



BOYS & GIRLS CLUBS
OF METRO SOUTH

Boys & Girls Clubs of Metro South
Brockton Clubhouse

233 Warren Avenue • Brockton, MA 02301
508.584.5209 • bgcmetrosouth.org

2024 NEXT LEVEL FOOTBALL

Confidential Application & Academic Questionnaire

Select One: Senior NLF Program Junior NLF Program

LAST NAME	FIRST NAME	DATE OF BIRTH
CONTACT PHONE	EMAIL ADDRESS	
PARENT/GUARDIAN NAME		
CONTACT PHONE	EMAIL ADDRESS	
SCHOOL		GRADE
LEARNING DISABILITIES		
YEARS PLAYING FOOTBALL	POSITIONS PLAYED	
INJURY HISTORY		
ALLERGIES		
SHIRT SIZE	MENS/YOUTH	SHORTS SIZE
		MENS/YOUTH
		CLEATS SIZE

To fulfill program requirements and be eligible for equipment and camp sponsorships please initial:

I/We give permission for our child to participate in the program.

I/We will provide the Club with my child's final 2023-2024 school year report card to monitor his/her academic progress.

I/We will use best efforts to have our child attend every program session.

My child will apply for at least one Club sponsored scholarship opportunity to further post-secondary educational attainment.

My child will complete no less than 10 hours of volunteer service within the Brockton Clubhouse through mentorship and service learning opportunities.

My child will complete the requirements of at least 1 additional BGCMS program (Money Matters, Diplomas2Degrees, Passport to Manhood, etc.) by 12/31/2024.

Parent/Guardian Signature _____ Date _____

Printed Name _____ Relationship _____

DIVISION 1 COLLEGE FOOTBALL ACADEMIC QUESTIONNAIRE

College scouts want to know if you can be admitted into college. They look primarily at three things: (i) your grade point average, (ii) college admissions tests scores, and (iii) college prep courses taken in high school. Please fill the chart below by listing the classes taken each year using your report cards. If you can't find your report cards, ask your guidance counselor for a copy for each year of high school.

Name _____

ACT: When did you take the ACT? (month/year)_____ Score:_____

SATs: When did you take the SATs? (month/year)_____

Scores: Math_____ Verbal_____ Writing_____

COURSES COMPLETED	FRESHMAN	SOPHOMORE	JUNIOR	SENIOR
MATH Algebra 1 or higher 3 to 4 years				
ENGLISH 2 to 3 years 4 years recommended				
SCIENCE Natural or Physical 2 to 3 years 3 years recommended				
LAB SCIENCE 1 year recommended				
FOREIGN LANGUAGE At least 2 years 4 years recommended				
U.S. & WORLD HISTORY, RELIGION, PHILOSOPHY, GOVERNMENT At least 1 class each year recommended				
OTHER CLASSES				

Date: _____ Organization: _____

Program: _____

Information on annual family income and race is required to determine eligibility for public services funded with federal Community Development Block Grant (CDBG) funds. Each participant must indicate the number of persons in their household, and then **CHECK THE BOX** that contains the amount of annual family income.

INCOME is defined as the total annual gross income of all family and non-family members 18+ years old living within the household. All sources of income must be counted from all persons in the household based anticipated income expected within the next 12 months.

Please check your Income Range based on your Family Size (for example, if there are 4 people in your household, go to HH of 4; if there are 8 or more in your household go to HH of 8):

HH of 1:	<input type="checkbox"/> \$0 - \$24,850	<input type="checkbox"/> \$24,851 - \$41,450	<input type="checkbox"/> \$41,451 - \$66,250	<input type="checkbox"/> \$66,251+
HH of 2:	<input type="checkbox"/> \$0 - \$28,400	<input type="checkbox"/> \$28,401 - \$47,350	<input type="checkbox"/> \$47,351 - \$75,700	<input type="checkbox"/> \$75,701+
HH of 3:	<input type="checkbox"/> \$0 - \$31,950	<input type="checkbox"/> \$31,951 - \$53,250	<input type="checkbox"/> \$53,251 - \$85,150	<input type="checkbox"/> \$85,151+
HH of 4:	<input type="checkbox"/> \$0 - \$35,500	<input type="checkbox"/> \$35,501 - \$59,150	<input type="checkbox"/> \$59,151 - \$94,600	<input type="checkbox"/> \$94,601+
HH of 5:	<input type="checkbox"/> \$0 - \$38,350	<input type="checkbox"/> \$38,351 - \$63,900	<input type="checkbox"/> \$63,901 - \$102,200	<input type="checkbox"/> \$102,201+
HH of 6:	<input type="checkbox"/> \$0 - \$41,200	<input type="checkbox"/> \$41,201 - \$68,650	<input type="checkbox"/> \$68,651 - \$109,750	<input type="checkbox"/> \$109,751+
HH of 7:	<input type="checkbox"/> \$0 - \$45,420	<input type="checkbox"/> \$45,421 - \$73,350	<input type="checkbox"/> \$73,351 - \$117,350	<input type="checkbox"/> \$117,351+
HH of 8:	<input type="checkbox"/> \$0 - \$50,560	<input type="checkbox"/> \$50,561 - \$78,100	<input type="checkbox"/> \$78,101 - \$124,900	<input type="checkbox"/> \$124,901+

