



**BOYS & GIRLS CLUB
OF CARBON COUNTY**

+

2026-2027 School Year

Member Pick-up & Emergency Contact Supplemental Form

Member Name: _____ **Club Number:** _____

Member Pick-up List

An authorized family member or adult **must come into the Clubhouse** and check your child out. In the space below please indicate any family members and/or adults you wish to authorize to pick your child up from the Boys & Girls Club. Our staff professionals are not permitted to release your child to anyone not on this list.

Contact 1 & 2 refer to adult guardians who live inside the household..

Contact 1

Primary Phone _____
Phone Type _____
Relationship _____

Contact 2

Primary Phone _____
Phone Type _____
Relationship _____

Emergency Contact

While our Clubhouse professionals will attempt to contact a parent or guardian in the event of an emergency, experience has taught us parents are not always available. Therefore, every Club member must have a designated Emergency Contact who can speak for the parent/guardian if they are not available. A member's emergency contact needs to be an adult other than a parent or direct household member, such as an aunt, grandparent or family friend who lives in the Red Lodge area.

Emergency Contact	Relationship	Phone Number(s)

Additional Authorized Pick-ups	Relationship	Phone Number(s) & Type

Member Self Check Out

I authorize my child to check themselves out one time each day to either walk home or to another approved summer activity. I understand my family is responsible to **pre-arrange** when my child will check out and that Club staff will not accept calls to have my child check out. I also understand that Member Self Check Out is not to be used to have my child wait on the side walk to be picked up. I also understand that Member Self Check Out is a privilege and abuse by my child or my family will result in the Club revoking this privilege.

Yes _____ No _____
Initials _____

For Office Use Only

Date Received: _____ Received By: _____ Amt Paid: _____ Check #: _____ Cash: _____
Orientation Completed: _____



Member Name: _____ **Club Number:** _____

Member Injury & Emergency Medical Treatment

The Boys & Girls Club of Carbon County is fully committed to providing the safest Club experience possible for your child. However, accidents will happen from time to time and the Boys & Girls Club staff will respond to these accidents quickly and efficiently. While the Club's practice is to seek guidance and permission for treatment of a member's injuries it is possible that we may not be able to contact you to get that permission. Therefore, it is important that you provide the Boys & Girls Club of Carbon County with the authority to act on your behalf in the event your child needs medical attention, and the Club cannot reach you.

I, the undersigned (as parent or guardian of the participant, a minor) hereby authorize the staff of the Boys & Girls Club of Carbon County or its sponsors and/or volunteers, coaches, trainers, activity supervisors, instructors, and vehicle drivers as my agents, to consent to medical, surgical, or dental examination and/or care at any hospital or by licensed medical personnel. I understand that as the parent/guardian I am responsible for paying any medical expenses incurred from the treatment of my child resulting from an illness or injury which arises while the child is engaged in Club activities.

Parent/Guardian Signature: _____ Date: _____

Individual Member Needs & Considerations

We strive to provide a Club experience that meets the needs of every member. To help our team better serve your child, we ask that you share any special needs or considerations your child may have. Specifically, please share medication, behaviors, diagnosis, individual education plans, etc.

Parent/Guardian Signature: _____ Date: _____

Individual Member Dietary Restrictions

The Boys & Girls Club of Carbon County and our food service partners (*Beartooth Billings Clinic, and Summer Food Service Program*) provide our Members with an opportunity to have snacks and/or meals at no additional charge to your family. To help our team ensure we understand your child's dietary needs, please share any medically diagnosed food allergies or intolerances your child may have.

Parent/Guardian Signature: _____ Date: _____



Member Name: _____ **Club Number:** _____

Payment of Membership Fees

The membership fee for the 2026-2027 School Year Program is \$100 per child and will cover participation for the entire school year whether a child attends one day or every day. To facilitate the payment of the membership fee, we offer multiple payment options, and we will be happy to have a conversation to find one that works for you and your family. I understand and acknowledge that I will pay the full agreed upon amount regardless of how often my child attends during the 2026-2027 School Year Program.

The Board of Directors for the Boys & Girls Club of Carbon County is 100% committed to making sure absolutely no child is ever turned away from the Club because of our membership fee. Therefore, we are pleased to offer financial assistance if needed so please ask our team for details so we can make sure your child can be part of this summer's Club experience.

Parent/Guardian Signature: _____ Date: _____

Parental Consent Form – Print & Digital Media

I acknowledge that the Boys & Girls Club of Carbon County and/or its sponsors or partners may utilize film, print and digital images of a member or a family, which may be taken during involvement in the Boys & Girls Club programs or activities. I also acknowledge the Boys & Girls Club of Carbon County may utilize information regarding a member's story or experiences to highlight and promote the value and impact of the programs and/or activities at the Boys & Girls Club of Carbon County.

Parent/Guardian Signature: _____ Date: _____