BOYS & GIRLS CLUBS
OF METRO SOUTH

Boys & Girls Clubs of Metro South
2023-2024 Transportation Registration Form

PLEASE PRINT LEGIBLY

Start Date _____

YOUTH INFORMATION			
Member First Name M.I. Last Name	Date of Birth Age	Gender M ◯ F ◯ Additional Identity ◯ Rather Not Say ◯	
Race (Please select all that apply) ◯ Asian/Pacific Islander ◯ Alaskan Native ◯ American Indian ◯ Other, please specify: ◯ African American/Black ◯ Hispanic ◯ Causcasian/White		Ethnicity: ◯ Hispanic ◯ Non-Hispanic	
Mailing Address	City	State	Zip Code
Home Phone	Lives with ◯ Both Parents ◯ Mother ◯ Father ◯ Guardian ◯ Stepmother ◯ Stepfather ◯ Grandparents	Developmental/Social Concerns	
Grade in September 2023	School District	School Attending	

Afterschool Transportation: Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Parent · Guardian Information

Parent #1/Guardian _____
Relation to child _____
Date of Birth _____
Home address _____
City State Zip _____
Home phone _____
Cell phone _____
Email _____
Employer _____
Employer address _____
City State Zip _____
Employer phone _____
Hours at work _____

Parent #2/Guardian _____
Relation to child _____
Date of Birth _____
Home address _____
City State Zip _____
Home phone _____
Cell phone _____
Email _____
Employer _____
Employer address _____
City State Zip _____
Employer phone _____
Hours at work _____

Emergency Contact Information · In order to be contacted

Name _____
Relation to child _____
Home address _____
City State Zip _____
Home phone _____
Cell phone _____
Do you give permission for your child to be released to this person? YES ☐ NO ☐

Name _____
Relation to child _____
Home address _____
City State Zip _____
Home phone _____
Cell phone _____
Do you give permission for your child to be released to this person? YES ☐ NO ☐

BOYS & GIRLS CLUBS
OF METRO SOUTH

BOYS & GIRLS CLUBS of METRO SOUTH
CLUB MEMBER RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING BOYS & GIRLS CLUBS OF METRO SOUTH, INC. FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE.

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of Boys & Girls Clubs of Metro South, Inc. facilities, services, equipment and premises ("Facilities") and any participation in Boys & Girls Clubs of Metro South, Inc. programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Boys & Girls Clubs of Metro South Inc., its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly)	**Date**
Parent/Guardian Signature	**Parent/Guardian Name (Print Clearly)**

BOYS & GIRLS CLUBS
OF METRO SOUTH

Credit Card and Bank Account Authorization Form

Office Use Only

Unit ID:_____ Date Received:_____

Billing Method Updated: ☐ Payments Scheduled: ☐

Primary Adult Name:_____ Date of Birth:_____

Youth/Teen Member 1:_____ Youth/Teen Member 2:_____

Youth/Teen Member 3:_____ Youth/Teen Member 4:_____

Credit Card

Provide the information below for credit card billing.

Name on Card:_____

Billing Address:_____

City:_____ State:_____ Zip:_____

Credit Card Number:_____ Expiration Date:_____

Security Code:_____ Amount Scheduled:_____
This amount is regularly scheduled to be charged based on program registration.

Bank Account

Provide the information below for EFT and bank account information.

Name on Account:_____

Billing Address:_____

City:_____ State:_____ Zip:_____

Bank Name:_____ Amount Scheduled:_____
This amount is regularly scheduled to be charged based on program registration.

Routing Number:_____

Account Number:_____

Consent for Membership Changes

By signing this form, I understand that my account provided above will be billed for the services that I have registered my child for on a recurring basis. I understand that it is my responsibility to notify BGCMS regarding changes to account information, including but not limited to expiration date changes, closed accounts, etc. I understand that there is a $25.00 fee that will be assessed to my account that I will be responsible to pay for returned checks or credit card charge.

Signature:_____ **Date:**_____