

BOYS & GIRLS CLUB OF CHESTER

MEMBERSHIP APPLICATION



Membership Fees: = 1 Year Membership
 1 child = \$30.00
 2-3 children = \$60.00
 4 or more children = \$10.00 each additional child

Membership Information (Please Print):

First Name:	Middle Name:	Last Name:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name of Person Member Lives with:	Home Phone Number:	Emergency Contact Name:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Home Address:	Emergency Contact Phone No.:	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
City:	County:	State:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Zip:	E-mail Address:
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Gender:	Birthday:	Age:
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Grade:	Race/Ethnicity:
	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Black or African American <input type="checkbox"/> White or Caucasian
School:	Lives With (Please Circle One):	<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American
<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Both Parents <input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> More than one race
	<input type="checkbox"/> Mother <input type="checkbox"/> Grandparents	<input type="checkbox"/> Other
	<input type="checkbox"/> Father <input type="checkbox"/> Foster Par/DFACS	
	<input type="checkbox"/> Other _____	

Primary Parent Information (Please Print):

Primary Parent/Guardian First Name:	Primary Parent/Guardian Last Name:	Home Phone Number:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Employer:	Occupation:	Work Phone Number:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Mobile Phone Number:	E-mail Address:	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

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Secondary Parent Information (Please Print):

Secondary Parent/Guardian First Name: Secondary Parent/Guardian Last Name: Home Phone Number:

Employer: Occupation: Work Phone Number:

Mobile Phone Number: E-mail Address:

Medical Information (Please Print):

<p>Medical Problems/Allergies (please include food allergies):</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p>Medications Currently Taking:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<p>Physician:</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<p>Physician Phone Number:</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
<p>Insurance Company and Policy Number:</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<p>Can your child swim?</p> <p style="margin-left: 20px;"><input type="checkbox"/> Yes</p> <p style="margin-left: 20px;"><input type="checkbox"/> No</p>

VERY IMPORTANT! (Please read carefully)

Pick Up Information: Please list all individuals/relatives that are **NOT** authorized to pick up your child.
**Must provide legal documentation.*

First Name:	Last Name:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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CONFIDENTIAL: The following information is necessary for our records and the funding our organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Annual Household Income:

\$

Household Size:

#

Medicaid Number:

Check all that apply:

- SSD
- TANF
- Food Stamps
- School Lunch Program
- Veteran Affairs Compensation
- SSI
- Daycare Voucher
- General Assistance
- None of these apply

Please share with BGCC any special needs or concerns you have regarding your child's ability to participate in the Club:

Please read carefully and sign:

I have read the completed and I understand the rules of the Boys & Girls Club of Chester (BGCC) and request that my son/daughter be admitted to membership. I have explained the rules to my son/daughter and agree that BGCC will not be responsible for any accident to him/her while on the premise of BGCC or while engaged in any of its activities away from BGCC. I give my consent for photographs in which my son/daughter may appear to be used in any appropriate manner in which BGCC may use them.

Parent/Guardian Signature:

Member Signature:

Date:

For Office ONLY:

Member ID _____

Status: New / Renew

Membership Dates:

Start: ___/___/___

End: ___/___/___

Scholarship Information:

Need: Hardship_____	Amount: _____	Membership_____
Staff_____		Summer_____
DHR Referral_____		Partial_____
Other_____		

Source: Goizuetta_____	FRESH_____	Weed & Seed_____
JCPenney_____	Military/BGCC_____	Other_____
CAPS_____	Housing Authority_____	

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FORMS & WAIVERS

DIRECTIONS: Please read carefully and initial each box and sign at the bottom. A copy will be placed in each member's file.

COMPUTERS: Please initial only one (1)

- My child **can use** e-mail and the Internet while at the Club as outlined in the Rules of Appropriate Use.
- My child **can use** the Internet **only** as outlined in the Rules of Appropriate Use.
- I would prefer that my child **not use** e-mail or the Internet while at the Club.
- My child's work and photographs **can be** published on the Internet.
- I prefer that my child's work and photographs **not be** published on the Internet.
- As a user of the Club computer network, my child and I agree to comply with the stated rules and use the network in a constructive manner.

