



**BOYS & GIRLS CLUBS**  
OF THE COASTAL BEND

<b>Location</b> <input type="checkbox"/> Greenwood Unit <input type="checkbox"/> Flour Bluff ISD Unit <input type="checkbox"/> London ISD Unit	<b>School:</b> _____ Year: <input type="checkbox"/> Fall School Year <input type="checkbox"/> Spring School Year <input type="checkbox"/> Summer
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## MEMBERSHIP APPLICATION FORM

First Name	Middle Name	Last Name	Current Membership #	Student ID #
DOB _____ Age _____	Grade _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Previous Members <input type="checkbox"/> Yes <input type="checkbox"/> No Club Member Since _____	
Physical Address (NO P.O. BOX)	City/Zip	School	Current Teacher	School District
Email Address	County:	City Council District	Graduation Year	Current GPA
Home Phone No.	Cell Phone No.	Member's SSN	Primary language spoken at home	
Primary Parent/Guardian	Marital Status	Home Phone _____ Cell Phone _____	Employer & Work Number	Occupation
Secondary Parent/Guardian	Marital Status	Home Phone _____ Cell Phone _____	Employer & Work Number	Occupation
In Case of Emergency Contact		Relationship	Day Phone #	Night Phone #
In Case of Emergency Contact		Relationship	Day Phone #	Night Phone #
Doctor's Name	Doctor's Phone #	Do you have a serious health problem, allergies, or disability? If yes, explain here:		
Insurance Company	Policy #	Hospital Preference		
Medicine Needs:	Insurance Type	Persons not authorized to pick up my child(ren) Legal documentation is required.		

<b>Please fill each block below</b>
<b>Which of the following do you currently receive?</b> <input type="checkbox"/> Food Stamps <input type="checkbox"/> Foster Family Care <input type="checkbox"/> SSI, SSDI <input type="checkbox"/> Free or Reduced Lunch <input type="checkbox"/> TANF <input type="checkbox"/> Medicaid <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Earned Income Tax Credit <input type="checkbox"/> Non of the above
<b>Number persons in Household</b> _____  <b>Head of Household</b> <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Both  <b>Single Parent Household</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Number in Household that are</b> Under 18 _____ Handicapped _____ Over 65+ _____
<b>Does Child Live with:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Non-Family <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Both Parents <input type="checkbox"/> Foster Family <input type="checkbox"/> Other _____
<b>Family Housing:</b> <input type="checkbox"/> Renting <input type="checkbox"/> Own <input type="checkbox"/> Temp <input type="checkbox"/> Public Housing
<b>Ethnicity</b> <input type="checkbox"/> Hispanic, Latino <input type="checkbox"/> White, Caucasian <input type="checkbox"/> Black, African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Bi-racial,
<b>Military Parent/Guardian:</b> Name _____ Name _____ Rank _____ Duty Station _____ <b>Lives on Military Base?</b> <input type="checkbox"/> Y <input type="checkbox"/> N
<b>Branch of Military Service:</b> <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Air National Guard <input type="checkbox"/> Reserve <input type="checkbox"/> DOD Civilian <input type="checkbox"/> Retired <input type="checkbox"/> Active Duty

**The following information is necessary for our records and the funding of our organization receives. The answers you provide are completely confidential. Your cooperation in providing information is both appreciated and necessary.**

**Please check one:**  \$0-\$10,000     \$10,001-\$20,000     \$20,001-\$30,000     \$30,001-\$40,000  
 \$40,001-\$50,000     \$50,001-\$62,999     \$63,000 and up

*The Boys & Girls Clubs of the Coastal Bend does not discriminate based on political affiliation, race, color, national origin, sex religious creed, age or disability.*

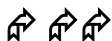
## PARENTAL AUTHORIZATION

I, the parent/guardian of the minor child listed on the application, for ourselves, our heirs, executors and administration, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of the Coastal Bend, and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

I understand and agree that the Club is not responsible or legally liable for any personal property losses, stolen or for any bodily injuries incurred and suffered by my child on any Club property or in connection with any activities at any of its facilities, or while engaged in any Club activities away from the Club. I understand and agree that the Club does not provide medical insurance for my child.

I, also grant permission to managing personnel or other representatives of the Club to authorize and obtain medical care from any licensed physician, hospital or medical clinic should my child become ill or injured while participating in activities away from home, or at any times when neither available to grant authorization for medical treatment. I will furnish a certified birth certificate of the above named upon request by sponsors or supervisors. I further understand and agree that the Club cannot and will not administer prescription or over the counter medications of any kind to my child (or ward).

In the event of an emergency I authorize BGCBC to secure medical treatment for my child (or ward) and that I, as the legal guardian, will assume any and all responsibility for paying medical expenses associated with such treatment.



**FLIP PAGE - APPLICATION CONTINUES ON BACK SIDE**



<b>For Office Use Only:</b>	Staff Accepting Form _____	Receipt # _____	Check or Cash \$ _____	Scholarship _____
Revised 3-10-2016	Posted to VISIONS _____	Posting Date _____	Proof of Birth Checked _____	Van Route _____

# PARENTAL AUTHORIZATION

Please read the following, check yes/no, initial each statement and sign below indicating agreement and permission:

## OPEN DOOR POLICY

[ ] YES [ ] NO Int. \_\_\_\_\_

I hereby give permission for my child (or ward) to become a member of the Boys & Girls Clubs of the Coastal Bend and to participate in all programs and activities. I understand that the Club is a drop-off facility, **NOT** regulated as a licensed daycare by the State of Texas and that an open campus policy is in effect at all times. I further understand that the Club is **NOT** responsible for the time or manner in which my child may arrive at or leave the facility. I give permission for my child to leave the Club without an adult. I will not hold the Boys & Girls Clubs of the Coastal Bend, nor the officers, or volunteers responsible for any injury or danger that occurs once my child has left the Club. I also agree and understand that once my child chooses to leave, she/he may not be permitted to return that same day, unless granted permission by a manager of their Unit.

## PERMISSION to sign out

[ ] YES [ ] NO Int. \_\_\_\_\_

I give permission for my child to leave the Club without an adult. I will not hold the Boys & Girls Clubs of the Coastal Bend, nor the officers, or volunteers responsible for any injury or danger that occurs once my child has left the Club.

## COMPUTER USE Agreement.

[ ] YES [ ] NO Int. \_\_\_\_\_

I understand and agree that as a member my child will have access to the internet. While precautions are being taken, it is possible that he/she may access inappropriate sites. The Boys and Girl Clubs will have rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access. I give permission for my child to use the Boys & Girls Clubs of the Coastal Bend, Technology Program; including but not limited to computers, printers, software, the Internet, database access, and audio-visual equipment/game systems. By signing below, I will discuss with my child the importance of following the rules and will accept responsibility for the repair/replacement costs due to my child's negligence or destructive behavior.

## LATE PICKUP FEES.

[ ] YES [ ] NO Int. \_\_\_\_\_

I understand and agree that my child (or ward) must be picked up by closing time or a fee of \$30 will be charged at six minutes after the regular scheduled time of closure and a \$1.00 for each minute afterwards. If my child is not picked up 30 minutes after closing, local authorities may be notified. All fees are expected to be paid prior to my children returning to the Club and to maintain eligibility for afterschool transportation service.

## NATIONAL PROGRAMS RELEASE.

[ ] YES [ ] NO Int. \_\_\_\_\_

I give permission for my child (or ward) to participate in all BGCCB Health and Life Skills Programming, such as, S.M.A.R.T. Moves (Skills Mastery and Resistance Training) a national prevention program that helps young people avoid alcohol, tobacco, other drugs, and teen pregnancy, Street S.M.A.R.T. a national program on gang and violence prevention and conflict resolution, valuing differences and positive peer helpers, S.M.A.R.T. Girls a national program that offers age-specific activities designed to build character and instill the values of integrity, self-discipline and mutual respect and Passport to Manhood a national program that instills in young boys the values and moral compass that will assist them in their journey from adolescence to manhood. I understand that topics of discussion may include physical, emotional and social changes in our bodies, dating and sexual issues such as HIV and other diseases, nutritional habits including eating disorders, healthy exercise, communication skills, taking care of your body, ethics, wellness, respect to authority and employment exploration and careers.

## GENERAL MEDIA AND PHOTOGRAPHIC RELEASE

[ ] YES [ ] NO Int. \_\_\_\_\_

The Boys & Girls Clubs of the Coastal Bend as well as Boys & Girls Clubs of America frequently use photographs information from surveys, and quotes from the members to publicize programs. Your permission is needed to use photos, testimonies, and videos, including information from surveys and/or quotes of your child(ren) on our web site ([www.bgccb.org](http://www.bgccb.org)) in informational brochures, social media and in news articles. I give my consent for any photographs or reproductions thereof (while he/she is engaged in Club-related activities) and in which my child(ren) appear or quotes my child(ren) give to be used in anyway the Club may choose including grant/publicity/fundraising purposes

## TRANSPORTATION LIABILITY RELEASE

[ ] YES [ ] NO Int. \_\_\_\_\_

I understand that members are responsible for their own transportation to and from the Club. I give permission for my child to ride the Boys & Girls Clubs of the Coastal Bend's bus/van transportation to and from school, home, and any other necessary travel for Club activities. I understand that all precautions will be taken for the safety of my child and I will not hold the Boys & Girls Clubs of the Coastal Bend, its officers, or volunteers responsible for any accident occurring during travel. I authorize the staff in charge to approve medical treatment for my child in the event of an emergency. I acknowledge by signing this form that my child will be eligible to ride the Boys & Girls Clubs vehicles but by not signing, they will not be able to be transported.

- **After School Travel from School.** I authorize transportation service from my child's school to the Club for the current school year. I understand BGCCB reserves the right to remove my child from pick up service. I understand that to remain on the pick-up service, my child must attend 3 or more times a week.
- **Field Trips/Special Events/Summer Travel.** I authorize travel and the BGCCB to any field trip or outing that I sign my child up for during the SCHOOL YEAR AND/OR SUMMER PROGRAM. I understand that BGCCB reserves the right to remove my child from the van and/or field trip service.

**PARENTAL AUTHORIZATION Continues, pages 2**

**DATA COLLECTION WAIVER.**

[ ] YES [ ] NO Int. \_\_\_\_\_

I give permission for the Club to administer occasional anonymous surveys to my child (or ward) via online or written survey, questionnaires, interviews and focus groups, for purposes of better understanding the needs of my child (or ward) and the impact of the Club on my child (or ward). Information will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual response. The aggregated results of the analyses may be shared with club staff, BGCA, funders and other community stakeholders to evidence program effectiveness and/or Club impact on our members.

**DATA SHARING WAIVER.**

[ ] YES [ ] NO Int. \_\_\_\_\_

I understand that the Boys & Girls Clubs of the Coastal Bend *share* information about my child with Boys & Girls Clubs of America for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed may include the information provided on this membership application form, information provided by the my child's school or school district, and other information collected by Boys & Girls Clubs of the Coastal Bend including data collected via surveys or questionnaires. All information provided to and from BGCCB will be kept confidential.

**SCHOOL INFORMATION**

[ ] YES [ ] NO Int. \_\_\_\_\_

I give permission for the Club exchange information regarding my child, to make and retain copies of my child's (or ward's) report cards and/or progress reports or to be given access to school records pertaining to my child (or ward) in order to better understand the academic needs of my child (or ward) and to better assist him/her in his/her educational pursuits. I understand that copies made of report cards and/or progress reports will remain confidential and will only be viewed by Boys & Girls Club staff. I give permission for the Club to obtain age verification of my child (or ward) from their current school.

**SWIMMING POOL RELEASE**

[ ] YES [ ] NO Int. \_\_\_\_\_

I give consent for my child to use the Club pool. I understand and agree that the Club is not responsible for any bodily injuries incurred and suffered by my child on while in the pool or in the pool area or in connection with any activities at any of its facilities, or while engaged in any Club activities away from the Club. ( ) My child can swim ( ) My child cannot swim ( ) My child may take swimming lessons

**MOVIE USE AGREEMENT**

[ ] YES [ ] NO Int. \_\_\_\_\_

I hereby give consent for my child/children to view family movies that are rated "G" OR "PG" that is provided by the Boys & Girls Clubs of the Coastal Bend for specific programming. Any Movie PG-13 or above will require an additional permission slip for the Guardian to sign.

**NO REFUND POLICY**

[ ] YES [ ] NO Int. \_\_\_\_\_

I understand and agree that the Club does not refund memberships and that my child (or ward) must obey all standards of conduct. I further understand that behavioral problems that cannot be resolved may result in my child (or ward) being suspended from the Club without monetary refund.

**GENERAL ACKNOWLEDGMENTS**

[ ] YES [ ] NO Int. \_\_\_\_\_

I affirm that I have received and will read the Club's Parent/Member Orientation Handbook.

- I affirm that I have received and will read the Club's Acceptable-Use Policy/Parent Permission Form.
- I have read the completed membership application, all forms in this membership packet and understand the rules of the Boys & Girls Clubs.
- I have made available to the Boy & Girls Clubs proof of birthdate of my child listed above.

The undersigned represents that he/she is the parent and/or legal guardian of the minor named above, and represents that he/she has the legal authority to execute this consent and release. If the child/applicant is signing for him or herself, the undersigned warrants that he/she has reached the age of legal majority according to the State of Texas.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

## Parent/Guardian Program Participation Consent Form

The Boys & Girls Clubs of the Coastal Bend offers programs which enhance learning in character & leadership, education and career opportunities, sports, fitness and social development as well as health and life skills. During Program Hours, youth will be asked to participate in program activities. Some activities consist of:

- Games & High Yield Learning activities
- Field Trips (There are NO refunds on field trips unless the trip is canceled or re-scheduled by the Boys & Girls Club. If you have signed up your child for a field trip and you are NOT able to attend the field trip, or your child has been suspended from a field trip privileges, there will be NO refund.
- Discussion about health issues including sex edu/abstinence & drug resistance, bullying, and peer pressure
- Participation in groups and group processes
- Sharing information with schools about academics, health, behavior and attendance.
- Program participation may include transporting your child to another Boys & Girls Clubs of the Coastal bend facility for a program during our hours of operation. Anything outside our hours of operations will require another consent form to be signed for that particular activity. Member may participate in all Club activities in or adjacent to the Club building

Our Programs include prevention education. These programs strive to educate our members about healthy attitudes & lifestyles. Our programs are designed by separate age groups, 6 & 7, 8 & 9 (May be 8-12 in some cases) & 13-18 years of age. Depending on the age of your child, the program may address some of the following issues: (1) Physical & emotional growth; (2) media influence & body image; (3) eating disorders; (4) personal values & social interaction; (5) the importance of regular health exams; (6) exercise & physical activity; (7) culture & food; (8) healthy habits; (9) food programs; & (10) healthcare connections.

In addition, as part of our programs, we may be administering surveys and pre & post-test to assess our member's knowledge & understanding of some of the topics they learn from in the Boys & Girls Clubs Program Curriculum.

I am giving The Boys & Girls Clubs of the Coastal Bend representatives the ability to make copies of my child's regular school evaluations/report cards, as well as review my child's progress through their online ISO account. (Ex e-chalk or grade-speed) This also grants Boys & Girls Clubs representatives the option to view, record, and copy any of my child's records necessary to assist my child by developing an academic assistance program specific to them, including contacting the school and working with school personnel. The Report Card and Records of my child will be used in connection with our academic mentoring programs targeting the development of my child. (Ex's — Power Hour/Project Learn, Eva Longoria Foundation, SMART Girls, Passport to Manhood and other Boys & Girls Club Programs)

### School Information

Child 1: Name \_\_\_\_\_ Club ID # \_\_\_\_\_ School ID# \_\_\_\_\_  
School: \_\_\_\_\_ Current School Year: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Next School: \_\_\_\_\_ Next School Years Grade: \_\_\_\_\_

Food Program Fee Level-Please check one of the following: \_\_\_\_\_ Free \_\_\_\_\_ Reduced \_\_\_\_\_ None

ISO Name (ex: Corpus Christi ISD...): \_\_\_\_\_ STI Parent Portal Account Number: \_\_\_\_\_

I, as legal guardian of the child(ren) listed on this form, give my permission for them to participate in the program activities mentioned above. All information shared in groups or through questionnaires and surveys will not be linked to my child, as responses will be automatically grouped together with the responses of other Boys & Girls Club members. I understand that if any public presentation of the finding should be made, my child's individual responses will not be linked to him/her or my family. I as the consenting parent/guardian agree to encourage my child and actively participate in the programs. I understand that I can relinquish my permission at any time in writing. I, as the guardian/parent, understand and consent for my child to participate in Boys & Girls Clubs projects, program groups, and activities.

PARENT/GAURDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_