

**CLUB MEMBERSHIP APPLICATION
2021-2022 MEMBERSHIP YEAR**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
CLUB MEMBER NAME**

Club Information

\*Please contact the club to schedule a time to stop by\*

Laurens County

Dudley Unit: 1381 2nd Street Dudley, GA 31022

(478) 676-2800

Johnson County

Johnson Unit: 601 W. Elm Street Wrightsville, GA 31096

(478) 864-3446



Dear Parent/Guardian:

Welcome to the Boys & Girls Clubs of Laurens & Johnson Counties. We are excited that you have placed your trust in us to provide a safe and positive place for your child to attend when out of your care. We take pride in the fact that our clubs are open every day after school and during the summer months.

We understand that the application process is quite extensive, however all of the information noted and items requested are needed to ensure that we all have a full understanding of the services we provide, the limitations, and how we can work together to make the BGC experience a positive one for all. Please review all forms thoroughly and do not skip over any of the information requests – *please* – as all items are needed for BGC manager use and/or grant reporting purposes (our funding sources). Your child will not be “officially” registered if the application is incomplete.

In order for our organization to continue to receive funding from the Georgia Department of Human Services and to be able to pass along low membership rates to our parents, we need to have all parents/guardians complete the DHS Income Eligibility form as well as collect income eligibility verification. We have incorporated all of the DHS requirements into this membership packet. \*Updated forms and documentation will need to accompany your child’s membership application *each year* when registering them for our club services.

If your child is not deemed eligible according to DHS guidelines, your child will still be eligible to participate.

We want to assure you that your information will remain private, confidential, and not shared with any outside source other than Boys & Girls Clubs of America and the Department of Human Services (in the event of an audit). When reporting information to our other grantors and supporters, we do not use Club member names; we use their Club membership numbers only.

Thank you for your attention and help. Your completed application and supporting documentation will help us continue to receive the much needed funding to continue operating our clubs for your children – and keep our membership rates low.

Sincerely,

Boys & Girls Clubs of Laurens & Johnson Counties

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 MEMBERSHIP APPLICATION\_\_\_
WELCOME TO THE BOYS & GIRLS CLUB

**Youth Information** Is this a membership renewal? ⃝ Yes ⃝ No

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI:\_­­\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ⃝ Male ⃝ Female Date of Birth: \_\_\_/\_\_\_/\_\_\_ Home Phone #: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity (please review all choices then choose one):
 ⃝ Native American ⃝ White/Caucasian (not of Hispanic origin) ⃝ Black/African American (not of Hispanic origin) ⃝ Hispanic ⃝ Asian/Pacific Islander ⃝ Multi-racial ⃝ Other

Does your child receive free or reduced lunch at school? (choose one) ⃝ No ⃝ Reduced ⃝ Free

**Parent/Guardian Information**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell#: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_

Employer/Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work#:(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell#: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_

Employer/Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work#:(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home#: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work#: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell#: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home#: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work#: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell#: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Adults/Family Members Authorized to Sign Your Child Out – Must Have Proper Identification**

Name/Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name/Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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My child may participate in activities in or adjacent to the Club building with staff and/or volunteer supervision.
 ⃝ Yes ⃝ No

Is your child permitted to leave the BGC premises without a staff member, parent/guardian, or authorized adult?
 ⃝ Yes ⃝ No

If yes, please print and sign on the line below:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parent/Guardian Legal Name P/G Signature

**Household Information**

\*All information is required for grant reporting purposes and will remain confidential.\*

Single Parent Household? ⃝ Yes ⃝ No Is this new member a foster child? ⃝ Yes ⃝ No

Who does your child live with? (choose all that apply)
⃝ Mom ⃝ Dad ⃝ Step-Parent ⃝ Grandparent ⃝ Foster Parent ⃝ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this member a child of Military personnel not living on a military base? ⃝ Yes ⃝ No

If yes, please choose one: ⃝ Marine Corps ⃝ Air Force ⃝ Army ⃝ Navy ⃝ Coast Guard ⃝ National Guard
Status: ⃝ Active ⃝ Reserve ⃝ Guard Duty Station:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As an affiliate of Boys & Girls Clubs of America we have been asked to share Club member registration and program participation information. Names will not be used, only Club membership numbers. Please initial here, stating you understand:\_\_\_\_\_\_\_

Family Income Level: This information is mandatory for grant reporting purposes and will be kept confidential:

Please state your family size:\_\_\_\_\_\_\_\_\_. Please state your family’s gross yearly income:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*Parent/Guardian Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P/G Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Club Member’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**STAFF USE ONLY**

