

# BOYS & GIRLS CLUBS OF SOUTH ALABAMA, INC.

CLUB BRANCH:

## Membership Registration

### MEMBER INFORMATION

#### 1<sup>ST</sup> CHILD IN FAMILY

<b>Child's First Name:</b>		<b>Middle:</b>		<b>Last:</b>
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial	<b>Does your child require an Authorized pick up (as listed on the attached form) or will they walk to and from the Club?</b> <input type="checkbox"/> Authorized Pick-up or <input type="checkbox"/> Walker*  <small>*Boys &amp; Girls Clubs of South Alabama will not be held responsible for your child's well-being once he/she leaves the building.</small>	
	<input type="checkbox"/> Latino/ Hispanic	<input type="checkbox"/> Non-Latino/Hispanic		
<b>Date of Birth:</b>				

<b>School:</b>	<b>Grade:</b>
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**Does your child have any special needs, allergies or health issues? If so, please explain:**

**Does your child take any medications? If so, please list medications and briefly describe what they are for:**

<b>If this child is a new member, how did you hear about the Boys &amp; Girls Clubs?</b>	<b>T-Shirt Size:</b>
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#### 2<sup>ND</sup> CHILD IN FAMILY

<b>Child's First Name:</b>		<b>Middle:</b>		<b>Last:</b>
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial	<b>Does your child require an Authorized pick up (as listed on the attached form) or will they walk to and from the Club?</b> <input type="checkbox"/> Authorized Pick-up or <input type="checkbox"/> Walker*  <small>*Boys &amp; Girls Clubs of South Alabama will not be held responsible for your child's well-being once he/she leaves the building.</small>	
	<input type="checkbox"/> Latino/ Hispanic	<input type="checkbox"/> Non-Latino/Hispanic		
<b>Date of Birth:</b>				

<b>School:</b>	<b>Grade:</b>
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**Does your child have any special needs, allergies or health issues? If so, please explain:**

**Does your child take any medications? If so, please list medications and briefly describe what they are for:**

<b>If this child is a new member, how did you hear about the Boys &amp; Girls Clubs?</b>	<b>T-Shirt Size:</b>
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Staff Initial \_\_\_\_\_

### 3<sup>RD</sup> CHILD IN FAMILY

<b>Child's First Name:</b>		<b>Middle:</b>		<b>Last:</b>	
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial	<b>Does your child require an Authorized pick up (as listed on the attached form) or will they walk to and from the Club?</b>  <input type="checkbox"/> Authorized Pick-up or <input type="checkbox"/> Walker * <small>*Boys &amp; Girls Clubs of South Alabama will not be held Responsible for your child's well-being once he/she Leaves the building.</small>		
	<b>Date of Birth:</b>				

<b>School:</b>	<b>Grade:</b>
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**Does your child have any special needs, allergies or health issues? If so, please explain:**

**Does your child take any medications? If so, please list medications and briefly describe what they are for:**

<b>If this child is a new member, how did you hear about the Boys &amp; Girls Clubs?</b>	<b>T-Shirt Size:</b>
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### Parent/Guardian Contact Information

<b>Parent/Legal Guardian First Name (Please Print)</b>	<b>Last Name:</b>
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**Relationship to Child(Children) Registering for Membership:**

**Current Home Street Address:**

<b>City:</b>	<b>State:</b>	<b>Zip:</b>
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**Email Address:**

<b>Cell Phone:</b>	<b>Home Phone:</b>
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<b>Place of Employment:</b>	<b>Work Phone:</b>
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**Work Address:**

<b>Signature of Parent/Legal Guardian:</b>	<b>Date:</b>
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<b>Parent/Legal Guardian First Name (Please Print)</b>	<b>Last Name:</b>
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**Relationship to child(children) Registering for Membership:**

**Current Home Street Address:**

<b>City:</b>	<b>State:</b>	<b>Zip:</b>
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**Email Address:**

<b>Cell Phone:</b>	<b>Home Phone:</b>
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<b>Place of Employment:</b>	<b>Work Phone:</b>
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**Work Address:**

<b>Signature of Parent/Legal Guardian:</b>	<b>Date:</b>
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## Family Confidential Household Information

Child currently lives with: (Check all that apply and how many:-i.e. 3 sisters)