MEDICAL: Please initial

- In the event of an emergency, the Club must have written consent to seek medical treatment for your child.*
- I give the Boys & Girls Club of Chester permission to seek medical treatment out for my child.
 - I **do not** give the Boys & Girls Club of Chester permission to seek medical treatment out for my child.
 - I understand that treatment may include emergency transportation, x-rays, or surgery in some circumstances for my child and I agree to assume responsibility for charges associated with this or any other treatment given to my child.
 - I authorize the administering of basic first aid, including but not limited to: splinter removal, antibiotic cream, band-aids, and ice.
 - I **do not** authorize the administering of basic first aid, including but not limited to: splinter removal, antibiotic cream, band-aids, and ice.

PARENT ORIENTATION: Please initial

- I have received or downloaded the Member/Parent Orientation Guide, and I agree to adhere to and abide by the policies of the Club as stated in the Orientation Guide. I also agree to further review Club policies with my child, assuming responsibility for his/her appropriate behavior while in attendance at the Boys & Girls Club.

TRANSPORTATION:

- I authorize service from school to the Club for the 20__ school year.
- I authorize service from the Club to my home for the 20__ school year.
- Field Trips/Special Events:**
 - I authorize travel with the Boys & Girls Club of Chester to any field trip or outing that I sign him/her up for during the school year and/or summer program.
 - I authorize travel during the summer program only.
 - I understand that the Boys & Girls Club of Chester reserves the right to remove my child from the van service.

**HOLD HARMLESS & LIABILITY RELEASE:
WAIVER AGREEMENT**

- I voluntarily submit my child for registration as a member in the Boys & Girls Club of Chester Swim, Weight Room, and all sport activities at the Club. I understand all inherent dangers. I understand and agree that the Boys & Girls Club of Chester Staff and any other members will not be responsible for my child's safety nor will any of these parties or individuals serve as a guardian on my child's safety. I will hold harmless the above-mentioned parties from any claim by me or my child or any entity on behalf of myself or my child arising out of my child's participation in the Program. I further state that I am of lawful age and legally competent to sign this agreement, and that my signing this agreement is of my own free will. I also understand and agree that the terms herein are contractual, and they are not a mere recital or simply for information purposes. I have read, understood, and fully informed myself of the contents of this agreement. I assume responsibility for my child's physical condition and capability to perform under the Program.

I have read and understand all policies and procedures for the Boys & Girls Club of Chester.

Print Member Name: _____
Print Parent/Guardian Name: _____
Parent/Guardian Signature: _____
Date: ____/____/____

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PLEASE SIGN THIS PAGE TO VERIFY THE INFORMATION PROVIDED

PARTICIPATION MEDICAL INFORMATION FORM

By signing below, I certify the above information is true to the best of my knowledge. I authorize the Boys & Girls Club of Chester to contact me if my child is injured and/or harmed in any way. I also authorize the Boys & Girls Club of Chester to seek medical attention for my child if he/she is injured and/or harmed and needs immediate medical assistance at a local hospital or emergency center. I certify that I and/or our family's insurance provider will be responsible for any financial medical costs that may be associated with all medical attention and treatment given to my child. In consideration of their granting my child the opportunity to participate in the After-School Program, I hereby release, indemnify, and hold harmless the Department of Human Resources and the Boys & Girls Club of Chester from any liability or damage resulting from any legal medical attentions and assistance that may be needed and provided as a result of an injury or harmful incident to my child.

Legal Name of Parent/Guardian: (PRINT)

Legal Name of Parent/Guardian: (Signature)

Date:

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AGREEMENT, RELEASE, AND WAIVER
NAME AND PHOTOGRAPH (optional)

To: Boys & Girls Club of Chester
201 East 7th Street
Chester, PA 19013

Re.: Use of Name, Photograph, and Identity in Connection with
Advertising and/or Promotion of the Organization

For valuable consideration I, the undersigned, hereby irrevocably consent to and authorize the unrestricted use by the Boys & Girls Club of Chester, Department of Human Services, and their subsidiaries, affiliates and advertising agencies ("Companies") of my child's name, photographs, and identity in various Boys & Girls Club of Chester website and collateral material, as well as miscellaneous print publications and other media outlets, and any personal information that I supply to the Companies, in connection with advertising and promotion of Companies and/or their products in any media, form, or material selected by the Companies, without any right of prior review of further approval, whether such advertising and promotion is to the public, to the trade, or both, and in the corporate releases, newsletter, and other communications of the Companies; and I hereby waive, and release, and discharge said Companies and all agents, employees, and officers of the Companies, including their agencies, media producers, and customers from any claims, liabilities, and demands - past, present, or future - including any that I do not now know of or anticipate arising in the future, none of which would affect my execution of this release if known to me, and waive all rights with respect to such use of my name, photograph, identity, and personal information including, but not limited to publicity, privacy, psychological injury, and libel.

I represent that I am the below-named parent/guardian, that I am over the age of twenty-one (21), that I have read foregoing and fully understand the contents thereof, that the consideration that I have received for this Agreement, Release, and Waiver of my own free choice.

This Agreement, Release, and Waiver shall ensure to the benefit of the successors, assigns, licensees, and legal representatives of the Companies and shall be binding upon my heirs, executors, assigns, and legal representatives.

Date: ____/____/_____
Legal Name of Parent/Guardian: (PRINT) _____
Legal Name of Parent/Guardian: (Signature) _____
Name of Child: (PRINT) _____
Address: _____

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TRAVEL PERMIT FORM

By signing below, the parent(s) of the youth agree that the Boys & Girls Club of Chester, the Department of Human Services, nor any of their representatives shall be held liable for any accidents or misfortunes while enroute to, or returning from any Boys & Girls Club outings during the 2011-2012 After-School Program.

The Boys & Girls Club of Chester must have this permit signed by the parent(s) before the youth is allowed to travel with the Club during any outings during the 2011-2012 After-School Program.

This form **only** gives permission for you to travel with the Boys & Girls Club of Chester. A parent's signature must be on a sign-up sheet for **each field trip** before the youth will be allowed to attend that field trip or outing. A youth may only attend field trips open to their age group. Some field trips may have limited capacity. These sign-ups will be on a "first come, first served" basis.

Child's Name: _____
Parent/Guardian Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Child's Birthday: _____ Emergency Number: _____

FOR PARENT/GUARDIAN:

I hereby give permission for my child to travel with the Boys & Girls Club of Chester to any field trip or outing that I sign him/her up for during the 2011-2012 After-School Program.

_____ Parent/Guardian Signature:	_____ Date:
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EMERGENCY CONTACT INFORMATION

(Please list two (2) emergency contacts other than yourself)

Name: _____
Relationship: _____
Home Phone: _____
Cell Phone: _____

Name: _____
Relationship: _____
Home Phone: _____
Cell Phone: _____

BOYS & GIRLS CLUB OF CHESTER MEMBERSHIP RULES

Read all rules carefully. You will be responsible for all of them.

1. All members are expected to respect, at all times, Club Rules, Club Staff, other members, and all Club property.
2. No member is allowed to "hang out" in front of or behind the Club whether the building is open or closed.
3. Members who constantly leave the building will be asked to leave for the remainder of the day.
4. Members must use appropriate language at all times.
5. Fighting, play fighting, pushing, shoving, wrestling, snowball fights, etc. are prohibited.
6. Use or possession of tobacco, alcohol, or drugs is strictly prohibited. Anyone caught breaking this rule will be **suspended indefinitely** and his/her parent will be notified.
7. Weapons of any kind, including toy weapons, are prohibited.
8. Members should not bring valuables to the Club, as the Club is not responsible for lost or stolen items.
9. Food and drinks are allowed in snack room area only. **Please throw away all trash.**
10. Any member having problems with another member should report problem to staff immediately.
11. If you become hurt or are not feeling well, see a staff member immediately.
12. Damage to Club property will result in suspension as well as restitution for all damages.
13. Members must wear appropriate clothing at all times. This includes clothing that is in good taste, non-revealing, and without negative or foul wording or designs.
14. Members are not allowed to sell or trade on Club property.

CLUB HOURS OF OPERATION

SUMMER HOURS:

Monday - Friday: 9:00am - 7:00pm
Saturday: 12:00 noon - 5:00pm
Sunday: CLOSED

WINTER HOURS:

Monday - Friday: 4:00pm - 8:00pm
Saturday: 12:00 noon - 5:00pm
Sunday: CLOSED

FOR MEMBERS:

By signing this application, I wish to become a member of the Boys & Girls Club of Chester. I understand that membership is a privilege and that I will abide by the rules of the Club. I am responsible for all belongings brought to the Club.

Member Signature:

Date: