



MEMBERSHIP APPLICATION

First Name _____ Middle _____ Last _____
 Gender ___ M ___ F Ethnicity _____ DOB _____
 Address _____
 City _____ State ___ County _____ Zip _____

Father's Name _____
 Father's Employment _____ Work Phone _____ Cell Phone _____

Mother's Name _____
 Mother's Employment _____ Work Phone _____ Cell Phone _____

Guardian's Name _____
 Guardian's Employment _____ Work Phone _____ Cell Phone _____

Emergency Contacts:

Name _____ Phone _____
 Name _____ Phone _____
 Name _____ Phone _____

School Information:

Current Teacher _____

School _____ Grade _____

Medical Information:

Does your Family have health and/or accident insurance? ___ YES ___ NO

Serious Health Problems: ___ YES ___ NO If YES, explain: _____

Medications: ___ YES ___ NO If YES, explain: _____

Allergies ___ YES ___ NO If YES, explain: _____

| DATE | AGE | ACTIVITY | FEE |
|------|-----|----------|-----|
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| DATE | AGE | ACTIVITY | FEE |
|------|-----|----------|-----|
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Household:

NOTE: This Information is collected for Grant writing purposes ONLY

Member lives with ___ Mom ___ Step Mom ___ Dad ___ Step Dad ___ Grandparent
___ Foster parent(s) ___ Other: _____

Number in Household: _____

Current Head of Household: ___ Female ___ Male ___ Both

Current Single Parent: ___ YES ___ NO

I hereby give permission for my child to become a member of the Boys & Girls Club of Valdosta, Inc. I will be responsible for any damages or destruction that his/her actions may incur. I agree not to hold the Boys & Girls Club or its representatives responsible for injuries or accidents in connections with the Club's activities and authorize the Boys & Girls Club to administer first aid in case of emergency treatment. I give consent for any photographs in which my child appear to be used in any way the Boys & Girls Club may care to use them. I also pledge myself as "Partners" with Boys & Girls Club Staff in helping my child to grow strong in moral, physical and mental strength.

My child has no physical condition that would prohibit him/her from being involved in the activity held by the Boys & Girls Club of Valdosta, Inc.

Disclaimer: APPLICATION FOR ATHLETICS/BUILDING CENTER PROGRAMS

I, the parent of the above named child, hereby give approval to his/her participation in any and all league activities. I assume all risks and hazards incidental to such participation including transportation to and from the league activities; and I hereby waive, release, absolve, indemnify and agree to hold harmless the local league, the Boys & Girls Club of Valdosta, Inc. the organizers, sponsors, supervisors, participants and persons for any claim arising out of an injury to my child, except to the extend and in the amount covered by accident insurance.

I, the parent of the above named child, hereby state that my child is in good physical condition and not under the care of a physician or has any known health conditions that should prohibit him/her from participating in any club sponsored activity. I agree to return the uniform and other equipment issued to my child to the Boys & Girls Club or his coach one week from my child's last game or pays the full purchase price to the Boys & Girls Club. I further agree to help the Boys & Girls Club of Valdosta, Inc. when possible in parent projects and abide by the standards for audits as established by the Boys & Girls Club of Valdosta, Inc.

I, the parent of the above named child, do hereby give the Boys & Girls Club of Valdosta, Inc. leaders permission to treat my child in an emergency situation when neither parent can be reached. Treatment being administered by a physician/EMT's/locally established emergency room in hospital/clinic.

Parents Signature: _____ Guardian's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Membership #: _____

Entry Date: _____ Expiration Date: _____ Status: _____

Birth Certificate on File: ___ YES ___ NO Fee level: _____

New member: _____ Renewal member: _____ Date: _____

20____ 20____ 20____ 20____ 20____ 20____ 20____ 20____

Processed by: _____



PERMISSION TO TRAVEL & FIELD TRIP DECLARATION FORM

Units: Toombs Street/Lake Laurie/Barwick Road Unit/Washington Street Teen Center

Name of Organization: Boys & Girls Club of Valdosta

Address of Organization: 215 W. North Street
Valdosta, GA 31601

Contact Phone Number for Organization: 229-242-0676

I, _____, give my permission for my child, _____, to travel with the Boys & Girls Club of Valdosta on the Club Vehicle (bus/van) from my child's school to the Unit at which my child is a member. I understand that my child who participates in the Boys & Girls Club of Valdosta afterschool/summer program may participate in various fieldtrips throughout the membership year (January 1, 2010 – December 31, 2010).

