



Boys & Girls Club of the Great Lakes Bay Region

Unit Name

Date

Staff Initials

Winter Payment

Summer Payment

Fall Payment

Normal Membership (\$25 per session)

\*\*Reduced (\$5 per session)

\*\*Scholarship (\$0 payment)

\*\* MUST BE APPROVED BY ADMINISTRATIVE OFFICE

FORM MUST BE FILLED OUT COMPLETELY. ALL ITEMS WITH AN ASTERICK MUST BE FILLED IN

\*Last Name \_\_\_\_\_ \* First Name \_\_\_\_\_ Sex M F

\* Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_

\* Phone \_\_\_\_\_ \*Alternate Phone \_\_\_\_\_

\*Birthdate \_\_\_\_\_ \*Age \_\_\_\_\_ \*Ethnicity \_\_\_\_\_

\*School Attending \_\_\_\_\_ \* Grade \_\_\_\_\_ \*Free or Reduced Lunch (Circle one) or NO

\*Member lives with: Both Parents Mother Only Father Only Parent/step- parent\*\* Foster Parent

Grandparents Foster Home Group Home Part time each parent \* County \_\_\_\_\_

\*\*If child lives with a parent and step-parent please indicate which parent /step parent they live with \_\_\_\_\_

Is current parent/guardian a member of the US Military Y N

\* Mother Name \_\_\_\_\_ Employer \_\_\_\_\_ Employer ph# \_\_\_\_\_

\* Father Name \_\_\_\_\_ Employer \_\_\_\_\_ Employer Ph# \_\_\_\_\_

\*Emergency contact (not parent or guardian) \_\_\_\_\_ Relationship \_\_\_\_\_

\*Emergency contact phone number \_\_\_\_\_

\* Does your child have any physical, mental or emotional impairment? Y N \*Does child have any allergies? Y N

If yes please explain \_\_\_\_\_

Child Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital of Choice \_\_\_\_\_ Insurance Provider/ Group # \_\_\_\_\_

In consideration of my child's membership at The Boys and Girls Clubs of the Great Lakes Bay Region (aka GLBR) I, parent or guardian of named minor do hereby release the Club from all liability to me, my child and my child's personal representative, assigns and heirs for all claims and damages which my child or I may have against the Club or it's sponsors resulting from participation in /or connection with a Club related activity. I hereby authorize the Club, as my agent, to secure medical treatment as deemed necessary and will on my behalf of my minor, assume and pay all expenses associated with such treatments in the event of an accident, illness or other capacity. I will insure that my child is fit and sufficiently trained to participate in the programs of the Club. I hereby waive all accidents or incidents which involve my minor, should they choose to leave the Club. Finally, I as the parent/guardian of said member, attest that I have taken all reasonable steps to educate my child to the rules and expectations of being a Boys and Girls Clubs member. I give permission to the Boys and Girls Clubs of the Great Lakes Bay Region (BGCA) to share information about minor child listed on this application for research purposed and/or to evaluate the program's effectiveness. Information that will be disclosed to the BGCA may include the information on this membership form, information provided by the minor child's school district and other information collected by the Boys and Girls Clubs of the Great Lakes Bay Region, including data collected via surveys or questionnaires. All information provided will be kept confidential.

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

Medical Treatment

I give permission to the Boys & Girls Club of GLBR to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment. \_\_\_\_\_ (initial)

Data Sharing

I understand that the Boys & Girls Club of GLBR may share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program’s effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child’s school or school district, and other information collected by Boys & Girls Club of \_GLBR\_, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.  
\_\_\_\_\_ (initial)

Technology

As a member of the Boys & Girls Club of GLBR, your child will have access to the Internet. While precautions are being taken, it is possible that she/he may access inappropriate sites. The Boys & Girls Club of GLBR will have rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access. \_\_\_\_\_ (initial)

Miscellaneous

I understand that the Boys & Girls Club of GLBR is not responsible for lost or stolen items. Parents and Club members are responsible for their own transportation to and from the Club. As a drop-in facility, we are not responsible for members on their way to or after they leave the club.  
\_\_\_\_\_ (initial)

**Parent/Guardian Signature Release Form**

I/We as parent(s) /guardian(s) permit and authorize the Boys & Girls Clubs of the Great Lakes Bay Region to film promotions, take photographs, display photographs, utilize and print photographs of my child taken of his/her involvement in The Boys & Girls Clubs of The Great Lakes Bay Region programs and hereby waive all rights of compensation for said use.

Photographs will remain property of the Boys & Girls Clubs of the Great Lakes Bay Region and as parent/guardian I/We authorize use of film and photographs in printed marketing materials for the general public and presentations for general public and use at the Boys & Girls Clubs of the Great Lakes Bay Region events.

Photo release form, film and photographs remain property of the Boys & Girls Clubs of the Great Lakes Bay Region. They will remain on file as long as your child is a member of the Boys & Girls Clubs of the Great Lakes Bay Region at the administrative office located at 300 W Lafayette, Bay City, MI 48706.

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

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

(Print Name)

Member (Child’s) Name \_\_\_\_\_ Date \_\_\_\_\_

(Print Name)

**Boys & Girls Clubs of the Great Lakes Bay Region  
“The Positive Place For Kids”**