Waiting List? ⃝ Yes ⃝ No Membership Fee Paid? ⃝ Yes ⃝ No Medical Allergies Alert? ⃝ Yes ⃝ No

Member may leave on own? ⃝ Yes ⃝ No IE Income Docs? ⃝ Yes ⃝ No IE? ⃝ Yes ⃝ No

Teen? ⃝ Yes ⃝ No Foster? ⃝ Yes ⃝ No Internet? ⃝ Yes ⃝ No S-Moves? ⃝ Yes ⃝ No

Academic & Photo/Video? ⃝ Yes ⃝ No

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 NEW MEMBER START-UP SUPPLY LIST\_\_\_
AND MEDICAL INFORMATION

Please note that staff members cannot administer prescription and/or over-the-counter medications unless in an emergency situation. A parent/guardian must make arrangements to administer any and all medications. Youth **MAY NOT** self-administer any medications nor have any on their person at any time at the BGC.

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI:\_­­\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have health insurance coverage? ⃝ Yes ⃝ No
If yes, list name of insurance provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any allergies? ⃝ Yes ⃝ No
If yes, please list them:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If your child has food allergies, you must send in snacks on a daily/weekly basis (we will store your child’s snacks).*

Does your child have any other medical conditions (disabilities, infections, viruses, etc)? ⃝ Yes ⃝ No
If yes, please list them:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child currently taking any medications (prescribed or non-prescribed)? ⃝ Yes ⃝ No
If yes, please list them:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of emergency and first aid is required on site, may we administer Benadryl and/or Neosporin?
⃝ Yes ⃝ No If yes, please choose one or both, then initial on the line. ⃝ Benadryl ⃝ Neosporin

Initial here:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please be sure to notify Club Staff if any of the above changes.*

In the event of an emergency and a parent/guardian cannot be reached, Club Staff will make an attempt to get in touch with the emergency contacts as listed on the Membership Application. *Please be sure to notify the BGC if any of your emergency contacts change.*

By signing below, I certify the above information is true to the best of my knowledge. I authorize Boys & Girls Clubs of Laurens & Johnson Counties to contact me if my child 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 any medical attention and treatment given to my child. In consideration of their granting my child the opportunity to participate in the Afterschool and/or Summer Program, I hereby release, indemnify, and hold harmless the Department of Human Services and Boys & Girls Clubs of Laurens & Johnson Counties 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/Guardian Parent/Guardian Signature Date

The Boys & Girls Clubs of Laurens & Johnson Counties welcome any donations of first aid supplies, including but not limited to Benadryl, Neosporin, Band-Aids, and Peroxide. Donations are not required, but greatly appreciated.

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 ACADEMIC & PHOTO/VIDEO RELEASE\_\_\_

AUTHORIZATION FOR RELEASE OF ACADEMIC INFORMATION

Boys & Girls Clubs of Laurens & Johnson Counties is a private, not-for-profit youth development organization serving youth in both Laurens & Johnson Counties. We pride ourselves on developing programs centered on Academic Success/Job Readiness, Healthy Lifestyles, and Character & Leadership Development. How do we provide our services with such low annual membership dues?

Glad you asked!

Individuals, businesses, and civic groups are our local funding sources and we really appreciate their financial support! However, the majority of our funding comes from grants. These grants come with objectives and goals that we need to meet and in turn have to follow-up with either a monthly, quarterly, or annual report. We have to prove to them that we are making an impact – in particular – our academic programs in support of the local school systems. We also undergo a yearly BGCA evaluation. If we succeed in documenting the impact on our members, we then become eligible for additional and/or sustained funding.

We must have these grants to continue services! This is where we need your help. We need you to give Boys & Girls Clubs of Laurens & Johnson Counties authorization to get a copy of your child’s progress reports, report cards, test scores, number of behavior/disciplinary referrals, and attendance records. We can then target your child for help in academics, behavior, and/or help your child be better prepared for school. This is what the Club is all about!

AUTHORIZATION FOR RELEASE OF ACADEMIC INFORMATION

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is currently enrolled in the after school program sponsored by the BGC of Laurens & Johnson Counties. I authorize my local school system to release information contained in my child’s school record to the BGC of Laurens & Johnson Counties leadership team on a quarterly basis and at the close of the school year. \*This information will include grades, test scores, number of behavior/disciplinary referrals and attendance records.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parent/Guardian Printed Name P/G Signature Date Child’s School

AUTHORIZATION FOR RELEASE OF PHOTOS/VIDEO FOR PUBLIC RELATIONS

This portion of the membership application requests your permission for Boys & Girls Club of Laurens & Johnson Counties and the Georgia Department of Human Services (one of our main funding sources), to take and use photographs and/or video of your child and other program staff. When we tell others the story about our organization – primarily to potential members and funding sources – it would be helpful to share photographs of the participants. Pictures can enhance people’s understanding about who is involved in the program and what activities and services are being conducted. If you have more than one child, this form should be completed for each child participating in the program. If you agree for us to take and use these photographs and/or videos, our use of them will include, but not necessarily limited to the following: publications about the program, recruitment activities to reach additional youth who might participate in the future, and/or reports about the program to supporters and others who are interested in the programs outcomes. The local newspaper, our website, and our social media platforms will be key to marketing our programs. If you have any questions regarding this release, please contact the office at 478-676-2800.

AUTHORIZATION FOR RELEASE OF PHOTOS/VIDEO FOR PUBLIC RELATIONS

I, the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ⃝ DO ⃝ DO NOT give my consent for photographs and/or videos to be taken of my child and used for the Boys & Girls Club of Laurens & Johnson Counties and the Department of Human Services for marketing purposes as stated above. If you DO consent, list any limitations here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent/Guardian Printed Name P/G Signature Date

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 CLUB POLICIES, RULES, AND EXPECTATIONS\_\_\_

**Club Operation Hours:** The Club closes at 6:00 pm (unless otherwise noted at the Club unit). Youth must be picked up no later than the designated pick-up time. Please do not request special exceptions for your child. A late fee will be imposed if you are late on repeated occasions. Repeated late pick-ups will result in your child’s membership being revoked. Thanks in advance for adhering to this policy. Please note the posted notices/handouts for changes in regular Club operation hours.

**End of Day Youth Pick-Up:** Please come inside the building to receive and sign out your child. We request that youth are not asked to wait by the front doors to “look out” for parents/guardians and/or to stand in the parking lot. Please do not use your cell phone to call in to the Club requesting Club staff to send your child out to you. We’re counting on parents/guardians to review policies and have continual contact with Club staff. We’d like to see you!

Transportation of youth by BGC staff and volunteers is NOT Permitted.

**Discipline:** I understand that my child must adhere to all Boys & Girls Club rules and directions, both verbal and written. In the event of repeated negative behaviors, I understand that my child’s membership can and will be revoked, therefore, s/he will no longer be able to participate in Club programs and activities. I understand that my child’s membership will not be refunded.

**POWER HOUR Homework Club:** Members are required to complete homework and school assignments before participating in recreation program and activities. If you prefer to do homework with your child, please inform us upon registration in writing.

Foul language (including name calling and swearing), disrespect to staff, and stealing will not be tolerated.

**Phone Usage:** All youth should have pre-arranged transportation home before arrival to the Club. Club phones are to be used for emergencies ONLY! If a child has a cell phone, it may be used during designated times as directed by the Club. Accessing the internet, texting, email, and/or social networking are NOT acceptable forms of cell phone use during Club hours.

Members are responsible for “intentionally” lost or damaged equipment and supplies.

**Personal items:** Youth should not bring personal “play” items to the Club. We are not responsible for lost or stolen items, so please do not allow your child to bring them! All book bags, jackets, umbrellas, etc. should be clearly labeled and kept in your child’s cubby until time to go home.

**Bikes/Scooters/Skateboards:** If your child rides a bike, scooter, or skateboard to the Club, it must be secured outside. Youth may not bring these items inside. Please note that we are not responsible for lost or stolen property (even if secured properly outdoors).

**Absolutely no fighting or horseplay! At no time may a member hit another – in anger or “just playing” – WALK AWAY!**

**Members Needing Special Care:** Please inform Club staff if your child needs special assistance to participate in a mid to large group recreation setting. We will make every effort to accommodate your child, however we are unable to provide one-on-one supervision and assistance on a continual basis. Parents/guardians are welcome to come and play!

**Parent Volunteers:** We invite you to come out and play, however if you plan to spend more than an hour per week the BGCMHR Volunteer Application will need to be completed and approved since you will have contact with children other than your own. (This includes a background investigation.)

