



BOYS & GIRLS CLUB

Membership Application

Program Start Date for Child(ren)

SOE ASP	Membership Type	Program Enrollment
	NEW RENEWAL	BGC/CYC TEEN
	Membership Type	Program Enrollment
	NEW RENEWAL	BGC/CYC TEEN
Completed by (initial below)		Qualified Discounts
RecTrac _____	KidTrax _____	ASP SOE Activity
Cornerstone Partner: NTN		KENNY GLASS
Agency Referral: _____		Scanned _____

#1 Child First _____ Middle _____ Last _____

Gender Male Female Date of Birth _____ Ethnicity _____

School _____ Grade - 2024-25 _____ Does child take Medication? YES NO Will Staff need to Administer? YES NO

List Medications Taken _____

Allergies: _____ Food Allergies _____ Dietary restrictions _____

Additional Health, Mental, Physical Issues, Medications, reactions, other, etc. (explain) _____

#2 Child First _____ Middle _____ Last _____

Gender Male Female Date of Birth _____ Ethnicity _____

School _____ Grade - 2024-25 _____ Does child take Medication? YES NO Will Staff need to Administer? YES NO

List Medications Taken _____

Allergies: _____ Food Allergies _____ Dietary restrictions _____

Additional Health, Mental, Physical Issues, Medications, reactions, other, etc. (explain) _____

#3 Child First _____ Middle _____ Last _____

Gender Male Female Date of Birth _____ Ethnicity _____

School _____ Grade - 2024-25 _____ Does child take Medication? YES NO Will Staff need to Administer? YES NO

List Medications Taken _____

Allergies: _____ Food Allergies _____ Dietary restrictions _____

Additional Health, Mental, Physical Issues, Medications, reactions, other, etc. (explain) _____

#4 Child First _____ Middle _____ Last _____

Gender Male Female Date of Birth _____ Ethnicity _____

School _____ Grade - 2024-25 _____ Does child take Medication? YES NO Will Staff need to Administer? YES NO

List Medications Taken _____

Allergies: _____ Food Allergies _____ Dietary restrictions _____

Additional Health, Mental, Physical Issues, Medications, reactions, other, etc. (explain) _____

Permissions- (required) Do you give permission for your child(ren) to: Swim? YES NO Walk Home? YES NO (if yes explain when)

Walk Home Explained _____

Medical Information - (required) Medical Insurance: YES NO Insurance Name _____ Policy # _____

Are Immunizations Current? YES NO Doctor/Physician Name: _____ Phone # _____

Parent #1

Parent/Guardian Information - (required)

First Name _____ Middle _____ Last _____

Gender _____ Date of Birth _____ Employer Name: _____

Relationship _____ Other _____ Ethnicity _____

Primary # _____ Type: _____ Secondary # _____ Type _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Parent #2

First Name _____ Middle _____ Last _____

Gender _____ Date of Birth _____ Employer Name: _____

Relationship _____ Other _____ Ethnicity _____

Primary # _____ Type _____ Secondary # _____ Type _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Additional Emergency Contacts - (2 required)

First Name: _____ Last _____ Gender: _____

Phone # _____ Type _____ Do you authorize this person for pickup? ***** (If yes - DO NOT list below) *****

Relationship _____ Ethnicity _____

First Name: _____ Last _____ Gender: _____

Phone # _____ Type _____ Do you authorize this person for pickup? ***** (If yes - DO NOT list below) *****

Relationship _____ Ethnicity _____

Additional - AUTHORIZED to Pick up - * (not listed above) *****

First Name _____ Last Name _____ Gender _____ Relationship _____

NOT AUTHORIZED to Pick up

First Name _____ Last Name _____ Gender _____ Relationship _____

Parent/Guardian Policy and Waiver Acknowledgment

MEMBERSHIP/REGISTRATION and PAYMENT/REFUND POLICY

1. Membership/Registration Policy:

- I understand that Membership **DOES NOT** guarantee a weekly spot for my child.
- I understand that it is my responsibility to pre-register online by 12:00 pm the Sunday **prior** to the week care is needed for my child. I understand that payment is expected at time of registration.
- I understand that I may be called to pick my child up if I have not pre-registered & maximum limits at have been reached.

2. Payment / Refund Policy:

- I understand that my child's attendance may be suspended if my account becomes more than 2 weeks behind.
- I understand that if I do not pre-register I will be charged an **additional \$5.00 late** registration/billing fee per child per week.
- I understand that should collection efforts or legal action be required to recover money that I owe FFY then I will incur an additional **collection fee of 35%** of my balance due FFY and be responsible for additional attorney fees incurred by FFY.
- Families may transfer activity registrations by Thursday 5:00 pm prior to the week at no additional cost. No refunds/transfers will be given after Thursday 5:00 pm prior to the week.
- Refunds are subject to a \$5.00 fee and may take up to 30 days for mail delivery.
- No refunds will be given due to a suspension.

RISK AND SAFETY WAIVER:

1. I have completed the Membership form to the best of your knowledge and provided all relevant health information and history.
2. I recognize that there are inherent risks in any indoor or outdoor programming pursuit, and agree to follow instructions and directions given by leaders, act prudently, use good judgment, and assume a shared responsibility for safety.
3. I agree that participation is voluntary, and further agree to indemnify, release, and hold harmless the Foundation For Youth, its directors, officers, and employees from any and all claims or damages for any accident, injury or illness arising out of the use of facilities, equipment, and/or participation in Foundation For Youth activities.
4. I allow the Foundation For Youth Staff to provide routine health care, administer prescribed and parent provided OTC medications, and seek emergency medical treatment where deemed necessary.
5. I will keep my child(ren) at home if sick with any illness or lice.
6. I understand that information may be collected and shared for the purposes of demonstrating outcomes or securing funding.
 - I give my consent for my child(ren) to appear through media as FFY deems appropriate.
 - I give my permission to FFY and my child(ren)'s school district to exchange information regarding the minor child listed on this application. The purpose of this exchange is to help both organizations do a better job of helping the student be successful in school, FFY and in life.

Acknowledgment of Membership/Registration and Payment/Refund Policy, Risk and Safety Waiver

I acknowledge that I have been provided the Parent/Member Information and that I have read and understand all information provided.

By printing my name below and submitting this membership form I agree to follow all policies.

Parent/Guardian Signature

Date