Mother                       Grandmother                       Aunt                       Foster Parents  
 Father                       Grandfather                       Uncle                       Other (please list): \_\_\_\_\_  
 Step Mother                       Sister                       Niece                      \_\_\_\_\_  
 Step Father                       Brother                       Nephew                      \_\_\_\_\_

**This child(s) meets the definition of homelessness according to the McKinney-Vento Homeless Assistance Act.**

Are child/children visiting for the summer? Yes / no    If yes, from where? \_\_\_\_\_

Total number living in household: \_\_\_\_\_ (should all be listed above)    Current head of household: Male \_\_\_\_\_ / Female \_\_\_\_\_

Total Household Income (list monthly or annually): Monthly: \_\_\_\_\_  
Annually: \_\_\_\_\_

Do you currently live in a Public Housing Development? Yes / No    If yes, which one? \_\_\_\_\_

Are the parents/guardians members of the military, past or present? If yes, which military branch? \_\_\_\_\_

## Medical Contact Information

Name of Members Doctor:

Dr. Address:

Dr. Phone Number:

Instructions regarding how parent/guardian may be reached in an emergency:

## For Office Use Only Membership Registration For \_\_\_\_\_ (Insert Year.)

**1st Member:** Membership Type :     New     Renewal (Last Yr. Active\_\_\_\_)

Current Photo:     In Membership Tracking and Attached    EC/PUA form completed and attached   

**Membership Number:** \_\_\_\_\_

**2nd Member:** Membership Type :     New     Renewal (Last Yr. Active\_\_\_\_)

Current Photo:     In Membership Tracking and Attached    EC/PUA form completed and attached   

**Membership Number:** \_\_\_\_\_

**3rd Member:** Membership Type :     New     Renewal (Last Yr. Active\_\_\_\_)

Current Photo:     In Membership Tracking and Attached    EC/PUA form completed and attached   

**Membership Number:** \_\_\_\_\_

Staff Initial \_\_\_\_\_

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**Parental Release**

I, the parent/guardian of the minor child (children) on this application, request admittance to membership in the **Boys & Girls Clubs of South Alabama, Inc. (hereinafter "BGCSA")** and I will be responsible for any damage or destruction that his/her/their actions may incur.

**Medical Treatment**

I agree to not hold the BGCSA or its representatives responsible for injuries or accidents in connection with the Club's activities, and authorize the Club to administer first aid in case of accident. I also give the Club permission to authorize and obtain permission for emergency treatment. I fully understand that the BGCSA carries insurance which covers sponsored and supervised Club activities INCLUDING tackle football, and while traveling as a member of a group under supervision of the participating organization, directly, to or from such scheduled and supervised activity.

**Technology**

As a member(s) of the BGCSA, your child (children) will have access to the Internet. While precautions are being taken, it is possible he/she/they may access inappropriate sites. The BGCSA has rules and consequences for such behavior; however we will not be responsible for the consequences of such access.

**Demographic Information**

I give my permission to the BGCSA to share demographic and programmatic information about the minor child (children) listed on this application with **Boys & Girls Clubs of America (hereinafter "BGCA")** for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form (excluding name & address), information provided by the minor child's (children's) school or school district, and other information collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

**Miscellaneous**

I understand the BGCSA is not responsible for lost or stolen items. I further understand the Club is not a day- care center and does not assume responsibility for my child (children) if he/she/they leave the Club at any time during hours of operation. Also, due to the fact that we are not a licensed day-care, we cannot provide documentation concerning the cost for membership and program fees. I have received the Parent Handbook, agree with its content, discussed the rules with my child (children) and accept responsibility for all fees associated with my child's (children's) membership in BGCSA.

**Photo & Publication**

I HEREBY CONSENT to the use, publication or display by or on behalf of the BGCSA of any photographs and any reproduction thereof or any video or voice recordings in which my minor child (children) may be portrayed or identified. I understand that the BGCSA may use, publish and display such photos, reproductions, videos, or voice recordings thereof, in whole or in part, for any promotional purpose. I waive all claims for any compensation for such use.

