



BOYS & GIRLS CLUB

Mission Statement

To inspire & enable all young people, especially those who need us the most, to realize their full potential as productive, responsible, and caring citizens.

Application Received Date: _____
Tour Date: _____ by: _____
Membership Fee: Check Cash Card
Photo Taken: Yes No
Bus Form Turned In: Yes No
Policies & Procedures Turned In: Yes No
Other Waivers: _____
T-shirt Size: _____
Remind Phone #: _____ Entered: ____
Vision Member #: _____
Where did you learn about us? _____

CLUB MEMBERSHIP APPLICATION

Updated August 2021

This form must be completely filled out for **each** child.

- Club members must be 5 years old and attending Kindergarten to High School Senior. Summer members must have **completed** Kindergarten.
- After School Hours are 2:30-6:30 pm Monday- Friday (if operating hours change at any time they will be posted at the front desk and communicated via text message alert system)
- We follow the Johnson City School System Schedule and send text alerts and reminders as needed.
- Parents must notify the club of change in work or home phone numbers in order to be reached in an emergency.
- If the child becomes ill during the day, the parent will be called to come and take the child home.
- Failure to obey club rules may result in time out or suspension from the club when the safety and welfare of your child or other children are endangered. No child may leave the club without written consent of parent/guardian.
- Yearly fee of \$25 for membership is required
- Late Fee will be charged to parents/guardians \$1 for every minute they are late past the posted hours for each child.

Today's Date: _____ Circle one: New Membership Renew Membership

Member's First Name: _____ Middle: _____ Last: _____

Circle one: Female Male

Circle one: Caucasian African-American Asian Hispanic/Latino Native American Multi-Racial
Other: _____

Birth City: _____ Birth State: _____ Birthdate: ____/____/____ Current Age: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Primary Language(s) spoken at home: _____

Any siblings that attend the club (List names and age): _____

School attending: _____ Homeroom Teacher: _____ Grade: _____

Which school system do they attend: Washington County Johnson City Other- please list: _____

Are immunizations up to date and on file at their school? Yes No

Do you receive Families First Services? _____

Do you receive TANF? _____ If yes, recertification date? _____ If yes, TANF #: _____

Does your child receive free or reduced lunch? **Circle one:** No Free Lunch Reduced Lunch

Are the parent(s) in active military duty? Yes No If yes, what branch?: _____

Religion: Please circle: Buddhism Catholic Christian Hinduism Islamic Jewish Other: _____

Household information:

Total number in household: _____ Total adults over 65? _____ Total children 5-18? _____ Total children under 5? _____

Circle those in household:

Father Mother Grandparent(s) Stepfather Stepmother Foster Parent(s) Other: _____

For reporting purposes, please provide your annual household income. \$ _____ It is the parent/guardian's responsibility to update any changes in household income. **Weekly after school fees are \$25 per week.** Other fees apply for other services (Summer, Holiday, Sports, etc.). *The Boys & Girls Club of Johnson City / Washington County reserves the right to request verification of this figure at any time. All scholarship applications must be accompanied by proof of annual household income such as a W2 or 1040.*

Medical History

Name of Doctor: _____ Office Phone Number: _____

Date of Last Medical Exam: ___/___/_____ Do you have medical insurance? **Yes No**

Insurance Company: _____

Name of Policyholder: _____ Policy number: _____

Any operations, serious injuries, chronic illness? **Yes No**

If yes, please specify: _____

Please list any known allergies: _____

Please list any medication(s) used: _____

*If your child has any known physical, mental, social, difficulties, handicaps, conditions or other information which may affect participation and/or for which special accommodations are needed, please attach a physician's statement which identifies the conditions and give the special instructions for your child's care. **Form attached- please initial: Yes__No__***

*I authorize the Boy & Girls Club of Johnson City/Washington County to administer first aid that may include sunscreen, hand lotion, antibiotic ointment, Tylenol, bee sting ointment (or the generic thereof) in case of injury and/or secure or transport child for emergency medical treatment. Every attempt will be made to contact the parent or guardian. If any injury appears serious enough for hospitalization or medical care, such expenses will be borne by the guardian or parent. I hereby authorize transportation to a medical facility and/or the calling of a physician at my expense to provide whatever emergency medical treatment is necessary. **Please Initial: Yes: __No: __***

Child Abuse Regulations:

The Boys & Girls Club of Johnson City/Washington County is required by law to report To the Department of Children's Services any suspected child abuse of our members. All suspected child abuse will be reported immediately.

