BOYS & GIRLS CLUB
OF RUTLAND COUNTY

Membership Application

Juniors / Ages 5-12

School Year 2026-2027

PLEASE FILL WHOLE PACKET OUT

(Please print legibly)

Amt. Pd. $_____
Date _____
Staff Initials_ _____
Data entered_____
Other _____

- *Monday through Friday 2:00-6:30pm*
- *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*

Email Is mandatory

Mother or Guardian *Lives with?* ☐ *Yes* ☐ *No*	***Father or Guardian*** *Lives with?* ☐ *Yes* ☐ *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:_____

Medical Info.

Is member allergic to food or other substances? Or have intolerances? ☐ *Yes* ☐ *No* **(If yes, name foods or substances to be avoided.)(Allergies Require Action Plan)**

	Are there any medical problems or disabilities? □ *Yes* □ *No* **(If yes, please explain.)** *(including IEP, 501, EST, etc.)*
	Does member take any medication on a regular basis? □ *Yes* □ *No* **(If yes, please list.)**

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 <u>one</u> of the following boxes:

☐ *My child may leave the Club at any time.*	☐ *My child may leave the Club after: _____ : _____ pm*	☐ *I give permission for my child to walk home at 6:15 p.m.*

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:* _____

BOYS & GIRLS CLUB
OF RUTLAND COUNTY

Juniors / Ages 5-12
School Year 2026-2027

All information is confidential (Please print legibly)

Office Use Only
Date _____
*Staff Initials*_ _____
*Registered*_____
Wait Listed _____
Copies _____ *Pmt Plan* ____

• *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:* _____

****

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 (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

Boys & Girls Club Transportation Agreement

Member Name: _____

I give permission for my child to ride in a Boys & Girls Club vehicle or other approved transportation (including a school bus, charter bus, or other authorized vehicle) to and from Club activities, field trips, and other Boys & Girls Club programs during the school year and/or summer program.

Transportation is a privilege. To help ensure the safety of all members and staff, the following expectations must be followed at all times while waiting for, riding in, and exiting any Club transportation.

Transportation Expectations

1. Walk safely to and from the vehicle.
2. Enter and exit the vehicle respectfully and follow staff directions.
3. Remain seated at all times while the vehicle is moving.
4. Wear your seat belt whenever one is provided and keep it fastened until instructed by staff that it is safe to remove it.
5. Keep hands, feet, and personal belongings to yourself.
6. Use respectful language and an appropriate voice level.
7. No horseplay, roughhousing, throwing objects, or distracting the driver.
8. No eating, drinking, or chewing gum unless approved by Club staff.
9. Follow all instructions given by Club staff and the driver immediately.
10. Take all personal belongings with you when exiting the vehicle. The Club cannot guarantee access to retrieve forgotten items after transportation has departed.
11. Follow all Boys & Girls Club behavior expectations while using Club transportation.

Failure to follow these expectations may result in disciplinary action, including the temporary or permanent loss of transportation privileges, as determined by Club administration.

By signing below, we acknowledge that we have read, understand, and agree to follow the Boys & Girls Club Transportation Agreement.

Member Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **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 2026-2027. 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.

_____

Name of member(s)

_____

Name of parent/guardian(s)

_____

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

To be filled out by BGCRC staff:

_____ _____

Date Received Staff Initials

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:

_____

_____

_____

_____

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.

___ I give permission for RCBGC, and Affiliates to us my child's (_____) photo or video image to be used in RCBGC promotions or social media.

Anticipated Days attending Afterschool program:(Circle one)

Monday: Yes or No

Tuesday: Yes or No

Wednesday: Yes or No

Thursday: Yes or No

Friday: Yes or No

Anticipated Pick up time: