

**GREAT FUTURES START HERE.**



**Boys & Girls Club of Lake County  
Membership Application  
After-School Program 2015-2016**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

For your child's well-being, the information you provide must be complete and accurate. It is your responsibility to keep emergency contact information updated and current. This information is necessary to maintain funding, grant compliance and records for Boys & Girls Club services.

**Site Location:**  Beulah/East  Central  Elmwood  Genesee  Oakdale  Shiloh  Teen Center  West

P  
A  
R  
E  
N  
T  
S  
  
O  
R  
  
G  
U  
A  
R  
D  
I  
A  
N  
S  
  
M  
E  
M  
B  
E  
R  
  
I  
N  
F  
O  
R  
M  
A  
T  
I  
O  
N

**Parent/Guardian 1:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender:  Male  Female

Relationship to Member: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Title: \_\_\_\_\_

Military Branch: \_\_\_\_\_

Status: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

**Parent/Guardian 2:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender:  Male  Female

Relationship to Member: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Title: \_\_\_\_\_

Military Branch: \_\_\_\_\_

Status: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nick Name: \_\_\_\_\_ Gender:  Male  Female

Birth Month/Day/Year: \_\_\_\_\_ Age: \_\_\_\_\_

Race:  African American/Black  Caucasian/White  Hispanic/Latino  Mixed Heritage  Asian

Other \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

T-Shirt Size:  Small  Medium  Large  Adult Small  Adult Medium  Adult Large

What is your family setting: (*Please check all that apply*)  Both Parents  Foster Parent  Single Parent

Parent/Step-Parent  Grandparent  Multi-Generational  Other: \_\_\_\_\_

Family Size: \_\_\_\_\_

M  
E  
M  
B  
E  
R

Reason for Member Attendance:  Academic Support  Health & Fitness  Safe Place  Positive Role Models

Other: \_\_\_\_\_

Name of School: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Grade 2014-2015 School Year: \_\_\_\_\_ Grade 2015-2016 School Year: \_\_\_\_\_

Emergency Contacts: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

**THIS INFORMATION IS REQUIRED AND IS KEPT CONFIDENTIAL.**

Does your family have health and/or accident insurance?  Yes  No

Insurance Company: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

Allergies:  Yes  No If yes, please explain: \_\_\_\_\_

Medications:  Yes  No If yes, please explain: \_\_\_\_\_

Physical or medical limitations:  Yes  No

If yes, please explain: \_\_\_\_\_

Special Medical Conditions - Health Problems (check all that apply):

Gastrointestinal or feeding concerns  Asthma  Epilepsy/Seizure Disorder  Diabetes

Emotional/Behavior Disorder including ADD or ADHD  Cerebral Palsy/Motor Disorder

Other: \_\_\_\_\_

My family income is:

Less than \$14,999

\$15,000 - \$24,999

\$25,000 - \$34,999

\$35,000 - \$49,999

More than \$50,000

Please check all that apply:

TANF  Veterans Compensation

Food Stamps  Medicaid

SSDI  SSI

Day Care Voucher  Free/Reduced School Lunch

Family rents apartment/house they live in:  Yes  No

Family owns house they live in:  Yes  No

**Parent/Guardian Please Read and Sign:**

My child has my permission to participate in Boys & Girls Clubs of Lake County activities. I understand that it is my responsibility to monitor my child's participation in Club activities based on any physical or medical limitations that my child has that would inhibit his/her participation. **I understand that the BGCLC operates under an open door policy; therefore, it is my responsibility to monitor, provide or arrange with my child, the manner he/she arrives and leaves the Club. As a drop-in facility, we are not responsible for Club members' whereabouts after leaving the Club.**

\_\_\_\_\_  
PRINT Parent/Guardian Name

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

\_\_\_\_\_  
Month/Day/Year

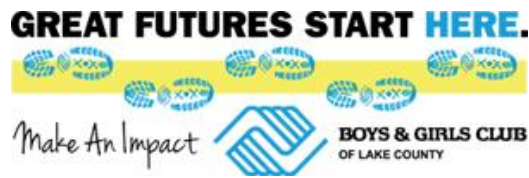
Payment Received:  Full  
 PP

Amount: \$ \_\_\_\_\_  
Type:  Money Order  
 Cash

Staff Initials: \_\_\_\_\_

M  
E  
D  
I  
C  
A  
L

C  
O  
N  
F  
I  
D  
E  
N  
T  
I  
A  
L



I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Lake County, 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.

**Medical Treatment**

In the event of injury or should emergency care be required, I authorize the Boys & Girls Club of Lake County staff to arrange for emergency medical attention for my child. I will be responsible for any all costs of medical attention and treatment

**School Information**

I give my permission for the Boys & Girls Club of Lake County to assist my child with their academics. I give permission for the Boys & Girls Club of Lake County and Waukegan- District 60, North Chicago- District 187 or Zion- Districts 6 and 126, Beach Park School District 3, and any other school they may attend to exchange information regarding the minor child listed on this application. The purpose of the exchange is to support both organizations in helping Members be successful in school, in the Boys & Girls Club of Lake County and in life. This release is valid for one year from the date of signing and may be revoked at any time by contacting Boys & Girls Club of Lake County in writing.

**Surveys and Questionnaires**

I, the parent/guardian of the minor child listed on this application, give permission for Boys & Girls Club of Lake County to survey my child about his or her Club experience and behaviors, skills and attitudes using Boys & Girls Clubs of America's Youth Development Outcome Measurement Tool Kit surveys or other survey or evaluation instruments. I understand that my child may receive assessments including non-invasive physical exams as a benefit of his or her membership for tracking and attaining personal improvement goals. I acknowledge that this data may be shared with Boys & Girls Club of America or other agency partners for program assessment.

**Technology**

As a member of the Boys & Girls Club of Lake County, your child will have access to the Internet. While precautions are being taken, it is possible that he/she may access inappropriate sites. Boys & Girls Club of Lake County will have rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access.

**Miscellaneous**

I understand that the Boys & Girls Club is not responsible for lost or stolen items.

Parents and Club members are responsible for their own manner of transportation to and from the club. As a drop-in facility, we are not responsible for Club members' whereabouts. I also understand that the Club is not, nor claims to be, a licensed day care center.

I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the Boys & Girls Club of Lake County for public relations and/or program evaluation purposes.

I understand that my child may be suspended or expelled from the program for failure to follow the rules of the organization or for disrespecting club property or materials. Should expulsion from the program take place I understand that no fees will be returned to me and I have relinquished the right to be on or in BGCLC property.

I have read the completed application and this form, understanding the rules of the Boys & Girls Club and request that my child be admitted into membership.

\_\_\_\_\_  
Parent / Guardian Signature                      Club Staff Signature                      Date