

Membership Application



**BOYS & GIRLS CLUB
OF THE OZARKS**

Office Use Only:

Membership Fee Paid: _____

Member #: _____

Enrollment Date: _____

SY IC UP DL SS

Member's First Name: _____ Member's Middle Name: _____ Member's Last Name: _____

Member's Home Address: _____ Member's Home Phone: _____

City: _____ State: _____ Zip: _____ Parent/Guardian Email Address: _____

Emergency Contact (CANNOT be Parent/Guardian): _____ Emergency Phone #: _____ Relationship to Member: _____

Member Status (Check One): New Member Renewing Member Former Member Non-Member

Gender: Male Female

Birth Date: ____/____/____ Grade (2015-16): _____

Ethnicity: (Circle One)

Caucasian	American Indian	Hispanic	Other: _____
Asian	African American	Multi-Racial	_____

School

<input type="checkbox"/> Branson	Building Name: _____
<input type="checkbox"/> Reeds Spring	Building Name: _____
<input type="checkbox"/> Forsyth	Building Name: _____
<input type="checkbox"/> Other:	_____

Has your child been a member of a Boys & Girls Club Previously? Yes No

If Yes, Where? _____ # of Years _____

Head of Household Information

First Name: _____ Last Name: _____ Cell Phone #: _____

Employers Name & Physical Address: _____ Occupation: _____ Work # and ext or dept: _____

Home Address (if different than members): _____ City: _____ State: _____

Other Parent or Guardian Information

First Name: _____ Last Name: _____ Cell Phone #: _____

Employer's Name & Physical Address: _____ Occupation: _____ Work # and ext or dept: _____

Home Address (if different than members): _____ City: _____ State: _____

PLEASE TURN OVER TO COMPLETE THE APPLICATION!

Member Lives With: (Circle One)

Both Parents	Parent/and or Step-Parent	Mother	Father
Grandparent	Guardian	Foster Parent(s)	Other: _____

Family Totals	Sisters	Brothers	Household

List all Medications Your Child Is Currently Taking:

[Empty box for listing medications]

Medical Problems/Allergies (Please Print)

[Empty box for listing medical problems/allergies]

Physician: [Empty box]

Physician's Phone [Empty box]

Hospital Or Clinic: [Empty box]

Hospital/Clinic Phone [Empty box]

Do You Have Insurance? Yes No Insurance Company: [Empty box]

Policy Number [Empty box]

Does Your Child Know How To Swim? (Please Answer -Regards Field Trips) Yes No

Person's Authorized To Pick-Up My Child Other Than Parents/Guardians

1.	First Name	Last Name
	[Empty box]	[Empty box]

2.	First Name	Last Name
	[Empty box]	[Empty box]

Because the club is continually growing we want to know what your child is interested in. Please Circle the activities that your child is interested in or actively participates in

<input type="checkbox"/> Baseball/Softball	<input type="checkbox"/> Choir	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Tennis
<input type="checkbox"/> Basketball	<input type="checkbox"/> Dance	<input type="checkbox"/> Honor Roll	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Boy/Girl Scouts	<input type="checkbox"/> Football	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Golf	<input type="checkbox"/> Soccer	

Annual Household Income: (STATISTICAL USE ONLY)

\$0-\$18,000	\$18,000-\$25,000	\$25,000-\$35,000	\$35,000-\$45,000	\$45,000+
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Check Programs Which Apply to your family: (STATISTICAL USE ONLY)

<input type="checkbox"/> SSDI	<input type="checkbox"/> FOOD STAMPS
<input type="checkbox"/> SSI	<input type="checkbox"/> GENERAL ASSISTANCE
<input type="checkbox"/> TANF	<input type="checkbox"/> SCHOOL LUNCH PROGRAM
<input type="checkbox"/> DAYCARE VOUCHER	<input type="checkbox"/> VETERANS COMPENSATION

Parent Info

<input type="checkbox"/> Veteran (Father)	<input type="checkbox"/> Rotary
<input type="checkbox"/> Veteran (Mother)	<input type="checkbox"/> B&G Club Alumni
<input type="checkbox"/> Elk's Club	<input type="checkbox"/> Other Clubs
<input type="checkbox"/> Lion's Club	<input type="checkbox"/> Active Volunteer
	<input type="checkbox"/> Future Volunteer

Please read carefully...

I understand that Club policy in case of medical emergency is to contact parents/guardians to approve medical treatment. In the case that I cannot be contacted, I give permission for the Staff of the Boys & Girls Club of the Ozarks to seek medical attention (including 911 and ambulatory services) for my child while my child is attending the Club or a Club function.

Yes No Parent/Guardian Initials _____

I have read the completed application, have read & received the Parent/Member Handbook and have reviewed a copy of the Responsible Computer Use Guidelines and I know I am responsible for Club rules at the Boys & Girls Club of the Ozarks. I request that my son/daughter be admitted into membership. I agree that the Boys & Girls Club of the Ozarks will not be responsible for any accident to my child while on the premises or while engaged in any of it's activities away from the Boys & Girls Club of the Ozarks. I give my consent for photographs, in which my son/daughter may appear, to be used by the Boys & Girls Club of the Ozarks for promotional/marketing purposes. I agree to allow my child to participate in non-denominational, religiously oriented classes if they choose to do so, as well as National Boys & Girls Clubs programs, testing and/or surveys. I also agree to pay any fees on a timely basis. Please note that membership may be revoked due to member behavior at the request of the Directors.

