



BOYS & GIRLS CLUBS
OF MANATEE COUNTY

2018 – 2019

Renewing Member: _____ New Member: _____

BGCMC ID # _____

Club: _____

After School: _____ Teen Extended Nights: _____ Both: _____

All sections of the application must be complete. Please print clearly and use a ✓ to select choice when possible.

General Information

First Name		Last Name		Mid. Initial	
Physical Street Address					
City		State		Zip	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	Age	Phone #	T-Shirt Size Child: S M L Adult: S M L XL 2X	
School		Student ID #		Grade	
Race:	<input type="checkbox"/> Black - African American	<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> White – Caucasian	Ethnicity	
	<input type="checkbox"/> Native Hawaiian / Pacific Islander	<input type="checkbox"/> Haitian	<input type="checkbox"/> Asian American	<input type="checkbox"/> Non-Hispanic	
	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> 2 or More Races	<input type="checkbox"/> Other	<input type="checkbox"/> Hispanic	
Household Income	Estimated household income in 2018?		A. Less than: \$28,150 _____ D. \$46,401 - \$60,000 _____ B. \$28,151 - \$35,150 _____ E. \$60,001 - \$70,000 _____ C. \$35,151 - \$46,400 _____ F. Above: \$70,000 _____		

Parent / Guardian Contact Information / Authorized to Pick Up Member

Person # 1 Head of Household	First Name	Last Name
	Relationship to Member	Primary Phone #
	E-Mail Address	Secondary Phone #
	Place of Employment (Name)	Location of Employer (City)
Person # 2	First Name	Last Name
	Relationship to Member	Primary Phone #
	E-Mail Address	Secondary Phone #
	Place of Employment (Name)	Location of Employer (City)

Member Information

Previously a member of the Boys & Girls Clubs: Yes or No Which Club: _____

Member will leave at the End of the Day as : Car Rider _____ Bike Rider _____ Walker _____ Bus (if available) _____

**The following information is necessary for our records and the funding our organization receives.
The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary. If you are requesting a scholarship you must answer YES to at least one of the following questions. ***

My child has been involved in the foster care system.	Yes	No
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My child has been involved with the juvenile justice system.	Yes	No
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My child has friends or family members that have been involved in criminal behavior or gang associations.	Yes	No
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My child would be home after school without adult supervision if not attending the Boys & Girls Club.	Yes	No
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My child has been suspended from school or truant from school.	Yes	No
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My child has excessive absences from school.	Yes	No
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My child is currently functioning below the appropriate grade level for their age.	Yes	No
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My child has a learning disability.	Yes	No
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My child currently has a day care voucher through the Early Learning Coalition.	Yes	No
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My child is currently on the Free or Reduced Lunch Program.	Yes	No
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Health & Emergency Information

Primary Emergency Contact	First Name	Last Name	Phone
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Secondary Emergency Contact	First Name	Last Name	Phone
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Physician	First Name	Last Name	Phone
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Preferred Clinic / Hospital	Clinic Name	Clinic Phone	Hospital Name
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List All Medical Problems, Warnings, Allergies and Special Needs

List All Medications

General Information

How many people typically live in your household? _____

List the names of any siblings who also attend the Boys & Girls Clubs of Manatee County.

Family Setting Member Lives With:	Both Parents: _____ One Parent: _____ Other: _____		
Family Setting Member Lives with:	Both Parents _____	Aunt _____	Brother _____
	Mother _____	Uncle _____	Sister _____
	Father _____	Grandparent _____	Guardian _____
Military Service Parent or Guardian	Not Applicable _____	Currently Serving _____	Veteran _____
	Service Branch: _____		

Additional Persons Authorized to Pick Up Member

1	First Name	Last Name	Relation to Member
	Phone #	Secondary phone #	
2	First Name	Last Name	Relation to Member
	Phone #	Secondary phone #	
3	First Name	Last Name	Relation to Member
	Phone #	Secondary phone #	

Notes / Other Information to Share

Club _____

Member Information

First Name

Last Name

Mid. Initial

Consent & Acknowledgments

Emergency Treatment

Initials _____

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

Transportation & Field Trips

Initials _____

I give permission for my child to utilize the after school bus transportation (if applicable) provided by the Boys & Girls Clubs and to participate in all field trips provided / sponsored by the Boys & Girls Clubs of Manatee County.

Late Pick Up Fees

Initials _____

I understand that my child must be picked up by closing time or a fee may be charged.

Sick Child

Initials _____

I understand that when my child is sick (as example; fever of 100 degrees and above, vomiting, diarrhea or other signs that medical treatment is needed) they are not to attend the club. If a child did not attend school for the day, they are not permitted to attend Club. Parents / Guardians are expected to pick up your child within one hour of being notified by the club that your child is ill.

Participation in Technology / Electronic Information

Initials _____

I give permission for my child to access the electronic information resources of the Boys & Girls Clubs of Manatee County. I understand that my child will receive appropriate training and will then adhere to various policies such as; not sharing passwords, not posting personal information of themselves or others, not trespassing into others files, not downloading unauthorized materials or software, viewing inappropriate or unauthorized websites and not using the computer equipment to harm others or their work.

Swimming / Aquatic Activities

Initials _____

My child can execute the following water skills; able to swim 25 yards and able to tread water for one minute. Water related activities will be limited based on swimming ability and age.

Participation in Prevention / Intervention Programs

Initials _____

The Boys & Girls Clubs of Manatee County offers Prevention / Intervention Programs. These are prevention programs that encourage all members to make smart, positive, healthy choices in life. The programs strive for participants to; identify and resist peer and media pressure for involvement in negative behavior and understand the consequences of negative decision-making. Participants will gain understanding of the physical and social changes taking place in their lives, as well as improve decision-making skills, learn goal setting, problem solving and relationship building. I understand the purpose of these programs and give permission for my child to attend.

Consent & Acknowledgments

Photo Release

Initials _____

I give permission for the Boys & Girls Clubs of Manatee County to take photos/video of my child and then to use these for publicity purposes and to meet grant reporting requirements.

Parent / Guardian Signature

I approve my child joining the Boys & Girls Club and agree not to hold the Boys & Girls Club, its Board of Directors, Officers, Staff or Volunteers responsible and/or liable, and hereby RELEASE INDEMNITY AND HOLD THEM HARMLESS from liability for losses of any personal property and for injuries or by accidents suffered by my child at a Club or in connection with membership, travel or participation, including any injury or loss caused by or claimed to be caused by the negligence, whether in whole or in part.

I understand that my child shall attend the Club an average of (3) days a week.

I give consent for all State and Federal funder agencies or funder personnel to review records for evaluation or monitoring purposes. In addition, I understand that agency records relating to the program may be public records under Chapter 119 F.S.

I understand that this program receives funding from Manatee County Government and that from time to time a County Representative may request access to any or all agency records relating to this program and / or the delivery of its services for the purposes of evaluating or monitoring the program or delivery of service. I understand that any records provided to the County shall become public records, may be subject to any applicable state or federal exemptions, and be inspected by third persons.

I hereby authorize the School District of Manatee County to furnish and release any and all student information protected by Family Educational Rights and Privacy Act to the Boys & Girls Clubs of Manatee County, including but not limited to student grades, student data solely for purposes of grant writing, applications and grant reporting. Such information will be securely protected by the Boys & Girls Clubs and not provided to any other third parties.

I ATTEST that the information provided is true and accurate. I am aware, if any information indicated above is found untrue, it could result in discontinued services or discontinued rate discounts.

Signature

Date ____ / ____ / ____

Please Print Your Name