



BOYS & GIRLS CLUBS  
OF CENTRAL OHIO

# MEMBERSHIP APPLICATION

Please fill out one application for each member. Payment: Membership fee for the School Year and additional Summer Program fees apply, non-refundable.

<b>OFFICE USE ONLY</b>	
Member #:	_____
Date Entered:	___/___/___
Payment:	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
Staff Initials:	_____

## GENERAL MEMBER INFORMATION

MEMBER NAME (First, Middle, Last): _____			
DATE OF BIRTH: / /	AGE:	SEX: ( Male) ( Female) Other:	PHONE:
ADDRESS:		CITY:	STATE: ZIP:
SCHOOL:			
GRADE:	Today's DATE: / /	**Members must be in Kindergarten to attend afterschool program or completed Kindergarten to attend summer program. **	

**DEMOGRAPHICS:**

Asian/ Pacific Islander  
 Black/ African American  
 Native American  
 White/ Caucasian  
 Latino/ Hispanic  
 Other  
 (Specify \_\_\_\_\_)

**JUVENILE JUSTICE SYSTEM:**  
 Due to grant funding the BGC receives, we are collecting statistical data based on the number of youth that have been involved in the juvenile justice system. This information will be used for data collection purposes only and responding to this statement will not affect your child's involvement with the Club.

Has your member been involved with the juvenile justice system during the last 12 months? (yes\_\_\_) (no\_\_\_)

Please list any **SIBLINGS** enrolled in BGC:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## HEALTH INFORMATION

<b>ALLERGIES:</b>	<b>MEDICATIONS:</b>	<b>SPECIAL NEEDS:</b> Does member have an IEP? (yes___) (no___) Permission to obtain a copy? (yes___) (no___) Details:
<b>HEALTH CONDITIONS:</b> (Physical, mental, or behavioral)	(NO medications will be given by Club staff while at the Club. Parent/ Guardians can come and administer medication on their own while members are at the Club.)	Does member have an aid during school? (yes___) (no___) Members who require one on one supervision, may be required to have an aid at the Club, provided by the family, or may not be able to attend. Need for an aid is based on the discretion of the director, based on the behavior of the member while at the Club.
Any Restrictions? (yes___) (no___) Explain:		

## FAMILY (This information helps us secure funding, it is used for statistical purposes only.)

<b>HOUSEHOLD TYPE:</b> <input type="checkbox"/> Both parents <input type="checkbox"/> Single mother <input type="checkbox"/> Single father <input type="checkbox"/> Foster care <input type="checkbox"/> Alternate custody (Specify _____) <input type="checkbox"/> Other (Specify _____)	<b>HOUSEHOLD SIZE:</b> # of Children # of Adults # Total Household Size	<b>Military Family?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Army _____ Navy _____ Air Force _____ Marines _____ National Guard _____ Reserves _____	<b>PLEASE CHECK ALL THAT APPLY:</b> <input type="checkbox"/> Child Protective Services <input type="checkbox"/> Job and Family Services <input type="checkbox"/> Parent incarcerated <input type="checkbox"/> Daycare Voucher <input type="checkbox"/> WIC <input type="checkbox"/> Metro/ Public housing <input type="checkbox"/> TANF/ Financial Assistance <input type="checkbox"/> SSI <input type="checkbox"/> Medicaid <input type="checkbox"/> Qualify for FREE/ Reduced Lunch <input type="checkbox"/> Other: _____
	<b>HOUSEHOLD INCOME:</b> What is your total household income? \$ _____ Please Circle: weekly, monthly, or annual?		

**PARENT/ GUARDIAN #1**

NAME:	RELATIONSHIP:	PHONE #:	
ADDRESS:	CITY:	STATE:	ZIP:
PLACE OF EMPLOYMENT:		WORK #:	
EMAIL:		Does person live at home with child? (yes ___) (no ___)	

**PARENT/ GUARDIAN #2**

NAME:	RELATIONSHIP:	PHONE #:	
ADDRESS:	CITY:	STATE:	ZIP:
PLACE OF EMPLOYMENT:		WORK #:	
EMAIL:		Does person live at home with child? (yes ___) (no ___)	

\*Please note that the Club requires a copy of custody agreements if applicable.

**PLEASE LIST ANY OTHER EMERGENCY CONTACTS & ARE AUTHORIZED TO PICK-UP MEMBER:**  
(must have at least 1 additional contact)

NAME:	PHONE #:	RELATIONSHIP:
NAME:	PHONE #:	RELATIONSHIP:
NAME:	PHONE #:	RELATIONSHIP:

**INFORMATION**

I will notify the Club of any changes to the application, while my member is enrolled. Example: change of phone number, address, emergency contact, etc.

**PERSONAL ITEMS**

I understand that the Club is not responsible for lost or stolen items while at the Club. The Club highly discourages bringing any type of toys/ electronics, including cell phones. Members are encouraged to keep cell phones and electronics in their bookbag or at the Front Desk for safe keeping. Only Teens are permitted to have cell phones in the Teen Room.

