



BOYS & GIRLS CLUBS
OF SOUTH CENTRAL KANSAS

(FOR OFFICE USE ONLY)	CLUB: _____	KIDTRAX ID: _____	RECEIPT NUMBER: _____
NEW OR RENEWAL	DATE ENTERED: _____	RECEIVED BY: _____	

Confidentiality Clause: Any information requested is for our records and for the funding our Organization receives. The information you provide will be kept in strict confidence. Your cooperation in providing this information is both necessary and appreciated.

Member Information:

First Name _____	Last Name _____
Date of Birth _____	
School _____	Grade _____

Head of Household	
First Name _____	Last Name _____
Address _____	
City _____	State _____ Zip _____
Phone Number _____	(home) _____ (cell) _____ (work) _____
Employer _____	Occupation _____
Parent/Guardian	
First Name _____	Last Name _____
Address _____	
City _____	State _____ Zip _____
Phone Number _____	(home) _____ (cell) _____ (work) _____
Employer _____	Occupation _____

(Please Circle)
Membership Type:
After-school
Spring Break
Summer
Temporary
TORP
Gender:
Male
Female
Ethnicity:
African Am/Black
Caucasian/White
Hispanic/Latino
Native American
Asian
Bi-Racial
Other

Member Pick-Up Authorization: (Someone other than who is named above)			
Name: _____	Name: _____		
Relationship: _____	Relationship: _____		
Phone 1: _____	Type: _____	Phone 1: _____	Type: _____
Phone 2: _____	Type: _____	Phone 2: _____	Type: _____

Household Type:

Both Parents Father Mother Guardian Foster Parent Step Parent

Family Size: ____ (total number of people living in your home) Is this a Single Parent Household: Yes No

Family Income: (Please check the item that best reflects your family's annual income)

Under \$20,000 \$31,000-\$40,000 \$61,000-\$80,000
 \$21,000-\$30,000 \$41,000-\$60,000 \$81,000-\$100,000

Check if applicable:

School Lunch TANF Food Stamps General Assistance
 Veterans Assistance Medicaid Can Swim SSI

By signing this form I acknowledge the following:

1. In accordance with my child's membership and participation in the Boys & Girls Clubs of South Central Kansas, I, as parent/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.
2. I understand that I am responsible for payment of any medical bills created by injury to the member during Club activities. I understand that the Club does not provide accident insurance for members and participants and does not accept financial responsibility for expenses related to accidents and injuries suffered by members.
3. I agree that the Club and United Way can take, use, and publish for promotional, advertising, commercial, and other lawful purposes, photographs, pictures, videos, and sound recordings of my child taken of his or her involvement in Club programs. I also agree that the Club and United Way can use and publish for promotional, advertising, commercial, and other lawful purposes, any correspondence I or my child share with the Club staff (including testimonials). I understand that the above may be used even after my child stops attending the Club. I hereby waive all rights of compensation for said use.
4. I will ensure that my child will comply with the behavioral rules listed in the membership handbook. I acknowledge that failure by my child to follow Club rules could result in his/her suspension from ALL Clubs and programs.
5. I understand that Boys & Girls Clubs operate on an **OPEN-DOOR POLICY** and is a drop-in program. **THE CLUB IS NOT A DAY CARE PROVIDER.** Boys & Girls Clubs is a youth development organization providing a variety of activities supervised by the club staff. I additionally understand that the Club is not responsible for lost or stolen items/personal belongings.
6. I realize it is my responsibility to be familiar with Club program hours and make arrangements for my child to be picked up by closing time. If my child is not picked up on time, I understand a late fee will be charged to me in the amount of \$1/minute per child. Children left more than 30 minutes may be taken to the local police station.
7. I understand that by signing below my child has permission to participate in all field trips and outings that take place during normal hours of operation and are considered as part of the programming that the Boys & Girls Clubs provide.

Parent/Guardian Signature

Member's Signature

Date



MEMBER CONTRACT

(TO BE READ & SIGNED BY MEMBER)

The Boys & Girls Clubs of South Central Kansas is a non-profit organization that provides children and youth with educational experiences and the opportunity for fun, adventure and social development.

Participation

Members get the most out of the Club by participating in all activities. Youth will participate in scheduled activities, unless otherwise noted by parent/guardian on the signed Health Form.

Expectations

Members will be expected to always respect themselves, others, staff, and the Club; act responsibly while at or participating in the club activities; use appropriate behavior and language at all times; and follow club policies and rules at all times. Equipment upkeep is the responsibility of each and every member. If equipment is lost or damaged, it is the responsibility of the individual who checked it out or broke it to replace it. There is zero tolerance for smoking, alcohol, drugs, weapons, fighting, horseplay, swearing, or other reckless behavior at the Club activities.

Breaking the law or acting otherwise in a way that brings discredit to you and/or Boys & Girls Clubs of South Central Kansas may be grounds for suspension or revocation of member privileges.

Consequences

Individuals who choose not to follow Boys & Girls Clubs expectations will face consequences for their actions. Consequences range from being excluded from an activity, to being suspended from all program activities.

I, _____, fully understand the code and expectations of the Boys & Girls Clubs of South Central Kansas, and agree to follow the rules and live up to its expectations to the best of my ability.

Club Member's Signature

Parent/Guardian Signature



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HEALTH FORM

(TO BE COMPLETED BY PARENT OR GUARDIAN)

First Name: _____ Middle: _____ Last: _____

Gender: Female _____ Male _____ Is child covered by health insurance? Yes _____ No _____

If yes, name of carrier _____

Insurance ID number _____ Group number _____

Physician name: _____ Phone #: _____

Health History:

Does your child have: Asthma _____ Yes _____ No _____ Convulsions _____ Yes _____ No _____

Diabetes _____ Yes _____ No _____ Other chronic or long-term illness (ex: ADHD) _____ Yes _____ No _____

(If illness; explain) _____

Medications _____

Allergic Reactions: (Please list and explain any reactions to:)

Foods _____

Drugs/Medications _____ Insects _____

Plants _____ Animals _____

Hay Fever _____ Others _____

Any restrictions in activities _____

Restrictions While Participating In Club Events:

Special diet or dietary restrictions _____

Special activity restrictions _____

Past history of serious, injuries or illnesses _____

Special considerations the Boys & Girls Club staff should know _____

IMPORTANT: In accordance with regulations, you are required to notify the Boys & Girls Club if your child has been exposed to any communicable diseases in the past six months.

Parents Authorization: In case of emergency I understand every effort will be made to contact me or the person(s) listed under the Emergency Contact section. In the event I or my contact(s) cannot be reached, I give permission to the Boys & Girls Clubs of South Central Kansas to secure proper medical treatment, including hospitalization and any required surgery, for my child. I give permission for my child to participate in the activities of the Boys & Girls Clubs of South Central Kansas. I understand that I am responsible for payment of any medical bills created by injury to the member during Club activities. I understand the Club does not provide accident insurance for members and participants and does not accept financial responsibility for expense related to accidents and injuries sustained by members.

Parent/Guardian Signature:

Date:
