

**MEMBERSHIP APPLICATION
2023-2024 YEAR**

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

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

Laurens County

1381 Second Street Dudley, GA 31022

(478) 676-2800 or (478) 290-0406

Johnson County

602 E. College St. Wrightsville, GA 31096

(478) 488-7071



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 offer 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 able 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



**Member 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your family size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your family’s gross yearly income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

AUTHORIZATION FOR RELEASE OF ACADEMIC INFORMATION

The Boys & Girls Clubs of Laurens & Johnson County will maintain all member files in a confidential manner. The local school system may release information contained in my child’s school record to the BGC of Laurens & Johnson Counties leadership team on a quarterly basis and until the close of the school year. This information will include grades, test scores, number of behavior/disciplinary referrals and attendance records.

\_\_\_\_\_ I give permission for the BGCLJ to receive all academic information from my child’s school.

\_\_\_\_\_ I **DO NOT** give permission for the BGCLJ to receive all academic information from my child’s school.

AUTHORIZATION FOR RELEASE OF PHOTOS/VIDEO FOR PUBLIC RELATIONS

Use of Name, Photograph and Identity in Connection with Advertising and/or Promotion of the Organization for valuable consideration I, the undersigned, hereby irrevocably consent to and authorize the unrestricted use by Boys & Girls Clubs of Laurens & Johnson, Department of Human Services and their subsidiaries, affiliates and advertising agencies of my child’s name, photographs, works of art and identity in various BGCLJ website, social media, local newspaper and collateral material. I hereby waive, and release and discharge said companies and all agents, employees and officers of the companies, including any that I do not now know of or anticipate arising n the future, none of which would affect my execution on of this release if know to me, and waive all rights to respect to such use of my name, photograph, identity, and personal information including but not limited to publicity, privacy, psychological injury and liability.

\_\_\_\_\_ I give my consent for photographs and/or videos to be taken of my child.

\_\_\_\_\_ I **DO NOT** give my consent for photographs and/or videos to be taken of my child.

GENERAL TRAVEL PERMISSION

By signing below, the parent(s) of the youth agree that the Boys & Girls Clubs of Laurens & Johnson, the Department of Human Services, not any of their representatives shall be held liable for any accidents or misfortunes while in route to or returning from any Boys & Girls Clubs outings during the After School/ Summer Program. This form only gives permission for youth to travel with the BGCLJ. A youth may only attend field trips open to their age group. Some field trips may have limited capacity, these sign-ups will be on a first come, first served basis.

\_\_\_\_\_ I give my child general travel permission. \_\_\_\_\_\_ I **DO NOT** give my child general travel permission.

NOTICE OF EXEMPTION

\_\_\_\_\_\_\_\_\_\_\_ (initial) I acknowledge that I have been informed that this program is not a licensed childcare 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.

OPEN-DOOR POLICY

\_\_\_\_\_\_\_\_\_ (initial) 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. 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.*

COMPUTER & INTERNET

\_\_\_\_\_\_\_\_\_\_\_ (initial) My child **CAN USE** email and the internet while at the club as outlined in the Rules of Appropriate Use. As a user of the Club computer, my child and I agree to comply with the stated rules and use the network in a constructive manner.

\_\_\_\_\_\_\_\_\_\_\_ (initial) My child **CAN USE** the internet **ONLY** while at the club as outlined in the Rules of Appropriate Use. As a user of the Club computer, my child and I agree to comply with the stated rules and use the network in a constructive manner.

\_\_\_\_\_\_\_\_\_\_\_ (initial) I would prefer that my child NOT USE email or the internet while at the Club.

MEDICAL

In the event of an emergency, the Club must have written consent to seek medical treatment for your child.

\_\_\_\_\_\_\_\_\_\_\_ (initial) I authorize administration for basic first aid.

\_\_\_\_\_\_\_\_\_\_\_ (initial) I **DO NOT** authorize administration of basic first aid.

\_\_\_\_\_\_\_\_\_\_\_ (initial) I **give BGCLJ permission** to seek medical treatment for my child. I understand that treatment may include emergency transportation, x-ray surgery in some circumstances for my child, and I agree to assume responsibility for charges associated with this or any other treatment given to my child.

\_\_\_\_\_\_\_\_\_\_\_ (initial) I **DO NOT** give BGCLJ permission to seek medical treatment for my child.

NATIONAL YOUTH OUTCOMES INITIATIVE & MEMBER ASSESSMENT

Boys & Girls Clubs of Laurens & Johnson Counties will survey and interview our children to find out what his/her behaviors, skills and attitudes are in regard to issues such as health risks and habits, positive self-esteem, respect for diversity, education and educational resources, positive relationships, career choices, and connection to community, as well as his/her experiences at the BGCLJ. The purpose of these surveys and interviews is to help find out how well the Boys & Girls Clubs are meeting your child’s needs to identify areas which may call for further attention. I also understand that this information will remain private, and that only the management staff and assigned research assistants representing the Boys & Girls Clubs organization will be able to look at his/her responses. I understand that my child’s responses will be automatically grouped together with the responses of other Boys & Girls Club members for any public presentation of the findings, and that my child will never be individually linked to his/her responses.

\_\_\_\_\_\_\_\_\_\_\_ (initial) I **give BGCLJ permission** to survey and interview my child with respect to the above mentioned.

\_\_\_\_\_\_\_\_\_\_\_ (initial) I **DO NOT give BGCLJ permission** to survey and interview my child with respect to the above mentioned.

By signing below, 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Printed 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.

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_