Parent/Guardian Signature _____

Club member signature _____

Date _____

Please list any additional emergency contact information or additional people authorized to pick up your child here.

Climbing Wall Waiver

Acknowledgement of Risk/Release of Liability

ADULT/PARENT/GUARDIAN INFORMATION

LAST NAME	FIRST NAME	DATE OF BIRTH	MALE / FEMALE
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Information of Members (Climbers must be 6 years of age or older).

LAST NAME	FIRST NAME	DATE OF BIRTH	MALE / FEMALE
LAST NAME	FIRST NAME	DATE OF BIRTH	MALE / FEMALE
LAST NAME	FIRST NAME	DATE OF BIRTH	MALE / FEMALE
LAST NAME	FIRST NAME	DATE OF BIRTH	MALE / FEMALE
LAST NAME	FIRST NAME	DATE OF BIRTH	MALE / FEMALE

Boys & Girls Club of the Ozarks Climbing Wall Waiver

I AM AWARE THAT ROCK WALL CLIMBING INCLUDES CERTAIN RISKS, INCLUDING BUT NOT LIMITED TO THE RISK OF SERIOUS INJURY OR DEATH. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGERS INVOLVED, AND HEREBY AGREE TO ACCEPT FULL RESPONSIBILITY FOR THE RISKS INVOLVED.

In consideration of being allowed to use the rock climbing wall at the Boys & Girls Club of the Ozarks (BGCO), I acknowledge and agree to the following:

- **Hazards of Climbing.** Rock wall climbing is an inherently dangerous activity.
- **Climbing is voluntary.** The use of the BGCO Rock Wall, facilities, equipment or apparatus is voluntary with complete and full understanding that such usage involves hazards and dangers.
- **Conduct.** I will obey and comply with all rules, regulations, and/or instructions of the BGCO staff in charge of the wall.
- **Equipment.** Any equipment or gear that I may receive, rent, or borrow from BGCO, I use at my own risk.

Medical: I understand that Club policy in case of medical emergency is to contact parents/guardians to approve medical treatment. In the case that I cannot be contacted, I give permission for the Staff of the BGCO to seek medical attention (including 911 and ambulatory services) for my child while my child is attending the Club or a Club function.

Waiver of Liability: I/we hereby release and forever discharge the Boys & Girls Clubs of the Ozarks, its elected and appointed officials, directors, officers, boards, commissions, agents, representatives, servants, employees, and any and all other persons, firms, or corporations who are or might be liable, from any and all claims of any kind or character which I/we have or may have against them due to my participation, or my child's participation, in a BGCO recreation program. This waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during the course of this recreation program. In that regard, I/we covenant to indemnify, defend, and hold harmless to the fullest extent permitted by law the foregoing persons and entities from any loss or damages, including reasonable attorneys' fees and litigation expenses, which may be incurred by them in the event any such claims are asserted against them or any of them. I/we understand that medical claims are my/our responsibility. This waiver does not extend to any such claim or liability that is caused by the sole and exclusive intentional acts or gross negligence of BGCO or its officers, employees, or agents. By signing, I authorize the BGCO to use and/or disclose certain protected health information (PHI) about me to any state licensing agency.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. I AM VOLUNTARILY SIGNING THIS AGREEMENT.

PARENT/GUARDIAN SIGNATURE	DATE
PARENT/GUARDIAN SIGNATURE	DATE



**BOYS & GIRLS CLUB
OF THE OZARKS**

General Trips Permission Form

Throughout the course of the year, there will be opportunities for our members to travel outside of the Boys & Girls Club building and grounds. All of our trips are scheduled ahead of time but if a member has not been here in a while, it may be short notice. In order to avoid calling parents at work during the day and printing hundreds of permission slips each week, we've decided to create one general permission slip for all field trips. Some of our field trips will be free of charge while others will require a fee to be paid prior to the trip. The paid trip fees will depend on where the trip is taking place and the fees that their establishment has put in place.

Please fill out the form below and return to the front desk.

General Member Trips Permission Form

Child's Name _____

Age _____

My child has permission to go on all local field trips (within 50 miles of the club). Any trip that has a greater distance than 50 miles from the Boys & Girls Club or the time frame of the trip is different from the time above; there will be a separate permission form for you to sign.

Parent note: Please discuss with your child the importance of proper behavior and conduct. Wherever we go, we represent the Boys & Girls Club and we should do our best to present a positive image of the club.

I give my permission for my child to attend the above trip(s). I understand that these are activities sponsored by the Boys & Girls Club of the Ozarks. I understand that all precautions will be taken for the safety of my child and that I will not hold the club, its officers or volunteers responsible for any accidents occurring during or traveling to and from these activities. I also authorize the staff person in charge of this activity to approve medical treatment for my child in the event of an emergency.

Signature of Parent or Guardian

Date



BOYS & GIRLS CLUB
OF THE OZARKS

I, _____, the parent/guardian of _____,

Parent/Guardian Name

Child's Name

authorize the _____ School District to release the following information to the Boys & Girls Club of the Ozarks for the 2015-2016 school year. This information includes my child's grades, his/her classroom conduct, academic performance, social behaviors, IEP, English as a second language, limited English proficiency information, free and reduced price lunch, Title I information, and MAP scores. This information is being collected with my permission in order to obtain the necessary data for reporting purposes of the Boys & Girls Club of the Ozarks for state and federal reporting and in order to better meet the needs of my child. After the information has been entered into the database, the documents will be destroyed.

Signature

Date