Sources of publication or broadcast may include newspapers, magazines, TV or radio stations, promotional publications, web sites, Facebook, Twitter, exhibits, internal or external newsletters, e-newsletters, or any other informational material prepared by the BGCSA. The BGCSA may use pictures, films, or recordings in any BGCSA information materials or in response to requests from news media or outside agencies, which depict BGCSA programs and membership activities at the BGCSA. I waive all claims for any compensation for such use.

Thereby, I give permission to BGCSA to use my minor child's (children's) first and last name, grade level in school, school name and location, and any stories associated with their participation in the BGCSA program to the media.

Please initial your acceptance in the box.

**Permission to Participate**

**I give permission for my child to participate in: (Circle YES or NO And Sign Each Line)**

Activities away from the Facility	Yes	No	Signature of parent guardian:	Date:
Transportation provided to and from club, including pickup from school & fieldtrips	Yes	No	Signature of parent guardian	Date:
Swimming/wading activities provided by the facility	Yes	No	Signature of parent guardian	Date:

**I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities.**

*Signature of parent/guardian:*

*Date:*

**Additional Information: Is any member of your family a Boys & Girls Club Alumni? Yes \_\_\_ No \_\_\_ If Yes, please list:**

**Name** \_\_\_\_\_ **Club attended** \_\_\_\_\_ **Email** \_\_\_\_\_

**PLEASE NOTE THAT ALL MEMBERSHIPS EXPIRE AT END OF SCHOOL YEAR \_\_\_\_\_.(Insert year)**

Staff Initial \_\_\_\_\_

# BOYS & GIRLS CLUBS OF SOUTH ALABAMA, INC.

## Emergency Contact / Pick Up Authorization

**Fill out this form completely. Your child's safety depends on it.**

- Anyone, including parents, who are authorized to pick a member up, must be included on this list.
- If any individual's information is incomplete, that person will NOT be allowed to pick up a member. NO EXCEPTIONS.

### MEMBER NAME(S):

<b>MEMBER NAME(S):</b>					
<b>PARENT / GUARDIAN</b>	Contact's First Name:			Last:	
	Please check ALL that apply:				
	<input type="checkbox"/> Primary Contact		<input type="checkbox"/> Emergency Contact		<input type="checkbox"/> Parent/Guardian
	<input type="checkbox"/> Authorized to Pick Up Member				
	Relationship to Member:			Contact's Date of Birth:                    /                    /	
	Phone - Home:		Phone - Work:		Phone - Cell:
Email:					
<b>PARENT / GUARDIAN</b>	Contact's First Name:			Last:	
	Please check ALL that apply:				
	<input type="checkbox"/> Primary Contact		<input type="checkbox"/> Emergency Contact		<input type="checkbox"/> Parent/Guardian
	<input type="checkbox"/> Authorized to Pick Up Member				
	Relationship to Member:			Contact's Date of Birth:                    /                    /	
	Phone - Home:		Phone - Work:		Phone - Cell:
Email:					
<b>NON-PARENT EMERGENCY CONTACT</b>	Contact's First Name:			Last:	
	Please check ALL that apply:				
	<input type="checkbox"/> Primary Contact		<input type="checkbox"/> Emergency Contact		<input type="checkbox"/> Parent/Guardian
	<input type="checkbox"/> Authorized to Pick Up Member				
	Relationship to Member:			Contact's Date of Birth:                    /                    /	
	Phone - Home:		Phone - Work:		Phone - Cell:
Email:					
<b>NON-PARENT EMERGENCY CONTACT</b>	Contact's First Name:			Last:	
	Please check ALL that apply:				
	<input type="checkbox"/> Primary Contact		<input type="checkbox"/> Emergency Contact		<input type="checkbox"/> Parent/Guardian
	<input type="checkbox"/> Authorized to Pick Up Member				
	Relationship to Member:			Contact's Date of Birth:                    /                    /	
	Phone - Home:		Phone - Work:		Phone - Cell:
Email:					

**BOYS & GIRLS CLUBS OF SOUTH ALABAMA, INC.**  
**Emergency Contact / Pick Up Authorization**

<b>NON-PARENT EMERGENCY CONTACT</b>	Contact's First Name:		Last:		
	Please check ALL that apply:				
	<input type="checkbox"/> Primary Contact	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Parent / Guardian	<input type="checkbox"/> Authorized to Pick Up Member	
	Relationship to Member:		Contact's Date of Birth: / /		
	Phone – Home:	Phone – Work:	Phone – Cell:		
Email:					

