



# Parental Release and Membership 12-Month Application

## Yearly Membership Fee: \$20

### Parent Release

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Erie County, and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors and/or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from the use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from said facilities. I also agree to the following:

#### **Medical Treatment**

I give permission to the Boys & Girls Clubs of Erie County to seek emergency medical treatment for the minor listed on this application if I cannot first be reached. I will be responsible for any and all costs of medical attention and treatment. I will not hold the Boys & Girls Clubs of Erie County, or any person associated with them, responsible for any medical claim arising from such treatment/medical attention.

#### **Membership Fee**

The membership fee for each member has been increased to \$20 per year (that's less than \$1 per week). The fee includes cost of the school year and summer program. For the \$20, each member is provided with: tutoring, programming, field trips, and healthy meals (school year: snack and dinner / summer program: morning snack, lunch and afternoon snack).

#### **Field Trips**

Club members are invited to attend upcoming field trips if: (1) the Club member is in good standing at the Club and (2) they have attended the Club three days in the prior week of the field trip. Depending on the field trip experience, there may be a small fee for each Club member to attend. Also, due to limited transportation, field trips may have a set number of Club members that can attend.

#### **School Information**

I give my permission to the Boys & Girls Clubs of Erie County and the Local School Districts to exchange information regarding the minor listed on this application. The purpose of the exchange is to better equip the student for success in school, in the Club, and in life.

**Technology**

Members of the Boys & Girls Clubs of Erie County have access to the Internet. While every preventative measure is taken to ensure the well-being of the Club’s members, it is possible they may be exposed to inappropriate images, content, and/or websites. While we strictly enforce the rules and consequences that accompany the misuse of the Internet, we are not responsible for damages done to a minor as a result of viewing/using such content.

**Data Collection and Data Sharing**

I give my permission to the Boys & Girls Clubs of Erie County to collect information via paper or online surveys, questionnaires, interviews, and/or focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential and the minor’s name will never be used in the reporting of any such data. These data collections may be shared with Club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness, demonstrate the impact of our programs on our members, and/or improve our programs.

I give my permission for the Boys & Girls Clubs of Erie County to take pictures and or videos of the minor applicant during the Club’s programs and activities and use them to promote the effectiveness of the Boys & Girls Clubs of Erie County to its funders, the community, BGCA, and Club Staff without any further authorization or any reimbursement.

**Miscellaneous**

I understand the Boys & Girls Clubs of Erie County are not responsible for lost or stolen items. I also understand that Parents/Guardians and Club members are responsible for their own transportation to and from the Clubs and the Boys & Girls Clubs of Erie County are not responsible for the whereabouts of a Club member during this time.

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I have read this form, I understand the rules and procedures stated above, and I request the minor applicant be admitted into membership.

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**Parent / Guardian Signature**

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**Club Member’s Signature**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Membership Application

*Note: The following information is necessary for our records and the funding of our organization. **The answers you provide are confidential.** Your cooperation in providing this information is both necessary and greatly appreciated.*

**Office Use Only \$20 per Member**

Membership # \_\_\_\_\_ Card Made? ( Y / N ) Issue Date: \_\_\_/\_\_\_/\_\_\_  
 Today's Date: \_\_\_/\_\_\_/\_\_\_ Member Fee: \$\_\_\_\_\_ Date Paid: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 First Name Middle Name Last Name

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 Nickname Age M / F  
Gender Birthdate

**Race/Ethnicity: Check ALL that apply**

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic/Latino
- Native Hawaiian / Other Pacific Islander
  
- White or Caucasian
- Other \_\_\_\_\_

**Other Demographic Information**

**Lunch Received at School: Check One**  
 Free     Reduced     Paid

\_\_\_\_\_ **Boys and Girls Club You Will Attend**

**Were You Previously a Member of a Boys & Girls Club? Circle One Y / N**

**School:** \_\_\_\_\_

**Previous Club Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Current GPA:** \_\_\_\_\_

**Can Applicant Swim? Circle One Y / N**

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 Applicant's Home Address City State Zip

(\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_  
 Cell Phone Number Home Phone Number

**Parent/Guardian Pick-Up Required? Y / N**

**Parent(s)/Guardian(s) Allowed to Pick-Up Applicant:** \_\_\_\_\_

(First and Last Name: Make More Lines if Needed)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Emergency Contact Information**

\_\_\_\_\_  
Emergency Contact (First and Last Name)

\_\_\_\_\_  
Relation to Applicant

(\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Emergency Contact Primary Number

(\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Emergency Contact Secondary Number

\_\_\_\_\_  
2<sup>nd</sup> Emergency Contact (First and Last Name)

\_\_\_\_\_  
Relation to Applicant

(\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Emergency Contact Primary Number

(\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Emergency Contact Secondary Number

**Family History**

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Mother's Employer

(\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Mother's Work Phone

\_\_\_\_\_  
Ext. #

\_\_\_\_\_  
Mother's Email Address

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Father's Employer

(\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Father's Work Phone

\_\_\_\_\_  
Ext. #

\_\_\_\_\_  
Father's Email Address

\_\_\_\_\_  
Guardian's Name (If Different from Mother/Father)

\_\_\_\_\_  
Guardian's Employer

(\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Guardian's Work Phone

\_\_\_\_\_  
Ext. #

\_\_\_\_\_  
Guardian's Email Address

# of Brothers/Step Brothers \_\_\_\_\_ # of Sisters/Step Sisters \_\_\_\_\_ Total # in Household \_\_\_\_\_

**Medical Information**

\_\_\_\_\_  
List prior/current Medical Conditions, Allergies, and/or Injuries. Use additional paper if necessary

\_\_\_\_\_  
Physician's Name

(\_\_\_\_) \_\_\_\_ - \_\_\_\_ \_\_\_\_  
Physician's Phone # Ext. #

\_\_\_\_\_  
Name of Clinic/Hospital

**Medical Information Continued**

Y / N

Do You Have Health Insurance?

Insurance Provider

Group/Member #

Please List Any Medication the Child is Currently Taking. Use additional paper if necessary.

**Confidential Information:**

The following information is necessary for our records and the funding our organization receives. As with all information on this application, the answers you provide are **confidential**. Your cooperation in providing this information is both appreciated and necessary.

Annual Household Income: \$ \_\_\_\_\_

**Check All Services Received:**

- SSDI    SSI    TANF    Food Stamps    Medicare    Medicaid    HEAP    OWF
- Free or Reduced School Lunch    Veteran Compensation    Childcare Assistance    WIC

**Child's Home Setting:**

- Mother Only    Father Only    Foster Care    1 Parent/1 Step Parent    2 Parent Family
- Grandparents    Teen Parent(s)    God Parent(s)    Other \_\_\_\_\_

Household Size (# of people living in home): \_\_\_\_\_

**Member Agreement**

I (we) have read the above application and have **completed it in its entirety**. I (we) understand the rules and regulations of the Boys & Girls Clubs of Erie County and wish for the applicant to become a member. As a member, and as the member's parent/guardian, we promise to be honest and trustworthy and always respect those in charge. We will take good care of the Club facilities and its property. We will obey all rules. If we fail to do so, we understand that this membership may be canceled and we may lose our Club privileges.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

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

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

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