



<b>MEMBER #:</b> _____  --OFFICE USE ONLY--  Amount Paid: _____ Date Paid: _____ Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check Receipt #: _____
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**MEMBERSHIP APPLICATION**

**MEMBER INFORMATION:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ SS# \_\_\_\_\_  
 Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ School Unique ID# \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Primary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address (*required*): \_\_\_\_\_  
 Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Secondary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address (*required*): \_\_\_\_\_  
 Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_

**HOUSEHOLD INFORMATION (Demographic Information Required for Membership):**

Member lives with:  Mother  Father  Step Mother  Step Father  Grandparents  Other: \_\_\_\_\_  
 Parent(s) marital status:  Married  Divorced  Remarried  Single Current head of household:  Female  Male  
 Is the household a single parent household?  Yes  No Any household members:  Handicapped  Age 65 or Older  
 # Siblings living in household: \_\_\_\_\_ Brothers \_\_\_\_\_ Step-brothers \_\_\_\_\_ Sisters \_\_\_\_\_ Step-sisters \_\_\_\_\_ Other \_\_\_\_\_  
 Total number of family members living in household: \_\_\_\_\_  
 Which, if any does the Club member qualify for:  Free Lunch  Reduced Lunch  N/A

Income Information (check one):

<input type="checkbox"/> Under \$5,000	<input type="checkbox"/> \$25,001 - \$30,000	<input type="checkbox"/> \$50,001 - \$55,000	<input type="checkbox"/> \$75,001 - \$80,000
<input type="checkbox"/> \$5,001 - \$10,000	<input type="checkbox"/> \$30,001 - \$35,000	<input type="checkbox"/> \$55,001 - \$60,000	<input type="checkbox"/> \$80,001 - \$85,000
<input type="checkbox"/> \$10,001 - \$15,000	<input type="checkbox"/> \$35,001 - \$40,000	<input type="checkbox"/> \$60,001 - \$65,000	<input type="checkbox"/> \$85,001 - \$90,000
<input type="checkbox"/> \$15,001 - \$20,000	<input type="checkbox"/> \$40,001 - \$45,000	<input type="checkbox"/> \$65,001 - \$70,000	<input type="checkbox"/> \$90,001 - \$95,000
<input type="checkbox"/> \$20,001 - \$25,000	<input type="checkbox"/> \$45,001 - \$50,000	<input type="checkbox"/> \$70,001 - \$75,000	<input type="checkbox"/> Above \$95,000

Race:  Asian  Black/African  White  Hispanic  Native American  Multi-Racial  Other: \_\_\_\_\_

MEMBER #: \_\_\_\_\_

**WAIVER AND RELEASE OF LIABILITY**

Member Name: \_\_\_\_\_

Primary Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

In consideration of the privilege of allowing my child/ward to participate in any Boys & Girls Club of Bay City and Matagorda County(BGCBCMC) activity, I do hereby, for my child/ward, for myself, my heirs, executors and administrators, covenant and agree to INDEMNIFY AND HOLD HARMLESS the Boys & Girls Clubs of America (BGCA), BGCBCMC and their Lessor, Bay City ISD, their employees, agents, successors, assigns, sponsors and volunteers from any and all damages, claims or liability of any kind, whatsoever, by reason of injury to property or third persons occasioned by any act, error, omission, or failure to act attributable in whole or in part in any way to me.

I further do hereby expressly RELEASE, DISCHARGE AND HOLD HARMLESS: BGCBCMC, BGCA and Bay City ISD, their employees, agents, successors, assigns, sponsors and volunteers from any and all damages claims or liability of any kind, whatsoever, from any injury to my child/ward or their death or damage to their property, arising or resulting from their participation in BGCBCMC activities or transportation to and from BGCBCMC activities, or from my presence upon the BGCBCMC or Bay City ISD property and/or facilities, INCLUDING BUT NOT LIMITED TO, CLAIMS AND DAMAGES ARISING IN WHOLE OR IN PART FROM THE NEGLIGENCE AND/OR GROSS NEGLIGENCE OF THE BGCBCMC, Bay City ISD, ITS EMPLOYEES, AGENTS, SPONSORS AND VOLUNTEERS.

I understand that this “Waiver and Release of Liability” is effective for all classes, camps, and/or activities in which my child participates in while a member of the Boys & Girls Club of Bay City and Matagorda County.

I further understand and hereby give BGCBCMC the right to photograph, televise, film, and sound record the acts, appearances, and utterances and to use any descriptive words or names, in conjunction therewith and **without limit as to the time**, to produce and reproduce the same or any part thereof by an method, and to use for any purpose which the BGCBCMC deems proper. All such photographs, videotapes, films, and sound recordings shall be the exclusive property of the BGCBCMC, and I hereby relinquish all rights, title, and interest therein. I further understand that photo release and transportation at will (member may come and go at will from the program) is a condition of Club membership. I further understand that all staff, volunteers, and board members are subject to annual background checks and random drug screening. I further understand that BGCBCMC regulations are designed to protect the well-being of its members.

I recognize that all classes or activities of a physical nature involve some risk and by participating in any class and/or activity of the BGCBCMC, there is an assumption of the risk by me on behalf of my child/ward. I, hereby, acknowledge and accept full responsibility for all costs relating to first aid treatment, medical and/or emergency room hospital treatment rendered on behalf of my child. I further understand that it is my sole responsibility for keeping the BGCBCMC provided with a current copy of my child’s medical health insurance coverage card for use in emergency medical situations.

I, the undersigned, have read this release and indemnification and understand all its terms. I execute it voluntarily and with full knowledge of its significance. I, acknowledge BGCBCMC is not licensed by the State of Texas and is not a child day care facility.

1. Members must know their membership number.
2. Respect is a must. Profanity, fighting, and/or rudeness will not be tolerated.
3. Roughness, horseplay, running or any other unsafe behavior is not permitted.
4. Gum is not permitted on the grounds or inside building.
5. Members and visitors must sign in at front desk before entering building.
6. Tobacco use IS NOT PERMITTED in any area of the club.

<b>MEMBER #:</b> _____
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**THE FOLLOWING ACTS ARE CAUSE FOR IMMEDIATE SUSPENSION:**

- Possession of a weapon or any item which could cause bodily harm.
- Defacing or destruction of Club property.
- Fighting, this includes any member involved in fight regardless of who may or may not be at fault.
- Profanity
- Consistent acts of violating all rules and regulations.
  - The length of suspension is solely at the discretion of paid staff

**BCISD BUS RULES & REGULATIONS:**

1. Be respectful and follow all directions of the bus driver at all times.
2. Stay seated facing the front with your feet on the floor.
3. Keep your hands, feet, and objects to yourself and inside bus.
4. Do not use foul language at any time.
5. NO EATING or DRINKING ALLOWED.
6. No use of cell phones or radios/cd/mp3/ipod on bus
7. Unauthorized use of emergency exit is prohibited.
8. No defacing of school property.

**If your child fails to follow the BCISD Bus Rules they can be permanently suspended from riding the bus. It will be your responsibility to provide transportation for your child to the club.**

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

**Primary Guardian:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

MEMBER #: \_\_\_\_\_

## **GENERAL PERMISSION SLIP**

The Boys & Girls Club of Bay City (BGCBC) will have opportunities throughout the year for some of our members to participate in activities outside of scheduled field trips with staff.

Activities will include but are not limited to: transporting donations made to the Club from outside facilities, participation in local parades, conducting fund raising within the community during Club hours, participating in community service activities, assisting the elderly, Field trips, substitute field trips due to cancellation of scheduled activity, etc.

### **PARENT/GUARDIAN AUTHORIZATION:**

I, the undersigned, have read in full and have signed of my own free will this General Permission Slip and understand that all of the provisions set forth in the Waiver and Release of Liability signed by me also apply to these activities. By signing below, I am authorizing my child to participate in activities such as, but not limited to, those outlined above.

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

\_\_\_\_\_  
Date

### **I DECLINE PERMISSION FOR THE ABOVE:**

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

\_\_\_\_\_  
Date

## **SMART MOVES PERMISSION FORM**

The SMART (Skills Mastery and Resistance Training) prevention/education program addresses problems such as drug and alcohol use and premature sexual activity. The program uses a team approach involving Club staff, peer leaders, parents and community representatives. More than simply emphasizing a "Say No" message, the program teaches young people ages 6-15 how to say no by involving them in discussion and role-playing, practicing resistance and refusal skills, developing assertiveness, strengthening decision-making skills and analyzing media and peer influence. The ultimate goal is to promote abstinence from substance abuse and adolescent sexual involvement through the practice of responsible behavior.

We understand that the sensitive nature of this programming may not fit every family, however, please keep in mind that the curriculum is very age appropriate.

The delivery of this program is very important to your child's development and to the funding of our Club, as it is directly tied to grant funding that supports overall program delivery. If you have any questions about the SMART Moves curriculum and how your child will be involved, please contact the Unit Director to set up a meeting to review the curriculum for your child's age group.

I **DO** give permission for my child to participate in the SMART Moves program.

I **DO NOT** give permission for my child to participate in the SMART Moves program.

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

\_\_\_\_\_  
Date

MEMBER #: \_\_\_\_\_

Member Name: \_\_\_\_\_

Primary Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

**SCHOOL INFORMATION RELEASE FORM**

Child's Grade Level: \_\_\_\_\_ Child's School Campus: \_\_\_\_\_

Child's Teacher(s): \_\_\_\_\_

Child's Unique ID \_\_\_\_\_ (see school admissions office for number)

The Boys & Girls Club of Bay City has my permission to contact with my child's teacher(s), or any school district employee about his/her grades, missing assignments, behavior, and classroom activities. I also give Club staff my permission to obtain a copy of my child's progress reports and report cards to track educational progress. Additionally, I give my permission for Club staff to share necessary information with the school district and its employees. I understand that all information obtained is kept confidential. The information gathered will be used to ensure that your child gets the proper attention needed to enhance his/her educational performance.

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

\_\_\_\_\_  
Date

**AUTHORIZED PICKUP DESIGNEES**

*The Boys & Girls Club of Bay City is NOT A DAYCARE and is not governed by licensure as a childcare facility and operates as a neighborhood recreational facility.* Members are required to check in and present their membership card for admittance to the Club. I further understand that a parent/guardian must present valid identification and enter facility when picking up child. Under normal circumstances, staff members are not allowed to prohibit a member from leaving the facility. It is the responsibility of the parent/guardian and the child to determine, understand and enforce whatever arrival and departure methods they see fit. Club staff will make every effort to notify the parent/guardian in the event that a child leaves the Club without an authorized designee. The Club is not responsible for the welfare and/or behavior of any member leaving the property with or without parental consent.

**NAME:**

**RELATIONSHIP:**

**PHONE#:**

1.		
2.		
3.		
4.		
5.		

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

\_\_\_\_\_  
Date

MEMBER #: \_\_\_\_\_

**MEDICAL TREATMENT AUTHORIZATION & MEDICAL INFORMATION**

Member Name: \_\_\_\_\_

Primary Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

On behalf of my child/ward, I hereby request and authorize the Boys & Girls Club of Bay City to administer first aid and/or secure paramedical services and/or emergency medical treatment in case of injury and/or accident. This authorization is valid for the duration of my child/ward's membership. I further understand that BGCBCMC is not liable for any costs associated medical treatment and/or medical services contracted on behalf of my child/ward. I am fully informed and aware that I am solely liable for any and all expenses incurred on behalf of my child/ward.

Member Name: \_\_\_\_\_ Medical condition(s) \_\_\_\_\_

Medicine allergies, environmental allergies \_\_\_\_\_

Primary Physician (Name/Address/Phone) \_\_\_\_\_

My child **IS** covered under a valid medical insurance policy.

Name of Insured: \_\_\_\_\_ SS#: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

My child **IS NOT** covered under a valid medical insurance policy

**Emergency notification of illness/accident/injury/etc. will be made in the order listed below.  
PARENTS SHOULD INCLUDE THEMSELVES ON THIS LIST!**

Name	Relationship	Cell #	Work #
1.			
2.			
3.			
4.			

I further do hereby expressly RELEASE, DISCHARGE AND HOLD HARMLESS The Boys & Girls Clubs of Bay City and Matagorda County, the Board of Directors, their employees, agents, successors, assigns, sponsors and volunteers from any and all damages claims or liability of any kind, whatsoever, from any injury/death to my child/ward, arising or resulting from any rendering of first aid and/or any and all emergency services as authorized by this release, INCLUDING BUT NOT LIMITED TO, CLAIMS AND DAMAGES ARISING IN WHOLE OR IN PART FROM THE NEGLIGENCE AND/OR GROSS NEGLIGENCE OF THE BGCBCMC ITS DIRECTORS, ITS EMPLOYEES, AGENTS, SPONSORS AND VOLUNTEERS.

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