



MEMBER #: _____

--OFFICE USE ONLY--

Amount Paid: _____

Date Paid: _____

Method: Cash Check

Receipt #: _____

ANNUAL MEMBERSHIP FEE: \$20

MEMBERSHIP APPLICATION

PROGRAM INFORMATION: Please choose the Club Program(s) that your child will be participating in.

- After School (Spring) - \$90 Summer - \$80 Flag Football - \$60 Red Wave – Fees vary
- After School (Fall) - \$90 Soccer - \$60 Basketball - \$60 Swimming Lessons - \$40/session

MEMBER INFORMATION:

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Sex: _____ Age: _____ Date of Birth: _____ Current School: _____ Grade: _____

Race: Asian Black/African White Hispanic Native American Multi-Racial Other: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Distinguishing marks: _____

Which, if any does the Club member qualify for: Free Lunch Reduced Lunch N/A

PARENT/GUARDIAN INFORMATION:

Primary Contact Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address (required): _____

Cell #: _____ Home #: _____ Work #: _____

Place of Employment: _____

Secondary Contact Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address (required): _____

Cell #: _____ Home #: _____ Work #: _____

Place of Employment: _____

HOUSEHOLD INFORMATION (Demographic Information Required for Membership):

Member lives with: Mother Father Step Mother Step Father Grandparents Other: _____

Parent(s) marital status: Married Divorced Remarried Single Current head of household: Female Male

Is the household a single parent household? Yes No Total # of family members living in household: _____

Siblings living in household: _____ Brothers _____ Step-brothers _____ Sisters _____ Step-sisters _____ Other _____

Any household members: Handicapped Active Military: Branch _____
 Age 65 or Older Relationship to Member: _____

Income Information (check one):

- Under \$5,000 \$20,001 - \$30,000 \$50,001 - \$60,000 \$80,001 - \$90,000
- \$5,001 - \$10,000 \$30,001 - \$40,000 \$60,001 - \$70,000 \$90,001 - Above
- \$10,001 - \$20,000 \$40,001 - \$50,000 \$70,001 - \$80,000



MEMBER NAME: _____ MEMBERSHIP #: _____

WAIVER AND RELEASE OF LIABILITY

In consideration of the privilege of allowing my child/ward to participate in any Boys & Girls Club of El Campo (BGCEC) activity, I do hereby, for my child/ward, for myself, my heirs, executors and administrators, covenant and agree to INDEMNIFY AND HOLD HARMLESS the Boys & Girls Clubs of America (BGCA), BGCEC and their Lessor, the City of El Campo, their employees, agents, successors, assigns, sponsors and volunteers from any and all damages, claims or liability of any kind, whatsoever, by reason of injury to property or third persons occasioned by any act, error, omission, or failure to act attributable in whole or in part in any way to me.

I further do hereby expressly RELEASE, DISCHARGE AND HOLD HARMLESS: BGCEC, BGCA and the City of El Campo, their employees, agents, successors, assigns, sponsors and volunteers from any and all damages claims or liability of any kind, whatsoever, from any injury to my child/ward or their death or damage to their property, arising or resulting from their participation in BGCEC activities or transportation to and from BGCEC activities, or from my presence upon the BGCEC or City of El Campo property and/or facilities, INCLUDING BUT NOT LIMITED TO, CLAIMS AND DAMAGES ARISING IN WHOLE OR IN PART FROM THE NEGLIGENCE AND/OR GROSS NEGLIGENCE OF THE BGCEC, THE CITY OF EL CAMPO, ITS EMPLOYEES, AGENTS, SPONSORS AND VOLUNTEERS.

I understand that this "Waiver and Release of Liability" is effective for all classes, camps, and/or activities in which my child participates in while a member of the Boys & Girls Club of El Campo.

I further understand and hereby give BGCEC the right to photograph, televise, film, and sound record the acts, appearances, and utterances and to use any descriptive words or names, in conjunction therewith and **without limit as to the time**, to produce and reproduce the same or any part thereof by any method, and to use for any purpose which the BGCEC deems proper. All such photographs, videotapes, films, and sound recordings shall be the exclusive property of the BGCEC, and I hereby relinquish all rights, title, and interest therein. I further understand that photo release and transportation at will (member may come and go at will from the program) is a condition of Club membership.

I recognize that all classes or activities of a physical nature involve some risk and by participating in any class and/or activity of the BGCEC, there is an assumption of the risk by me on behalf of my child/ward. I, hereby, acknowledge and accept full responsibility for all costs relating to first aid treatment, medical and/or emergency room hospital treatment rendered on behalf of my child. I further understand that it is my sole responsibility for keeping the BGCEC provided with a current copy of my child's medical health insurance coverage card for use in emergency medical situations.

Parents are responsible for ensuring members are appropriately attired for offsite field trips, providing the needed supplies (ie: swimming=towel, sunscreen, sandals), and/or picking them up before the field trip departs. The Club assumes no responsibility for members remaining at the Club due to failure of the parent/guardian to pick them up prior to field trip departure.

I, the undersigned, have read this release and indemnification and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

 Parent/Guardian Signature Date

PARENT/MEMBER HANDBOOK RECEIPT ACKNOWLEDGEMENT

This confirms I have received a copy of the Boys & Girls Club of El Campo Parent/Member Handbook. The Handbook is available for download at www.bgcelcampo.org or by request at the Club's office.

I further understand that at the Club, member(s) are held accountable for the decisions that they make and that disruptive & disrespectful behaviors may require disciplinary action as well as a personal consultation with me as their parent/guardian. I further understand that the Club has at their sole discretion the right to revoke membership in the Club. Membership is a privilege and not a right.

 Parent/Guardian Signature Date



MEMBER NAME: _____ MEMBERSHIP #: _____

MEDICAL TREATMENT AUTHORIZATION & MEDICAL INFORMATION

On behalf of my child/ward, I hereby request and authorize the Boys & Girls Club of El Campo (BGCEC) to administer first aid and/or secure paramedical services and/or emergency medical treatment in case of injury and/or accident. This authorization is valid for the duration of my child/ward's membership. I further understand that BGCEC is not liable for any costs associated medical treatment and/or medical services contracted on behalf of my child/ward. I am fully informed and aware that I am solely liable for any and all expenses incurred on behalf of my child/ward.

Member Name: _____ Medical condition(s) _____

Medicine allergies, environmental allergies _____

Primary Physician (Name/Address/Phone) _____

My child IS covered under a valid medical insurance policy.

Name of Insured: _____ SS#: _____

Insurance Carrier: _____ Policy/Group #: _____

A copy of valid medical coverage must be provided.

My child IS NOT covered under a valid medical insurance policy

**Emergency notification of illness/accident/injury/etc. will be made in the order listed below.
PARENTS SHOULD INCLUDE THEMSELVES ON THIS LIST!**

Name	Relationship	Cell #	Work #
1.			
2.			
3.			
4.			

I further do hereby expressly RELEASE, DISCHARGE AND HOLD HARMLESS The Boys & Girls Club of El Campo, the Board of Directors, their employees, agents, successors, assigns, sponsors and volunteers from any and all damages claims or liability of any kind, whatsoever, from any injury/death to my child/ward, arising or resulting from any rendering of first aid and/or any and all emergency services as authorized by this release, INCLUDING BUT NOT LIMITED TO, CLAIMS AND DAMAGES ARISING IN WHOLE OR IN PART FROM THE NEGLIGENCE AND/OR GROSS NEGLIGENCE OF THE BGCEC, ITS DIRECTORS, ITS EMPLOYEES, AGENTS, SPONSORS AND VOLUNTEERS.

Parent/Guardian Signature

Date



MEMBER NAME: _____ MEMBERSHIP #: _____

PARENT PARTNERSHIP AGREEMENT

The Boys & Girls Club of El Campo realizes now, more than ever before, that our potential for successfully accomplishing our mission is dependent on a strong partnership between the Club and the parents of our members.

Mission Statement: To enable all young people, especially those who need us most, to realize their full potential as productive, caring, responsible citizens.

We know that parents and families are busy and that time is often limited and always precious. This is exactly why we are asking for everyone's participation. We truly want to by a Boys & Girls Club Team! As the Boys & Girls Club of El Campo strives to provide enriching and impactful program activities for your child, we ask for your support as a parent by partnering with us in each of the following areas:

- 1) Support the "It Just Takes One" Annual Giving Campaign with an individual contribution that is meaningful to you personally. We have a goal this year of 100% parent participation in the Annual Campaign.
- 2) Contribute a one-time \$200 Parent Pledge per household.
- 3) Support your Club with in-kind donations
 - a. Support Supply Drives: Program supplies, cleaning supplies, etc.
 - b. Support Fundraising Efforts: Sell tickets, solicit donations, volunteer at fundraising events, etc.
 - c. Support Wish List Requests
 - d. Support Club Service: Assist with facility and technology needs
- 4) Volunteer 20 hours of service per household. Volunteer opportunities include, but are not limited, to:
 - a. Serve on Parent Fundraising Committee
 - b. Attend Parent Meetings/Orientations
 - c. Volunteer at fundraisers
 - d. Attend Club functions
 - e. Chaperone off-site activities

PARENT/GUARDIAN AGREEMENT STATEMENT: I care about the well-being of my child. I realize the importance of the Boys & Girls Club's programs in helping my child to reach their full potential as responsible, productive and caring citizens. I realize the need for parent involvement in the Club. I believe in the mission statement of the Club and agree to support my child in their growth and development as a Club Member. I realize this agreement is a requirement for my child's enrollment in the Boys & Girls Club of El Campo, but does not obligate me to any specific monetary contribution other than the \$20 Membership Fee. I further acknowledge that this Parent Partnership Agreement does serve as a pledge of support to my child and the Boys & Girls Club of El Campo.

I am willing to make the following contribution(s) to the Boys & Girls Club of El Campo:

- | | |
|--|---|
| <input type="checkbox"/> \$200 Family Pledge | <input type="checkbox"/> \$50 Annual Campaign Pledge |
| <input type="checkbox"/> \$_____ Family Pledge | <input type="checkbox"/> \$_____ Annual Campaign Pledge |
| <input type="checkbox"/> I pledge to volunteer _____ number of hours at the Club and/or at Club functions. | |
| <input type="checkbox"/> I pledge to join the Club's Parent Fundraising Committee. | |
| <input type="checkbox"/> I can offer the following services to the Club: _____ | |

Parent/Guardian Signature



MEMBER NAME: _____ MEMBERSHIP #: _____

NOTE: This page only required if enrolling in After School or Summer Programs.

AUTHORIZED PICKUP DESIGNEES

*The Boys & Girls Club of El Campo is **NOT A DAYCARE** and is not governed by licensure as a childcare facility and operates as a neighborhood recreational facility.*

Members are required to check in and **present their membership card for admittance to the Club** and are required to **check out**. Club Staff will enforce safety measures at the Club and every effort will be made to ensure members only depart with adults who are authorized for pickup. Anyone listed as an approved designee will be permitted to pick up the Club member from the Club with or without notification from the parent. Identification will be required from anyone unknown to staff. Under normal circumstances, staff members are not allowed to forcibly prohibit a member from leaving the facility. Club staff will make every effort to notify the parent/guardian in the event that a child leaves the Club without an authorized designee. The Club is not responsible for the welfare and/or behavior of any member leaving the property with or without parental consent.

NAME:	RELATIONSHIP:	PHONE#:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Parent/Guardian Signature

Date



MEMBER NAME: _____ MEMBERSHIP #: _____

NOTE: This page only required if enrolling in After School or Summer Programs.

GENERAL PERMISSION SLIP

The Boys & Girls Club of El Campo (BGCEC) will have opportunities throughout the year for our members to participate in activities outside of the Club premises.

Activities will include but are not limited to: recreational outdoor activities with staff members, accompanying and assisting staff with grocery shopping for the Club, participation in local parades, conducting fund raising within the community during Club hours, participating in community service activities, assisting the elderly, etc.

I, the undersigned, have read in full and have signed of my own free will this General Permission Slip and understand that all of the provisions set forth in the Waiver and Release of Liability signed by me also apply to these activities. By signing below, I am authorizing my child to participate in activities such as, but not limited to, those outlined above.

 Parent/Guardian Signature Date

SMART MOVES PERMISSION FORM

The SMART (Skills Mastery and Resistance Training) prevention/education program addresses problems such as drug and alcohol use and premature sexual activity. The ultimate goal of the program is to promote abstinence from substance abuse and adolescent sexual involvement through the practice of responsible behavior. We understand that the sensitive nature of this programming may not fit every family, however, please keep in mind that the curriculum is very age appropriate.

The delivery of this program is very important to your child’s development and to the funding of our Club, as it is directly tied to grant funding that supports overall program delivery. If you have any questions about the SMART Moves curriculum, please contact the Unit Director to set up a meeting to review the curriculum for your child’s age group.

 Parent/Guardian Signature Date

SCHOOL INFORMATION RELEASE FORM

Child’s Grade Level: _____ Child’s School Campus: _____

Child’s Teacher(s): _____

The Boys & Girls Club of El Campo has my permission to contact with my child’s teacher(s), or any school district employee about his/her grades, missing assignments, behavior, and classroom activities. I also give Club staff my permission to obtain a copy of my child’s progress reports and report cards to track educational progress. Additionally, I give my permission for Club staff to share necessary information with the school district and its employees. I understand that all information obtained is kept confidential. The information gathered will be used to ensure that your child gets the proper attention needed to enhance his/her educational performance.

 Parent/Guardian Signature Date