

2021-2022 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: _____

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

Classification (Please check one): Cadet 6-10 Junior 11-12 Senior 13-18

❖ CHILD/CLUB MEMBER INFORMATION ❖

Name: _____ Age: _____ Grade in 2020-21 _____
Last First Middle Grade in 2021-22 _____

Address: _____ / _____ / _____
Street City State Zip

Phone #: _____ / _____ / _____
Home Cell Other

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

Sex: Male Female School Student ID Number: _____

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 Cohabiting

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 any 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 additional names and phone numbers of contacts ages **18 & older** to be designated as authorized "Pick-up" persons and/or who we can reach in case of an emergency.

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.
- Even though my child is 12 years or older they do not have permission to check him/herself out of the Club.

****Members younger than 12 years old may leave the Club with an authorized blood relative as long as the blood relative is 12 years and older and is a Club member that has scanned into the Club on that day.****

- My child is younger than 12 years old, but has permission to leave the Club with the following blood relatives that have scanned into the Club on that day who are 12 years or older:

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

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

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

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

How did you hear about the Boys & Girls Clubs of Broward County?

Flyer _____ One Call (e-mail, Phone , text) _____ School _____

Word of mouth _____ other (please explain) _____

❖ **AQUATICS** ❖

Does your child have permission to participate in all aquatics programs conducted by the Boys & Girls Clubs of Broward County? Yes _____ No _____

❖ **REPORTS** ❖

BGCBC does **NOT** give copies of any documents unless it receives a court order.

❖ **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.

❖ **BGCBC WAIVER FORM** ❖

❖ **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. 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 2021-2022 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.

❖ **RELEASE OF LIABILITY WAIVER** ❖

I, THE UNDERSIGNED, AS THE PARENT OR LEGAL GUARDIAN OF THE MINOR CHILD NAMED BELOW (ALSO REFERRED TO AS "MEMBER"), DO HEREBY GIVE MY FULL CONSENT AND APPROVAL FOR MY CHILD TO PARTICIPATE AS A MEMBER OF THE BOYS & GIRLS CLUBS OF BROWARD COUNTY. I UNDERSTAND THAT THERE MAY BE CERTAIN RISKS, KNOWN AND UNKNOWN, OF DAMAGES AND INJURIES, INCLUDING DEATH, AND I AM WILLING TO ASSUME THESE RISKS ON BEHALF OF MY CHILD, MYSELF, ANY OTHER LEGAL GUARDIAN OF MY CHILD, MY CHILD'S HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS. I HEREBY RELEASE, WAIVE, RELINQUISH, AND FOREVER DISCHARGE AND HOLD HARMLESS THE BOYS & GIRLS CLUBS OF BROWARD COUNTY AND ALL OF ITS OWNERS, AGENTS, OFFICERS, DIRECTORS, SERVANTS, EMPLOYEES AND VOLUNTEERS FROM ANY LIABILITY WHATSOEVER IN CONNECTION WITH MY CHILD'S PARTICIPATION IN THE BOYS & GIRLS CLUBS OF BROWARD COUNTY PROGRAM AND ACTIVITIES, WHETHER ON OR OFF THE BOYS & GIRLS CLUBS OF BROWARD COUNTY'S PREMISES. THE SCOPE OF THIS RELEASE SHALL INCLUDE, BUT NOT BE LIMITED TO, ANY AND ALL DAMAGES INCLUDING PROPERTY DAMAGE, BODILY INJURIES, LOSSES, CLAIMS, AND CAUSES OF ACTION, INCLUDING DEATH, ARISING FROM OR INVOLVING, IN WHOLE OR IN PART, ANY ACT OR OMISSION, INCLUDING NEGLIGENCE OF THE BOYS & GIRLS CLUBS OF BROWARD COUNTY AND ITS OWNERS, AGENTS, OFFICERS, DIRECTORS, SERVANTS, EMPLOYEES AND VOLUNTEERS, THAT THE UNDERSIGNED AND /OR MY CHILD 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 MY CHILD'S PARTICIPATION IN THE BOYS & GIRLS CLUBS OF BROWARD COUNTY. I UNDERSTAND THAT THIS RELEASE AND WAIVER INCLUDES ANY CLAIMS, INJURIES, DAMAGES, AND CAUSES OF ACTION EVEN IF CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE BOYS & GIRLS CLUBS OF BROWARD COUNTY, ITS OWNERS, AGENTS, OFFICERS, DIRECTORS, SERVANTS, EMPLOYEES AND VOLUNTEERS. I HAVE READ THIS RELEASE OF LIABILITY AND A WAIVER OF RIGHTS AND, BY SIGNING IT, I, INDIVIDUALLY, AND ON BEHALF OF MY CHILD, UNDERSTAND THAT THIS WAIVER AND RELEASE SHALL BE BINDING ON ME, MY CHILD, OUR FAMILY MEMBERS, LEGAL REPRESENTATIVES, EXECUTORS, HEIRS, NEXT OF KIN, SUCESSORS, BENEFICIARIES AND ASSIGNS.

Legal Guardian's Signature _____ / Relationship _____

Legal Guardian's Signature _____ / Relationship _____

Date: _____