<b>NON-PARENT EMERGENCY CONTACT</b>	Contact's First Name:		Last:		
	Please check ALL that apply:				
	<input type="checkbox"/> Primary Contact	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Authorized to Pick Up Member	
	Relationship to Member:		Contact's Date of Birth: / /		
	Phone – Home:	Phone – Work:	Phone – Cell:		
Email:					

<b>NON-PARENT EMERGENCY CONTACT</b>	Contact's First Name:		Last:		
	Please check ALL that apply:				
	<input type="checkbox"/> Primary Contact	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Authorized to Pick Up Member	
	Relationship to Member:		Contact's Date of Birth: / /		
	Phone – Home:	Phone – Work:	Phone Cell:		
Email:					

<b>NON-PARENT EMERGENCY CONTACT</b>	Contact's Name:		Last:		
	Please check ALL that apply:				
	<input type="checkbox"/> Primary Contact	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Authorized to Pick Up Member	
	Relationship to Member:		Contact's Date of Birth: / /		
	Phone – Home:	Phone – Work:	Phone – Cell:		
Email:					

I give my permission as parent/legal guardian of the child stated below for the individuals listed on this form to pick up my child from the Boys & Girls Club of South Alabama. I further understand the Club is not a day care center and does not assume responsibility for my child if he/she leaves the Club at any time during hours of operation. I also understand that any change requests to this form must be completed by an authorized staff member.

Child's (Children's) First Name: (1) (2) (3)	Last: (1) (2) (3)
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Parent/Legal Guardian First Name:	Last:
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<b>Signature of Parent/Legal Guardian:</b>	<b>Date:</b> / /
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03.21.18

Staff Initial \_\_\_\_\_

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**BGC/DHR Project Affirmation and Certification for TANF Eligibility**  
(This form applies only to services funded by DHR)

Name of Parent/Caretaker Relative \_\_\_\_\_ SSN \_\_\_\_\_  
 Spouse's Name (if in home) \_\_\_\_\_ SSN \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

- A. Are you the parent or caretaker relative of a child living with you who is age 5 to 18? Yes  No
- B. Are you and the child(ren) residents of Alabama? Yes  No

**If the answer to A or B above is no, you are not TANF eligible. If the answer to A and B is yes, go to the next section.**

List the name, relationship to you and date of birth for participating children.

Name of Child	Relationship	Date of Birth	Name of Child	Relationship	Date of Birth

For the child(ren) listed above, indicate whether you receive benefits from any of the following programs:

Family Assistance (FA) Yes  No  Food Assistance (Food Stamps) Yes  No   
 Medicaid Yes  No   
 Child Care Yes  No

**If the answer is yes to participating in any of the above programs, skip to the Affirmation and Agreement Section.**

If the answer to all of the programs above is "no" and you are a parent, use the section below to report your family's size. To determine correct family size, include yourself, your spouse in the home, your children and other related children in your care under age 18 living in your home. Circle the correct family size on the chart below.

Size of Family Unit	Size of Family Unit	Size of Family Unit	Size of Family Unit
1	4	7	10
2	5	8	11
3	6	9	12

If you are a parent, enter your name and that of your spouse (if in the home), amount of monthly gross income and source. Examples of income: Wages, Social Security, SSI, unemployment compensation, etc.

Name	Monthly Gross Income	Source or Type of Income
1.		
2.		
Total Family Monthly Gross Income Listed Above		\$

**Affirmation and Agreement:** I certify under penalty of perjury the information given above, including family size and monthly gross income, is correct and true to the best of my knowledge. I further certify that the child(ren) listed above is a U. S. citizen or alien in satisfactory immigration status. I understand that our social security number(s) may be used in computer matching to verify identity and income. I give the BGC/DHR permission to verify information I provided on this form.

Applicant/Parent/Caretaker Relative Signature \_\_\_\_\_ Date \_\_\_\_\_

*Return completed form to the Boys and Girls Club serving your area.*

BGC Use Only: TANF Eligible? Yes  No

Date \_\_\_\_\_ Eligibility Determined by \_\_\_\_\_

Boys & Girls Club \_\_\_\_\_