As a parent or guardian of the above named child, I approve of his/her joining in these activities of the Boys & Girls Club of Valdosta, and agree not to hold the Boys & Girls Club of Valdosta, and its Board of Directors, Officers, Staff or Volunteers responsible and /or liable, and hereby release them from liability for losses of any personal property and for any injuries or accidents suffered by my child at the Boys & Girls Club facilities or in connection with his membership or participation in this Boys & Girls Club activity, unless such injuries or accidents result directly from negligence or willful act of an employee of the Boys & Girls Club of Valdosta, acting within the scope of his employment.

In consideration of the youth for the opportunity to participate in field trips, I, along with the Boys & Girls Club of Valdosta hereby release, indemnify and hold harmless the Department of Human Resources from any liability, claim or demand resulting from such participation.

In the event I cannot be reached in an Emergency, I hereby give permission to the Physician selected by the Boys & Girls Club to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child as named above.

Please list any medical conditions we should be aware of:

Printed Legal Name of Parent / Gardian

Date

Signature of Authorized Staff

Date



GENERAL CONSENT (RELEASE) FORM

By my signature below, I give permission to the Boys & Girls Club of Valdosta to allow my son/daughter to participate in the activities indicated below:

- Public relation media opputunities (pictures)
- Field trips
- Pre/Post test surveys
- Smart Moves/other core programs
- Tracking academic progress from report cards

- All of the above
- Only those indicated by a check mark

Furthermore I agree not to hold the Boys & Girls Club of Valdosta liable for any harm, injury occurring to my child. I release the Boys & Girls Club of Valdosta of all liability associated with participation in the activities stated above.

Parent Signature

Date

Member/Child Name (PRINT)



TECH LAB PERMISSION FORM

This form must be completed upon registration and applies at all times while using technology equipment.

Boys & Girls Club of Valdosta Computer User Policy

This computer system is the property of The Boys & Girls Club of Valdosta. It is for authorized use only. Users (authorized or unauthorized) have no explicit or implicit expectation of privacy. Any or all uses of this system and all files on this system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized personnel, as well as authorized officials of other agencies. By using this system, the user consents to such interception, monitoring, recording, copying, auditing, inspection, and disclosure at the discretion of authorized site or personnel of The Boys & Girls Club of Valdosta. Unauthorized or improper use of this system may result in administrative disciplinary action and civil and criminal penalties. By continuing to use this system, you indicate your awareness of and consent to these terms and conditions of use. If you do not agree to the conditions stated in this warning log off immediately!

Computers and Internet Use

| | |
|--|--|
| <input type="checkbox"/> My child can use the Internet only as outlined in the Computer User Policy. | <input type="checkbox"/> My child's work and photographs can be published on the Club's Website. |
| <input type="checkbox"/> I would prefer that my child not use the Internet while at the Club. | <input type="checkbox"/> I prefer that my child's work and photographs not be published on the Internet. |

(Initial one from above)

(Initial one from above)

Member/Child Name (PRINT)

As a parent or guardian, I have read, discussed and explained the Computer User Policy to my son/daughter. I grant permission for the member named above to access the Tech Lab's computers. I understand that if he/she fails to follow the Computer User Policy, Computer and Internet access may be withdrawn and I shall be informed of this and any further appropriate action that will be taken.

I am aware that no personal information will be made public and that the club will maintain strict confidentiality of personal information.

Parent/Guardian Signature

**Georgia Department of Human Services Afterschool Care Program
Income Eligibility Form 2009-2010**

Page 1 of 2

The Boys and Girls Club of Valdosta, along with the Georgia Department of Human Services (DHS), are partnering to provide valuable and exciting out-of-school programs for youth in Georgia. The information provided on the following form will help ensure that eligible youth are benefiting from the partnership. We thank you for your cooperation and for allowing us to have an impact on your child's life!

Name of Participant: _____

Gender: _____ Male _____ Female

Date of Birth (mm/dd/yy): _____

If the answer to any question below is yes, the family is eligible and the parent or guardian may proceed to the **second page** and sign the Declaratory Statement. If the answer to all questions below is no, please refer to the chart on the **second page** to determine eligibility.

