



Membership Registration Form for: _____

Today's Date

- PARENTS: This is for...
- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Carver | <input type="checkbox"/> Crockett |
| <input type="checkbox"/> Lee | <input type="checkbox"/> Moore |
| <input type="checkbox"/> SMarshall | <input type="checkbox"/> Travis |
| <input type="checkbox"/> PTY | <input type="checkbox"/> SHMS |
| <input type="checkbox"/> EF | <input type="checkbox"/> Hallsville |
| <input type="checkbox"/> Jefferson | <input type="checkbox"/> Waskom |
| <input type="checkbox"/> Carlile | <input type="checkbox"/> _____ |

Last Name

BOYS & GIRLS CLUBS
OF THE BIG PINES

The school year membership is good from the first day of school to the last day of school each year.
Please complete the form and print clearly. This information is confidential and the required data is for self-certification and contact purposes.

Youth Member Information: Renewal? No Yes

Last Name: _____ First Name: _____ Birth Date: ____/____/____

Address: _____ City: _____

Zip Code: _____ Home Telephone: (____) _____ Gender: Male Female

Pre-existing medical conditions (i.e. allergies, seizures, etc.)? If yes, please comment: _____

Grade Level You Are Currently Completing (if *summertime-which you are entering*): _____ Age _____
(6 & 7 year olds may be asked to provide birth certificate)

Parent/Guardian Information:

Mother/Guardian's name: _____ Father/Guardian's name: _____
 Emergency Pick Up Emergency Pick Up

Parent E-mail Address (to send club & event info): _____

Mother's employer's name and phone #: _____

Mother's Cell Number

Father's employer's name and phone #: _____

Father's Cell Number

Contact: _____ Phone: (____) _____ Relationship _____ Emergency Pick Up

Contact: _____ Phone: (____) _____ Relationship _____ Emergency Pick Up

Contact: _____ Phone: (____) _____ Relationship _____ Emergency Pick Up

Ethnicity/Race

This information is only used for government reporting purposes, to monitor compliance with equal opportunity laws, and to qualify the Club for grants.
Please note that self-identification of race/ethnicity is voluntary.

- Asian
 Black/African American
 Hispanic/Latino
 White
 Other _____ (please list)

Family Income Level (Check only ONE):

- \$0.00 - \$9,999.99
- \$10,000.00 - \$19,999.99
- \$20,000.00 - \$29,999.99
- \$30,000.00 - \$39,999.99
- \$40,000.00 - \$49,999.99
- More than \$50,000.00
- Other

Member lives with (Check all that apply):

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Grandparent(s) |
| <input type="checkbox"/> Father | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Both Mother & Father | | |

Is it a Single Parent Household? Yes ____ No ____

Number Of People in your Household: _____
Number of Brothers ____ Number of Sisters ____ Other ____

Specific School Attending: _____

Date Parent/Guardian Signature Printed Name

NOTE: YOUR SIGNATURE ACKNOWLEDGES THAT YOU HAVE READ AND ACCEPT THE POLICIES/CONDITIONS OF THE BOYS & GIRLS CLUBS OF THE BIG PINES AS DESCRIBED ABOVE.



Acknowledgement and Consent: I understand the conditions under which the Boys & Girls Clubs of the Big Pines (aka *the Club*) operates and **that it is not a day care facility**. I understand the "open door" policy which allows children to come and go as they please. Professional supervision will be provided for children at the *Club's* facility only. I understand that no loitering is allowed outside the club entrance. For both internal and external use, I acknowledge that *the Club* may utilize photographs or videos of my child that may be taken during involvement in *the Club's* activities. I consent to such uses and hereby waive any rights of compensation. The Club offers educational programs such as SMART Moves. My child has permission to participate in classroom discussions which teach youth the dangers of drugs, alcohol, life skills/options and negative peer pressure. I also I understand that staff of Boys & Girls Club will be monitoring my child's grades, test scores, and academic indicators, through the schools with academic levels provided by the ISDs served by the BGCBP. Unless an opt-out is provided in writing, I agree to allow the Club to access my child's grades for one year from the signing of this Club Membership application. This information will be kept confidential, and will be used to monitor individual and group progress from year to year.

Authorization for Service. I have been provided information of the DFPS Prevention and Early Intervention Program and wish to receive services. I understand that data on my youth/family will be collected, maintained and entered into a secure database. The information will be utilized to track services, for evaluation purposes and to ensure quality services are being provided. If I do not want my information entered into the database, I may request to sign a separate form stating my objection.

Waiver of Liability & Disclaimer: In consideration of my child's membership, and any participation in the activities and special programs or events of *the Club*, on behalf of me and my child and any heirs or assigns of me or my child, waive, release, and agree to defend and hold harmless the Boys & Girls Clubs of the Big Pines, and its sponsors, staff members, board of directors, and any other affiliated persons and/or vehicle drivers from any and all claims, injuries, death, damages, and demands arising or in any way resulting from or connected to any Club-related event, activity, program, or property. I attest and verify that I have full knowledge of the risks involved in Club-related events, activities, programs, and properties and that I will, on behalf of the my child, assume and pay any medical or emergency expenses. I further acknowledge that my child is physically fit to participate in the programs or other activities of the Club.

Emergency Authorization: I, the undersigned, as parent/guardian of my child, hereby authorize the staff of the Club, its sponsors, and vehicle drivers as my agents to consent to medical, surgical, dental examination or treatment of my child. In case of emergency, I hereby authorize treatment or care at any hospital or by any licensed medical personnel.

Transportation: For those children in participating in the MISD and in the 21st Century Grant, parents understand and allow their children to take an MISD bus home at the end of the day if transportation is needed. Those parents not wanting transportation home from their school's Texas ACE 21st Century site, please make appropriate arrangements and intentions clear with each individual Site Director.

CLUB RULES

Club Membership is not a right, it is a privilege.

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| <ol style="list-style-type: none"> 1. Members should sign and in out of the Club using their membership card. If a card is lost, a new one may be purchased for \$3 (Carlisle Unit). 2. Members are expected to keep all areas of the Club clean and neat. 3. All personal items must be placed on the shelves. 4. Members will be held responsible for their behavior. 5. The phone is for emergency use only. 6. Members may only eat and drink in the game room's designated areas. Food is not allowed in the gym. | <ol style="list-style-type: none"> 7. Respect yourself and others, do not use foul language and keep your body to yourself. 8. The Club is not responsible for lost or stolen property and encourages members to leave personal items at home. 9. Members are permitted in designated areas only and a staff member must always be present. 10. Contrabands, i.e. alcohol, drugs, tobacco, knives or weapons of any kind are not allowed at the Club. 11. Running is permitted in the gymnasium or outdoor only. |
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Participant Consent: I want to participate in the Boys & Girls Clubs of the Big Pines activities and agree to follow the Boys & Girls Clubs of the Big Pines rules and regulations (you must show proof of age, if required).

_____ Member's Signature

_____ Date

Revision 052009	BGCBP Office Only – Do Not Fill In		
DATE ___/___/___	RENEWAL? Y / N	MEMBER #: _____	PROGRAM STAFF INITIALS: _____
FEE: \$ _____	PAID (circle one): CASH	CHECK	CREDIT CARD
Program: <input type="checkbox"/> Club Membership	<input type="checkbox"/> Sports _____	<input type="checkbox"/> Summer	<input type="checkbox"/> Extension _____
BUS: <input type="checkbox"/> MJHS	<input type="checkbox"/> PTY	<input type="checkbox"/> SHMS	