Boys & Girls Clubs of Greater Dallas CLUB MEMBERSHIP APPLICATION



•ANY QUESTIONS LEFT BLANK INTENTIONALLY WILL PROHIBIT MEMBERSHIP ACCEPTANCE•

Branch	Member No		
Application Date African Amer	New or Returning Member?NewReturning Hispanic Asian Mixed Other		
N	A		
	Age——— Date of Birth ————————————————————————————————————		
Address	Apt. No Contact Number		
City	State Zip Code Sex		
School Attending	Can Swim?		
School Address			
Do you live with your: Mother Stepmother Stepfather Is the parent/guardian of this child an ACTIVE member	Foster Parents Grandparent Other (specify) aunt, uncle, etc. of the military? Yes No		
Father's Name E	mployed? Yes / No Work/Cell Phone #		
Mother's Name E	mployed? Yes / No Work/Cell Phone #		
Legal Guardian's Name E	mployed? Yes / No Work/Cell Phone #		
Relation to Member			
E-Mail Address			
Family Doctor A	ddress		
Phone			
IN CASE OF EMERGENCY, CONTACT:(Relative or Friend, Not Parent/Guardian) Relation to Member Address of Emergency Contact	Phone		
Allergies?			
	following activities:		
Reason for joining: Tutoring Homew	vork Sports It's a safe place to learn & have fun.		
,			
How did you hear about the Boys & Girls Clu Flyer PTA Medi			
School Personnel Church Com	munity Block Party Friends		
Word of Mouth Other(Plea	ase Specify)		

BOYS & GIRLS CLUBS PERMISSION AND ACKNOWLEDGMENTS

Your child has applied for a membership at the Boys & Girls Clubs of Greater Dallas ("Club"). To help us better serve you and your child, please do the following:

- 1) Read this form in its entirety and explain it to your child.
- 2) Supply the information requested.
- 3) Sign this form and return it to the Club facility your child will be attending.

is a scheduled trip off facility property, I mus activities will be supervised by the Club's	evolve sports and field trips, and may st fill out a Field Trip Permission Form staff, but supervision cannot guarar these activities are potentially dange	It's name] to participate in program activities at the Club. It take place away from the Club facility. Each time there in for each instance, water or otherwise. I understand that the my child's safety while he/she participates in these rous and that the Club cannot, and does not, provide any
I also grant permission for my child to walk t	o the Club from school alone or with	a sibling under the age of 18.
videotape, or social media outlets which the me or my child. All negatives and positives	e Club may take of my child, for any s, together with all prints involving s also, some information, demographic	r as authorized by, the Club, of any and all photographs, legal purpose whatsoever without any compensation to uch photographs and any videotape, shall constitute the c and otherwise, may be shared with representatives of
		nd staff, from any and all claims and causes of action, membership in the Club and his/her participation in Club
(Initial Here) By Initialing here I at form.	ffirm that my child's shot records are	kept on file at his/her school located on the front of this
administer medical or surgical treatment decresponsible for such care given to my child application before contacting another doctor	emed necessary for the health or we , and that all reasonable efforts will to treat my child. Boys & Girls Club	ent that a licensed medical doctor shall be authorized to II being of my child. I understand that I will be financially be made to contact the doctor whose name appears on s of Greater Dallas reserves the right to deny entry if any informing club authorized personnel about health
	PICK UP INFORMA	<u>TION</u>
How will the child get to the Club? BGCD Bus/Van School Bus	Circle All that Apply Walk Parent Drop Off	Other(explain)
Members below the age of 14 may		S MUST SIGN OUT. s designated below. If staff do not recognize er's License) or have a photo kept on file.
THIS CHILD IS TO NAME CONTACT	ONLY BE RELEASED TO THE NUMBER	FOLLOWING INDIVIDUALS: Identifcation Number (Driver's License#)
		end a mandatory parent orientation or stations and parental obligations.
	rty. If at any time I am asked to retu	Date rn my card, I understand no dues will be returned to me.
Member's Signature		Date

In accordance with Federal law, this organization does not discriminate on the basis of age, race, color, gender, disability or national origin.

The following information is for statistical purposes only. Please answer all questions completely.

Confidentiality: Any confidential information requested is for our records and for the funding our organization receives. The answers you provide will be kept completely confidential. Your cooperation is both appreciated and necessary.

Member Age							
Member Race(Circle One)	Caucasian	African Ame	rican	Hispanic	Asian	Mixed	Other
Family Income(Circle One)	Under \$15,000 \$15,001-\$20,000 \$20.001-\$30,000 \$30,001-\$40,000 \$40,001-\$50,000 \$50,000 & Above						
Family Size (Indicate Numb	er of Individ	luals Living	Unde	one Roc	of)		
Lives With (Circle One)	Single Parent Both Parents Grandparents Foster Parent Other (Aunt, U	s s					
Please Circle YES or NO for	r the followin	ng:					
Do you receive:	Free/Reduced Medicaid/CHI Amerigroup TANF Food Stamps Social Securi	d Lunch	YES YES YES YES YES YES	NO NO NO NO NO NO			
What is the highest level of Some High School High School							Doctoral
THIS INFO	PRMATION	I WILL RE	MAIN	CONFID	ENTI	٩L	

Office Use Only:	Date Entered	into nFocus	KidTrax Database:	
		(O: 1 O)	*****	
Membership Fee (\$20)PAID or	SCHOLARSHIP	(Circle One)	If Scholarship, Specify	
			(Parkland, Amerigroup, Etc.)	
	(Please attach a	a copy of schola	arship documentation)	
BRANCH EXECUTIVE AUTHO	ORIZATION			



Parent Consent and Release of Liability

I do hereby give the staff of *Boys & Girls Clubs of Greater Dallas* (BGCD) my full permission to request my child's most current TAKS Scores/TAKS Growth Profile and Six Weeks Report Cards. This is with the understanding that this data will be used by BGCD to establish an action plan to support the academic needs of my child and to measure his/her progress over the course of the school year. BGCD offers an after-school program, Project Learn, in which my child is actively engaged. Through this program, my child participates in high yield learning activities and tutoring, when needed. While all members engage in educational activities, they also participate in the homework assistance program called Power Hour. It is understood that the representatives of Boys & Girls Clubs of Greater Dallas and representatives of Boys & Girls Clubs of America may use this data to further measure the academic gains of its members as a whole.

I am fully aware that I will not receive monetary compensation for my child's participation in the BGCD programs. Additionally, in no event is BGCD obligated to provide any programs and is not guaranteeing any results from its programs.

I further release and relieve Boys & Girls Clubs of Greater Dallas and its Board of Directors, agents, employees and other representatives from any liabilities, known or unknown, arising out of the use of this data.

I certify that I have read this Parent Consent and Release of Liability and fully understand its terms and conditions. I understand that the opportunity to participate in the After-School program, Project Learn, is given by Boys & Girls Clubs of Greater Dallas contingent upon my execution of this Parent Consent and Release of Liability. I have full legal capacity to sign this Consent and Release for my child.

Signature of Custodial Parent or Guardian	Student's Name (please print)
Relationship to Student	Student's School ID #
School District Attended by Student	School Attended by Student
Home Address	Phone #
Boys & Girls Club of which student is a Member	Date Signed
I DO NOT GIVE PERMISSION TO RELEASE GROWTH PROFILES and/or SIX WEEK'S REPO	
Signature of Custodial Parent or Guardian	Date