MEMBERSHIP APPLICATION

❖ **Boys & Girls Clubs of Broward County** ❖

877 NW 61st Street • Fort Lauderdale, FL 33309 • (954) 537-1010 • WWW.BGCBC.ORG

BOYS & GIRLS CLUBS
OF BROWARD COUNTY

☐ NEW
☐ RENEWAL
☐ TRANSFER
CLUB NAME _____

CLUB NAME: _____ **School Student ID Number:** _____

CARD #: _____ **Issued Date:** _____ **Expiration Date:** _____

Classification *(Please check one)*: ☐**Cadet 6-10** ☐**Junior 11-13** ☐**Intermediate 14-15** ☐**Senior 16-18**

❖ CHILD/CLUB MEMBER INFORMATION ❖

Grade in 2011-12 _____

Name:_____,_____,_____**Age:**_____ **Grade in 2012-13** _____
Last First Middle

Address:_____/_____/_____/_____
Street City State Zip

Phone #: _____/_____/_____
Home Cell Other

DOB: _____ **City & State of Birth:** _____ **Name of School:**_____

Sex: ☐ Male ☐ Female **Race:** ☐ Black ☐ White ☐ Hispanic ☐ Multiracial ☐ Other

❖ PARENT / GUARDIAN INFORMATION ❖

Mother/Guardian's Name: _____/**Phone:** _____**E-mail:**_____

Father/Guardian's Name: _____/**Phone:** _____**E-mail:**_____

Number of Children in the Home: _____ **Ages:** _____

Child Lives With *(Please check ALL that apply):*
☐Mother ☐Father ☐Both Parents ☐Grandmother ☐Grandfather ☐Aunt
☐Uncle ☐ Step-Mother ☐Step-Father ☐Foster Parent ☐Other

Parents *(Please check ALL that apply):*
☐Married ☐Single ☐Separated ☐Divorced ☐Widowed ☐Deceased ☐Cohabitating

Is there adult supervision at home after school? ☐ Yes ☐ No

Does your child qualify for FREE or REDUCED Lunch? ☐ Yes ☐ No

Does your child have major medical insurance *(i.e. AvMed, Blue Cross, Aetna, etc.)*? ☐ Yes ☐ No

Does your child have Medicaid? ☐ Yes ☐ No

Does your child have <u>any</u> medical, physical, mental, and/or emotional challenges? ☐ No ☐ Yes
(If yes, please describe_____

Does your child receive medication for any mental health diagnoses? (i.e. Ritalin, Adderall, Zoloft, Zyprexa, etc.)
☐ No ☐ Yes (If yes, please list medications) _____

Does your child have any allergies or reactions to medication?
☐ No ☐ Yes (If yes, please describe) _____

Annual Household Income (Please check one):
☐ Less than $15,000 ☐ $15,001-$20,000 ☐ $20,001-$30,000 ☐ $30,001-$40,000
☐ $40,001-$50,000 ☐ $50,001-$60,000 ☐ More than $60,001

❖ EMERGENCY CONTACT INFORMATION ❖

Mother/Legal Guardian's Name: _____/Cell Phone:_____

Place of Employment:_____/Work Phone:_____

Father/Legal Guardian's Name: _____/Cell Phone:_____

Place of Employment:_____/Work Phone:_____

Please provide at least three (3) or more alternate contact persons and phone numbers in case of emergency or for "pick-up".

A valid, official PHOTO ID will be required by staff for "pick-up" for listed alternate authorized individuals.

1. Name:_____/Relationship: _____

   Cell Phone:_____ /Home Phone: _____

2. Name:_____/Relationship: _____

   Cell Phone:_____ /Home Phone: _____

3. Name:_____/Relationship: _____

   Cell Phone:_____ /Home Phone: _____

4. Name:_____/Relationship: _____

   Cell Phone:_____ /Home Phone: _____

5. Name:_____/Relationship: _____

   Cell Phone:_____ /Home Phone: _____

6. Name:_____/Relationship: _____

   Cell Phone:_____ /Home Phone: _____

7. Name:_____/Relationship: _____

   Cell Phone:_____ /Home Phone: _____

8. Name:_____/Relationship: _____

   Cell Phone:_____ /Home Phone: _____

❖ AUTHORIZATION TO LEAVE CLUB UNESCORTED ❖

☐ **My child is 12 years or older and has permission to check him/herself out of the Club.**

