



BOYS & GIRLS CLUB

# Membership Application

Program Start Date for Child(ren)  
\_\_\_\_\_

S O E	Membership Type	Program Enrollment
	NEW   RENEWAL	BGC/CYC   TEEN
A S P	Membership Type	Program Enrollment
	NEW   RENEWAL	BGC   CYC   TEEN
Completed by (initial below)		Qualified Discounts
RecTrac_____	KidTrax_____	ASP   SOE   Activity
Cornerstone Partner (circle): FORVIA NTN KENNY GLASS DOREL		
Agency Referral: _____		Scanned_____

#1 Child First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Gender  Male  Female Date of Birth \_\_\_\_\_ Ethnicity \_\_\_\_\_  
 School \_\_\_\_\_ Grade - 2023-24 \_\_\_\_\_ 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 - 2023-24 \_\_\_\_\_ 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 - 2023-24 \_\_\_\_\_ 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 - 2023-24 \_\_\_\_\_ 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.

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**Parent/Guardian Signature**

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**Date**