



**BOYS & GIRLS CLUB**  
OF BARTLESVILLE

<b>Office Use Only:</b>	Date:	Staff initial:
Receipt:	Exp:	ID #
Status: New <input type="checkbox"/>	Renewal <input type="checkbox"/>	Former <input type="checkbox"/>

**2017/2018 AFTERSCHOOL  
MEMBERSHIP ENROLLMENT FORM**

Please complete the form as accurately and completely as possible.

<b>Member's Name (First Middle Last)</b>	<b>Phone Number(s)</b>
<input type="text"/>	<input type="text"/>

<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Gender</b>	<b>Birth Date</b>	<b>Age</b>	<b>Parent/Guardian Email Address</b>
M F	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Name of School</b>	<b>Grade Entering</b>	<b>TEACHER</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Has your child been a member of any other Boys & Girls Club?**

Y N	If yes, where?
<input type="text"/>	<input type="text"/>

**Ethnicity:**

Asian     African American     Hispanic     Native American     White     2 or More Races

<b>Guardian/Father's Name</b>	<b>Employer</b>	<b>Contact/Work Number</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Guardian/Mother's Name</b>	<b>Employer</b>	<b>Contact/Work Number</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Head of Household</b>	<b>Number of people in home?</b>
<input type="text"/>	<input type="text"/>

**Annual House Hold Income:**

\$ 0-9,999     \$10,000-14,999     \$15,000-19,999     \$20,000-24,999     \$25,000-29,999

\$30,000-34,999     \$35,000-39,999     \$40,000-49,999     \$50,000-59,999     \$60,000-over

**Please check all that apply:**

Medicaid     Free/Reduced Lunch     Food Stamps     SSI     SSDI     TANF

**Two Emergency Contacts-Other than parent/guardian:**

<b>Name</b>	<b>Relationship</b>	<b>Phone Number</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Special Medical Conditions: (check all that apply)**

ADD or ADHD     Epilepsy     Asthma     Diabetes     Emotional/behavior disorder

List Allergies: \_\_\_\_\_

List any condition for which participation in certain programs and activities offered at the Club would be limited.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Member Name: \_\_\_\_\_

**Please initial by each statement.**

\_\_\_\_\_ I understand that membership dues are not refundable, and my child's membership must be current in order for them to attend the Club.

\_\_\_\_\_ I hereby understand that the Boys & Girls Club of Bartlesville (Club) has an open door policy and is not a day care facility. I understand and agree that my child can leave the premises of the Club at will. I, the parent/guardian will not hold the Boys & Girls Club of Bartlesville responsible for the welfare or whereabouts of my child.

\_\_\_\_\_ The Club discourages bringing any valuable items to the Club such as, but not limited to: iPods, cell phones, video game equipment, and other electronic devices. I understand if my child chooses to bring items of value to the Club, my child is responsible for keeping those items with them at all times, as items of value are at risk of becoming lost, broken or stolen, and I hereby release the Club from any and all claims for damages or loss of my child's property.

\_\_\_\_\_ I hereby consent to my child being transported by Club employees or volunteers in a Club owned/rented vehicle to and from Club activities and School. I agree that the Boys & Girls Club of Bartlesville or any of their representatives will not be held liable for any accidents or misfortunes while enroute to, or returning from any Boys & Girls Club outings.

\_\_\_\_\_ I hereby consent to the use of any photos, video, audio recordings or quotes of my child for the positive promotion of the Boys & Girls Club of Bartlesville and/or any of our partners.

\_\_\_\_\_ I understand my child has access to the internet in the Computer Lab. The Lab is designed for educational and entertainment purposes and precautions have been taken to eliminate material that is controversial, but I understand it is not possible to eliminate everything and agree to not hold the Club responsible for unintentional exposure to controversial internet materials. I agree that my child's Lab time can be forfeited if they choose to abuse the computer usage rules.

\_\_\_\_\_ In the event the Club cannot notify me in a timely manner and if deemed necessary by the Club's staff, I give permission for my child to be treated by a doctor or the nearest emergency center. Reasonable effort will be made to contact me or someone on my child's emergency contact list first.

\_\_\_\_\_ The Club will maintain member files in a confident manner. I give my permission for the Club to discuss and exchange information regarding my child's academic performance and progress with the school my child attends. The purpose of this exchange is to help both organizations do a better job of helping the student be successful in school, in the Club and in life.

\_\_\_\_\_ Membership assesments and Pre/Post tests are periodically given to each Club member. Member assessments include but are not limited to: surveys for outcome measurements, schools, and customized program surveys. Information may be shared with Boys & Girls Clubs of America for evaluation purposes and is helpful in deternining the success of Club programs. Information disclosed to BGCA may include information provided on this membership application and other information collected by Boys & Girls Club of Bartlesville.

\_\_\_\_\_ I have read and fully understand the information contained in the application and the contents and agreements made by me. I agree to participate in parent orientations and meetings when the Club deems necessary.

I request that my child's application for membership in the Boys & Girls Club of Bartlesville be accepted.

\_\_\_\_\_ Parent/Guardian Signature

\_\_\_\_\_ Date



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FIELD TRIP/TRANSPORTATION CONSENT FORM

Member Name: \_\_\_\_\_

I give my permission for my child to participate in the Boys & Girls Club of Bartlesville's field trips including transportation to and from field trips, as well as school. Members will be expected to obey the rules of Boys & Girls Club and to respect staff and volunteers who are assisting with the activities or they will be restricted from participating.

Call us with any questions: (918) 336-3636

PARENT NAME: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

\_\_\_\_\_ My child CAN swim and has permission to go on swimming field trips.

\_\_\_\_\_ My child CANNOT swim and does not have permission to go on swimming field trips.

## Parent/Guardian Consent Form

I, the parent or legal guardian for \_\_\_\_\_ hereby give my permission for my child to participate in the Mentoring Program at the Boys & Girls Club.

I fully understand that the program involves Club staff, as well as mentors from the community, who will be screened (including a criminal background check) and trained before beginning in the program. A mentor will spend at least one hour per week with my child on-site at the Boys & Girls Club. The mentor is not allowed to take or meet my child beyond the Club facility.

I understand that my child will participate in an orientation session at the Club in which the program will be explained. The program will last one year and continuation may then be discussed.

I understand that during the course of the mentoring program there may be special group events (incorporating all mentors and youth) and family events planned. I understand that the staff of the Club will provide ongoing monitoring of the mentoring activities.

I permit the Mentoring Program staff and the Boys & Girls Club to utilize photographs of my child taken during his/her involvement in the mentoring program and waive all rights of compensation.

I give the Boys & Girls Club Mentoring Program Coordinator permission to obtain my child's academic, attendance, and discipline records from my child's school.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Printed name of Parent/Guardian)

\_\_\_\_\_  
(Date)

Please sign the permission form and return to the Boys & Girls Club Mentoring Program Coordinator by \_\_\_\_\_.  
(date)