_ (Name of product)

\_\_\_ Other: \_\_\_\_\_ (Name of product)

Special instructions or notes:

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## PERMISSION & UNDERSTANDING STATEMENTS

I understand that every effort will be made to contact me in case of emergency. I hereby authorize the Boys & Girls Club of Rutland County to obtain emergency medical care for my child \_\_\_\_\_. In addition, if my child requires emergency medical transportation is required, I authorize my child to be transported.

\_\_\_ I authorize my child (\_\_\_\_\_) to participate in swimming activities.

\_\_\_ I authorize transportation to be provided. I acknowledge that the Boys & Girls Club has provided me with a general description detailing types, frequency and sample destinations when children may be transported.

\_\_\_ I authorize my child (\_\_\_\_\_) to participate in walking trips.

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