☐ **My child does not have permission to check him/herself out of the Club even though he/she is 12 years or older.**

****Children younger than 12 years old may leave the Club with an authorized <u>blood relative</u> as long as the blood relative is 12 years and older and is a Club member.**

☐ **My child is younger than 12 years old, but has permission to leave the Club with the following blood relatives that are 12 years or older who are Club members:**

1. Name:_____/Age:_____/Relationship: _____

2. Name:_____/Age:_____/Relationship: _____

3. Name:_____/Age:_____/Relationship: _____

4. Name:_____/Age:_____/Relationship: _____

5. Name:_____/Age:_____/Relationship: _____

6. Name:_____/Age:_____/Relationship: _____

7. Name:_____/Age:_____/Relationship: _____

8. Name:_____/Age:_____/Relationship: _____

❖ BGCBC WAIVER FORM ❖

❖PUBLICITY & PROGRAMS WAIVER ❖

I certify that I give my son/daughter permission to join the Boys & Girls Clubs of Broward County and to appear in pictures and videos of Boys & Girls Club activities to be used for publicity purpose. I certify that I give my son/daughter permission to participate in the Smart Moves Drug and Alcohol Abuse Prevention Program. I understand and agree that if my son/daughter must be transported to and from the Club they must be picked up by closing time or a fee will be charged for waiting by staff. Member hereby assigns and agrees to assign in the future all of his or her right, title, and interest in and to each work that he or she partially or wholly creates, contributes to, and/or performs as a Club member.

❖SAFE PASSAGE POLICY & PARENT HANDBOOK WAIVER ❖

I understand and agree that the Boys & Girls Clubs of Broward County has a safe passage policy that prohibits members from coming and going as they please and that the Boys & Girls Clubs of Broward County cannot be responsible for my son/daughter leaving the Club without my permission. I understand that once a child has entered the building, he/she will not be allowed to leave until a parent/guardian/authorized person arrives to retrieve him/her. **After scanning out for the day, Club members <u>will not</u> be permitted to return to the Club until the following day.** *I understand that the Boys & Girls Clubs of Broward County is not a licensed day care facility and that staff will not physically restrain members who insist on leaving without parent permission.*

I hereby certify that my child (member) is currently age six or older and in the first grade or higher for the 2012-2013 school year.

I have received, read, understand, and agree to abide by the policies stated in the Parent Handbook I understand that failure to abide by the policies in the handbook may result in suspension or removal of my child from the Boys & Girls Clubs of Broward County programs.

I understand and agree that any changes to this document must be physically made at the Club member's respective Club by the below mentioned legal guardian(s).

❖RELEASE OF LIABILITY WAIVER ❖

I understand the Boys & Girls Clubs of Broward County takes reasonable precautions in the programs and activities it offers to its Club members. I understand that because of the nature of the programs and activities in which the member may participate, there is a potential for injury. I recognize these risks and allow the Club member to participate in all activities and programs offered. I agree on behalf of myself and the member to assume the risks associated with all activities of the member with the Boys & Girls Clubs of Broward County.

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned, on behalf of myself and the member, hereby agree to hold harmless the Boys & Girls Clubs of Broward County and to release, acquit, and forever discharge the Boys & Girls Clubs of Broward County and all other persons , organizations, and corporations affiliated therewith of and from any and all liability, claims, demands, damages, actions, or causes of action, suits arising from or involving, in whole or in part any action or omission, including negligence, that the undersigned and/or member now has or may have in the future for personal injury, death, disability, loss of income, property damage, or otherwise arising out of or relating to the undersigned's and/or the member's participation in the Boys & Girls Clubs of Broward County.

I hereby certify that my child/ward (member) is in good health and capable of participating in the Boys & Girls Clubs of Broward County programs.

I have read, understand, and will abide by all of the above. All information provided in this form is true and complete. I agree that any false or misleading representation or material omission may disqualify my child/ward (member) from participating in the Boys & Girls Clubs of Broward County programs.

Legal Guardian's Name:_____**/Relationship:**_____

Signature:_____**/Date:**_____