Civil Rights Disclaimer

The Boys & Girls Club of Johnson City/Washington County is an equal opportunity service agency. The Boys & Girls Club does not discriminate on the grounds of handicap and/or disability, Age, race, color, religion, sex, national origin, or any other classification protected by Federal, Tennessee State Constitutional, or Statutory Law.



BOYS & GIRLS CLUB

Contacts:

Contact Name: _____ Relationship: _____

Cell Phone Number: _____ Work Phone Number: _____

Home Phone Number: _____ Preferred form of contact: Cell Home Work Email

Email: _____

Circle all that apply: Primary contact Parent/Guardian Emergency Contact Authorized to pick up

Marital status: Single Married Divorced Widowed Domestic partner

Address if different: _____

Place of employment: _____

Contact Name: _____ Relationship: _____

Cell Phone Number: _____ Work Phone Number: _____

Home Phone Number: _____ Preferred form of contact: Cell Home Work Email

Email: _____

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Marital status: Single Married Divorced Widowed Domestic partner

Address if different: _____

Place of employment: _____



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Transportation Authorization:

Every member must have a transportation plan on file. Please list those people to whom your child may be released to:

_____ My child **MAY** be released to the above listed contacts or myself unless prior arrangements have been made with the Facility staff or Director

My child **MAY NOT** be released to the following person(s): Please provide any court ordered documentation or reason not allowed if applicable.

Name: _____ Relation to child: _____

Name: _____ Relation to child: _____

Membership:

As a parent and/or guardian of the above child, I hereby give my permission to my child to become a member of the Boys & Girls Club of Johnson City/Washington County (BGC JC/WC). I understand that the club is NOT responsible for the time or manner in which my child may arrive at/or leave the BGC JC/WC, and the BGC JC/WC and its property are not responsible for personal injury or loss of property. My child may participate in all Boys & Girls Club activities in or away from the club building. I understand that the BGC JC/WC has an open-door policy and cannot be responsible for my child leaving the club without permission. I agree to not hold the Boys & Girls Club of Johnson City/Washington County, its board of directors, Officers, Staff or Volunteers responsible and/or liable, and release them from liability for losses of any personal property and for any injuries suffered by my child. In the event of an emergency, I hereby grant the BGC JC/WC authority to seek and secure emergency medical treatment. I understand I will be responsible for any equipment destroyed or defaced as a result of my child's actions. I understand that reasonable measures will be taken to safeguard the health and safety of all participants that I will be notified as soon as possible in case of an emergency. I understand all rules and regulation for the Boys & Girls Club of Johnson City/Washington County. I understand membership dues; field trip fees and program fees are non-refundable from the BGC JC/WC. The Mission Statement and Procedures along with Fee Structure of the Boys & Girls Club has been explained to me, and I have received a copy if wanted. I understand the fee policy and hereby agree to pay for each week or part/week my child attends the club.

Date: ___/___/___ Parent/Guardian Signature _____

Media:

My Child has permission to be used in club photos, press releases, on club website or in videos for the Boys & Girls Club of Johnson City/Washington County public relations' materials and/or by our sponsors/grantors or in United Way public relations or marketing materials concerning the Boys & Girls Club of Johnson City/Washington County.

Date: ___/___/___ Parent/Guardian Signature: _____

Property:

I promise to take care of the Boys & Girls Club of Johnson City/Washington County and its property. I will listen to the staff and obey the club rules at all times. If at any time I am suspended or asked to leave, I understand that no dues/fees will be returned to me.

Date: ___/___/___ Member's Signature: _____

Files:

The Boys & Girls Club of Johnson City/Washington County will maintain all member files in a confidential manner. Pertinent information may be shared professionally with staff members, a Tennessee Department of Human Services Case Manager, or with the school system the child attends. Files for all programs funded in whole or in part by Tennessee Department of Human Services are available for monitoring and subject to audit by the Tennessee Department of Human Services. Communication of member information to persons or agencies other than those listed above will require express written approval of the member's parent/guardian. A Boys & Girls Club Staff has explained the above information, regarding the release of information in my child's file maintained by the Boys & Girls Club of Johnson City/Washington County, to me. I agree to release of information to persons or agencies as listed above. I understand that any release of information to person or agencies other than those listed above will require my written approval.

Date: ___/___/___ Print Members Name: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____