**This facility is a DRUG-FREE ZONE! Absolutely NO drugs (including smoking and/or vaping) on the premises.**

**SMART Moves:** The SMART Moves (Skills Mastery and Resistance Training) prevention /education program addresses the problems of smoking, drug and alcohol abuse, and making positive decisions. Based on proven techniques, the program uses discussion and role-playing, as youth learn resistance and refusal skills, to develop assertiveness, strengthen decision-making skills and analyze media and peer influence. All activities are age-appropriate and will be held in specific age group sessions. The ultimate goal: TO PROMOTE RESPONSIBLE BEHAVIOR.
**My child (choose one) ⃝ CAN ⃝ CANNOT participate in this program.**

**Open-Door Policy:** Please keep in mind that we have an "Open-Door Policy". It is the parent/guardian'’ responsibility to inform the staff, and child, that s/he should remain on the Club premises until received by an authorized person. We will strongly encourage the child to stay in the Club and on BGC property, although we are not legally responsible to do so. An attempt to contact the parent/guardian will be made in the event that a Club member decides to leave the premises without permission. Please keep in mind that the Boys & Girls Clubs of Laurens & Johnson Counties provides after-school education and recreation experience for your child - not a daycare and/or babysitting service. If you give your child permission to go to and from the Club at his/her leisure, please note that once a member leaves for the second time, s/he may not re-enter. *We are not responsible for ANY child that leaves the Club without prior permission from a BGC staff member.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parent/Guardian Signature Club Member’s Signature

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 COMPUTER CENTER AND INTERNET USAGE\_\_\_

**CLUB MEMBERS ARE RESPONSIBLE FOR THEIR CONDUCT AND ACTIVITIES!**

* Youth must have written parent/guardian permission to use the Internet.
* Absolutely NO downloads of any kind without prior permission from staff.
* Please do not print any materials unless approved by a staff member.
* Absolutely NO food, drinks, candy, or gum in the computer centers.
* Always remember that you are responsible for what you do online.
* Members should not change any of the control panel settings.
* Never agree to meet in person with anyone you meet online.
* Never give out personal information over the Internet.
* Share computer time with your fellow members!
* Have fun surfing the Internet, but do not visit any of the restricted sites listed below.
* USE GOOD JUDGEMENT!

*Club member cell phones with Internet access, texting, email, and/or social networking capabilities are NOT to be used at any time during Club operation hours.*

**THE FOLLOWING ARE RESTRICTED SITES FOR ALL OF THE BGC UNITS:**

* Any website that asks for user information before accessing the site.
* All pornography sites, to include all sexually suggestive material.
* Any sites with chat or IM capability – regardless of content.
* All drug websites containing production information.
* Instant messaging sites and personal email.
* Music sites or sites that contain any lyrics.
* YouTube, Facebook, MySpace, Twitter, Instagram, etc. (any social media or video sites).
* Any and ALL “hate” sites.

*Members who intentionally access these sites will have their internet privileges revoked.*

**I ⃝ DO ⃝ DO NOT give permission for my child to use the internet.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Club Member Printed Name Club Member Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parent/Guardian Printed Name P/G Signature

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 NOTICE OF EXEMPTION\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parent/Guardian Signature Date

 HOLD HARMLESS AGREEMENT\_\_\_

I voluntarily submit my child for registration as a member at Boys & Girls Clubs of Laurens & Johnson Counties (BGCLJC). Activities at the Club may include, but are not limited to: BGCLJC SWIM, WEIGHT ROOM, and other SPORTS/REC ACTIVITIES, which at my discretion may choose to allow my child to participate. I will hold harmless BGCLJC from any claim by me or my child or any entity on behalf of myself or my child arising out of my child’s participation in the program. I further state that I am of lawful age and legally competent to sign this agreement, and that my signing this agreement is my own free act. I also understand and agree that the terms herein are contractual, and they are not a mere recital or simply for information purposes. I have read, understand, and fully informed myself of the contents of this agreement. I assume responsibility for my child’s physical condition and capability to perform under the program.

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I represent that I am the below-named parent/guardian, that I am over the age of 21, that I have read the foregoing, and fully understand the contents thereof, that the consideration that I have received for this Agreement, Release, and Waiver is fair and equitable, and that I hereby give this Agreement, Release, and Waiver of my own free choice. This Agreement, Release, and Waiver shall ensure to the benefit of the successors, assigns, licensees, and legal representatives. I have read the completed application and I understand the policies and procedures of the Boys and Girls Clubs of Laurens & Johnson Counties. I request that my son/daughter be admitted into membership and I grant permission for my child to participate in current and future programs. I have explained the rules to my son/daughter and agree that BGCLJC/DHS/DFCS/Georgia Alliance will not be responsible for any accident to him/her while on the premises of BGCLJC or while engaged in any of its activities away from BGCLJC.

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Parent/Guardian Printed Name Parent/Guardian Signature