**MENTORING PROGRAM**

I give my permission for my member to participate in the Mentoring Program at the Club. I understand that the program involves mentors who shall be selected from the community and will be screened and trained. A mentor will be expected to spend a minimum of one hour per week with my child at the Club, to last one year. I understand that the staff of the Club will provide ongoing monitoring of the mentoring activities. The mentor is not allowed to take or meet my child beyond the Club facility.

**INTERNET ACCESS**

I give my member permission to have access to the Internet while at the Club. BGC will have rules and consequences at the Club for accessing inappropriate sites; however, we will not be responsible for the consequences of such access.

**SCHOOL RECORDS**

I understand that my child must be in Kindergarten – 12th grade .

I hereby grant permission to the BGC to request access to my child's academic, attendance and behavior records for the current, prior, and future school years so that they can provide better services to my child and understand the impact of this program. I understand that this information will be kept confidential.

**SURVEYS**

I give permission for BGC to survey my child about his or her Club experience, behaviors, skills and attitudes using BGCA National Outcomes Survey or other survey instruments.

**PICK UP POLICY**

I understand that if I do not allow my child to walk/ride home I am responsible for insuring my child is picked up from the program. I will pick up my child on time or pay a late charge of \$25. If my child is not picked up within 30 minutes of the end of the program the Police Department and Children Services will be notified.

**VOLUNTEERS/ PROGRAMMING**

Volunteers who come to the Club will be accompanied by a BGC Staff and will be screened and trained. The Club also has community members come into the Club regularly for programming activities.



**LICE/ BEADBUG POLICY**

I understand that BGC is a lice/nit and bedbug free facility. If my member has nits, lice, or bedbugs they will need to be picked up immediately and will be unable to return to the Club until they are treated and cleared by Club staff.

**PHOTO and VIDEO**

I hereby grant permission to the Boys & Girls Clubs to use photographs, videos and the likeness of my child for publicity purposes. (If in foster care, we will not publish photos publicly.)

**DRESS CODE**

Tennis shoes are highly encouraged daily and members must wear tennis shoes to participate in all gym activities for safety. Tanks/ tops, appropriate length shorts and other clothing should be worn for modesty.

**SUMMER SWIMMING**

Yes, my member may participate in swimming at the aquatic center. I understand that no lifejackets are provided and that aquatic center lifeguards and BGC staff will be on duty at all times.

**TRANSPORTATION/ FIELD TRIPS**

I give permission for my member to walk/ ride supervised by BGC staff to field trip locations in the surrounding area/ between sites.

**AUTHORIZATION TO WALK OUT**

I understand that the Club operates as a licensed "School-Age Drop-in Program" by the State of Ohio. According to state regulations, this means that my child may come and go at his/her own volition.

I give permission for my member to leave the Club upon parent/ guardian calling the Club.

Details: \_\_\_\_\_ Initial: \_\_\_\_\_

**OR**

I give permission for my member to check themselves out of the Club on their own.

Details: \_\_\_\_\_ Initial: \_\_\_\_\_

**ADDITIONAL INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEMBER AGREEMENT**

I wish to become a member of the Boys & Girls Clubs of Columbus. I agree to follow the rules of the Club and I promise to take care of my Club's property. I will do my part to make my Club the best and safest place it can be for all other Club members and me. I understand that, if for any reason my membership is suspended, I will return my membership card and will not ask nor expect that any of the dues paid by me be refunded. I also agree to abide by the basic rules of the Club.

**MEMBER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/ GUARDIAN AGREEMENT**

I hereby grant permission for my child to become a member of the Boys & Girls Clubs of Central Ohio, Inc. and to participate in the Club's programs. I agree not to hold the BGC and any affiliates responsible for any accident or injury or property damage incurred while using BGC facilities or engaged in off-site activities, and further agree to indemnify and save them harmless from any loss, cost, or expenses arising out of any accident or injury sustained on their premises or engaged in off-site Club activities, or from the use of any of their equipment.

I hereby grant permission for my child to become a member of the Boys & Girls Club and to participate in the Club's programs. In the event that neither I, nor the person(s) listed, can be reached in an emergency, I authorize the staff of the BGC to administer first aid according to their scope of training and I authorize my child to be transported to the nearest hospital and the attending physician to administer proper and necessary treatment for the safety of my child.

The Boys & Girls Clubs are mandated reporters and will contact Children Services if necessary. From time to time, youth will need positive intervention to correct a behavior that is inappropriate or unsafe. A child's membership can be revoked at any time without refund. It is expected that parents be helpful ad supportive with Club staff. It is the policy of BGC that interaction not be disruptive or threatening. BGC will not tolerate the use of vulgar language and threats of any kind. Parents who engage in this behavior on two or more occasions will have their child's or children's membership revoked.

**PARENT/ GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_