1. Do you receive a TANF check from the Department of Family and Children Services? yes no

2. Do you live in a household that receives Food Stamp benefits? yes no

3. Do you receive Medicaid or Peachcare for Kids? yes no

4. Does your child(ren), included in your household, participate in the reduced or free lunch program at school?
 yes no

Income Eligibility Reporting Form Continued

Family Income Eligibility for the DHS Afterschool Care Program (2009-2010)

| Number of Persons in Family Unit | Federal Poverty Level* | DHS Afterschool Services Annual Income Guidelines** | DHS Afterschool Services Monthly Income Guidelines** |
|----------------------------------|------------------------|---|--|
| 1 | \$10,830 | \$32,490 | \$2,707 |
| 2 | \$14,570 | \$43,710 | \$3,642 |
| 3 | \$18,310 | \$54,930 | \$4,577 |
| 4 | \$22,050 | \$66,150 | \$5,512 |
| 5 | \$25,790 | \$77,370 | \$6,447 |
| 6 | \$29,530 | \$88,590 | \$7,382 |
| 7 | \$33,270 | \$99,810 | \$8,317 |
| 8 | \$37,10 | \$111,030 | \$9,252 |
| For each additional person, add | \$3,740 | \$11,220 | \$935 |

* Income based on the United States Department of Health and Human Services (HHS) 2009 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. *Source: HHS website: Federal Register, Vol. 74, No. 431, March 6, 2009, pages 9781-9782*

** 300% of the federal poverty level

Family size _____ Gross Yearly Income \$ _____ Gross Monthly Income \$ _____

.....

Declaratory Statement: I (*print name*) _____ certify that all the information given in this form is correct and true to the best of my knowledge. I understand that if I give false information, my child may not be able to participate in the program.

Parent or Guardian Printed Name

Date

Parent or Guardian Signature

Date

Authorized Program Staff Signature

Date

**GEORGIA DEPARTMENT OF HUMAN RESOURCES YOUTH INITIATIVE
AFTERSCHOOL PROGRAM**

Participant Medical Information Form – Page 1

(To be maintained on site for each participant)

| STUDENT INFORMATION | | | |
|---|-------|--------------------------------------|--|
| Legal Name of Child (<i>Last, First</i>): | | Date of Birth (<i>MM/DD/YYYY</i>): | Age: Sex (<i>check one</i>): <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Street Address: | | Home Phone No: | |
| P.O. Box/Apt #: | City: | State: | Zip Code: |

| INSURANCE INFORMATION | |
|--|---|
| Does the child have health insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No | Name of insurance provider (if applicable): |

| MEDICAL INFORMATION |
|--|
| Does the child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them: |
| Does the child have any other medical conditions (disabilities, infections, viruses, diseases, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them: |
| Is the child currently taking any medications (prescribed and non-prescribed)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them: |

| IN CASE OF EMERGENCY | | | |
|-----------------------------|------------------------|--------------------|--------------------|
| Contact Name: | Relationship to youth: | Home Phone Number: | Work Phone Number: |
| Alternate Contact Name: | Relationship to youth: | Home Phone Number: | Work Phone Number: |

PLEASE SIGN PAGE 2 TO VERIFY THE INFORMATION PROVIDED

Medical Information Verification – Page 2

By signing below, I certify the above information is true to the best of my knowledge. I authorize The Boys & Girls Clubs of Valdosta, Inc., to contact me if my child is injured and/or harmed in any way. I also authorize The Boys & Girls Clubs of Valdosta, Inc., to seek medical attention for my child if he or she is injured and/or harmed and needs immediate medical assistance at a local hospital or emergency care center. I certify that I and/or our family's insurance provider will be responsible for any financial medical costs that may be associated with all medical attention and treatment given to my child. In consideration of their granting my child the opportunity to participate in the Afterschool Program, I hereby release, indemnify and hold harmless the Department of Human Resources and The Boys & Girls Clubs of Valdosta, Inc., from any liability, claim or demand resulting from any legal medical attention and assistance that may be needed and provided as a result of an injury or harmful incident to my child.

Legal Name of Parent (print)

Parent Signature

Date