



BOYS & GIRLS CLUBS
OF CENTRAL VIRGINIA

MEMBERSHIP APPLICATION
September 1, 2018-August 31, 2019

APPLICATION MUST BE COMPLETED IN FULL

Cherry Avenue Southwood
(434) 971-9421 (434) 295-0037
Jack Jouett Orange
(434) 973-3014 (540) 672-6858
Madison James River
(540) 738-3110 (434) 286-8801

Date of Parent Orientation:

Child Information:

First Name: _____ Middle: _____ Last: _____
Nickname: _____ Date of Birth: ___/___/___ Gender: M F
Address: _____ City: _____ State: _____ Zip: _____

Race/Ethnicity (please check only one):

- American Indian or Alaska Native Asian Black or African American Hispanic or Latino
 Native Hawaiian or Pacific Islander White Two or More Races Some Other Race

PARENT/GUARDIAN INFORMATION: (Please notify us if your phone number changes)

Parent/Guardian Name: _____ **Relationship:** _____
Primary Phone: _____ Cell Home **Secondary Phone :** _____ Cell Home
Employer: _____ **Work Phone:** _____
Email: _____

Parent/Guardian Name: _____ **Relationship:** _____
Primary Phone: _____ Cell Home **Secondary Phone :** _____ Cell Home
Employer: _____ **Work Phone:** _____
Email: _____

Please note any legal/custodial arrangements: _____

Emergency Contact Information:

Name: _____ **Relation to child:** _____ **Phone number:** _____
Name: _____ **Relation to child:** _____ **Phone number:** _____

Household: NOTE: This information is needed for grants, which help to keep membership dues low

Does the member currently qualify for a: Free Lunch Reduced Price Lunch Full Price Lunch
Member lives with: Mom Step Mom Dad Step Dad Grandparent Foster parent(s)
 Siblings: _____ Other: _____
Is the head of the household a single parent? Yes No
Is member from a military family?: Yes No If Yes, what branch? _____
Is family member currently or about to be deployed? Yes No If yes, military ID number: _____

School Information:

School: _____ **Grade in 2018-19:** _____

Medical Information:

Doctor Name: _____ **Doctor Phone:** _____
Does your family have health and/or accident insurance: Yes No **Medicaid:** Yes No
Insurance Carrier: _____ **Insurance Phone:** _____
Policy #: _____ **Group#:** _____
Allergies : Yes No If Yes, explain: _____
Medical/Mental Health Conditions: Yes No If Yes, explain: _____

Medications: Yes No If Yes, explain: _____

TURN OVER

General: Boys & Girls Clubs of Central Virginia (BGCCVA)

Please sign below to show that you have read and understand the policies of our organization. Failure to do so may **prevent your child from participating** in the BGCCVA.

BGCCVA has an OPEN DOOR POLICY. Members are **allowed to come and go as they please**. The Club assumes no responsibility for members who choose not to come on a particular day or who choose to leave early. The Club only supervises youth in our building. **If a child is to remain in the building at all times, he or she must be instructed by the parent or guardian of these expectations**. Arrangements should be made by parents/guardians to pick up each child before club closing each night, or determine that the child is a walker. All members must be picked up at scheduled closing or I may be charged a late fee of \$1.00 per minute after such time. If 30 minutes after closing child(ren) are not picked up, the police and/or Child Protective Services will be notified.

I hereby give permission for the BGCCVA to have **access to my child's school information** including teachers, grades, progress reports, report cards, promotion/retention of student, attendance, behavior, health and fitness data (including height, weight, BMI, blood pressure & President's Physical Fitness Results), and SOL scores. This information will be used for matters related to case management and Club programming.

I hereby grant my consent for my child to travel and participate in field trips with the BGCCVA. I also understand that some field trips may require an additional permission form to be completed.

I agree that **if my son or daughter needs to be picked up** due to illness, injury or suspension, I will pick up my child or arrange to have them picked up **within 30 minutes**.

I understand that the Club, its employees and agents shall **not be responsible or legally liable for any losses of personal property or for bodily injuries, or the result thereof**, incurred and suffered by the applicant on any property of the Club or in connection with any activities at or away from the Club. I hereby give my **consent to have Club personnel, physician, EMT or hospital administer emergency medical treatment** in case of sudden illness or injury while participating in the BGCCVA program. I understand that all reasonable efforts will be made to contact me in the event of such an emergency.

I hereby grant my consent for my child to **participate in surveys or other program evaluation** mechanisms instituted by the Boys & Girls Clubs. I understand that all results will be kept confidential. I understand that summer program fees are included in the membership fee. I also understand that the membership fee does not guarantee my child space for the summer program. **Registration for the summer program is done on a first come, first served basis**.

I agree that **in order to utilize Club equipment, including technology**, my child will **complete a safety and appropriateness training administered by a Club staff member**. This includes access to the internet and e-mail, and also includes any devices members bring in with them (personal laptops, phones with internet access, etc.). Any violation of this policy or abuse of Club equipment may result in loss of access to equipment, suspension, or legal prosecution. A parent handbook and overview of appropriate use of technology at the Club is available through the Club Director.

BGCCVA is not responsible or liable in any way in the event of harm or injury occurring to the member. It is agreed that the parent or guardian will not hold BGCCVA responsible for the welfare or whereabouts of the member. If the Parent or Guardian does file a complaint against the Club the Parent or Guardian agrees to pay for BGCCVA's legal fees. I hereby give permission for my child to become a member of BGCCVA. I hereby give permission for my child to be **photographed, videotaped and/or interviewed for use by the BGCCVA and BGCA** in productions, marketing, training services and similar purposes. I understand that my child will receive no compensation or consideration for the release, and that I can revoke this right at any time in writing. I certify that I am the child's guardian and have full power, right and authority to enter into this release on behalf of the child and understand all its terms and provisions.

I have read and understand the policies of the organization and agree to these terms.

Parent's/Guardian's Printed Name **Parent's/Guardian's Signature** **Date**

MEMBER AGREEMENT: I promise to take care of my Club and property, and respect the building, other members and staff at all times. I understand the rules and promise to follow them, and if I don't, I understand there will be consequences for my actions.		
_____	_____	_____
Member's Printed Name	Member's Signature	Date