Please check your Ethnicity (pick 1 of 2): Hispanic or non-Hispanic

Please check your Race (pick 1 of 10 choices)

<input type="checkbox"/> White	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Asian & White	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other
<input type="checkbox"/> Black/African American & White	<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaskan Native & Black

Does your family have a **FEMALE HEAD OF HOUSEHOLD**? Yes No

Does your family have a **Head of Household who is 65 or older**? Yes No

APPLICANT STATEMENT: I hereby certify that the information on this form is accurate and complete. I understand that this self-certification may be subject to further verification by the agency providing services, the Brockton Redevelopment Authority, the City of Brockton, or the U.S. Department of Housing & Urban Development. If necessary, I will provide information required to verify this data (e.g., pay stubs, bank account statements, etc.). I, therefore, authorize such verification, and I will provide supporting documents, if necessary. **WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government.

_____ Phone Number: _____

Name (Please Print)

Address: _____ Zip: _____

Signature: _____ Date: _____



BOYS & GIRLS CLUBS

OF METRO SOUTH

2023-2024 Membership Application



BROCKTON CLUBHOUSE
233 Warren Avenue
Brockton, MA 02301
508-584-5209

TAUNTON CLUBHOUSE
31 Court Street
Taunton, MA 02780
508-824-4341

CAMP RIVERSIDE
388 Harvey Street
Taunton, MA 02780
508-824-3311

www.bgcmetrosouth.org



BOYS & GIRLS CLUBS
OF METRO SOUTH

2023-2024 Membership Application

Valid September 1, 2023 - August 31, 2024 | Basic Membership: \$35

Brockton Membership Plus: \$150 | Taunton Membership Plus: \$120

Brockton Taunton Camp Riverside
 Beacon Communities Other

PARENT/GUARDIAN INFORMATION

Primary Contact First Name		Last Name		Gender		Additional Identity		Rather Not Say	
				M <input type="radio"/> F <input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
Date of Birth (MM/DD/YYYY)				Email Address					
Race (Please select all that apply)		Alaskan Native		American Indian		Other, please specify:		Ethnicity:	
<input type="radio"/> Asian/Pacific Islander		<input type="radio"/> Hispanic		<input type="radio"/> Caucasian/White				<input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic	
Phone Number		Please check all preferred methods of contact for general communications.							
		<input type="radio"/> Cell Phone <input type="radio"/> Work Phone <input type="radio"/> Email							
Mailing Address									
Primary Language									
Emergency Contact				Phone			Relationship		
Emergency Contact				Phone			Relationship		

YOUTH INFORMATION

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

MEDICAL INFORMATION

Please list any allergies your child may have (food, medications, other):

Please list any medical conditions your child may have:

Please list any dietary restrictions your child may have:

Are there any medications that require administration at the Club? If yes, please specify name of medication:

HOUSEHOLD INFORMATION - This required information is collected for financial aid and grant writing purposes ONLY!

HOUSEHOLD DEMOGRAPHICS	ANNUAL HOUSEHOLD INCOME
<input type="checkbox"/> Total Number in Household	<input type="checkbox"/> Less than \$20,000 per year
Please indicate ALL that apply:	<input type="checkbox"/> \$20,000-\$29,999 per year
<input type="checkbox"/> Female Head of Household	<input type="checkbox"/> \$30,000-\$39,999 per year
<input type="checkbox"/> Head of Household Age 62+	<input type="checkbox"/> \$40,000-\$49,999 per year
<input type="checkbox"/> Single Parent Household	<input type="checkbox"/> \$50,000-\$59,999 per year
<input type="checkbox"/> Parent/Guardian is a Veteran	<input type="checkbox"/> \$60,000-\$69,999 per year
<input type="checkbox"/> Free/Reduced Lunch Eligible	<input type="checkbox"/> \$70,000-\$79,999 per year
<input type="checkbox"/> Military Family	<input type="checkbox"/> \$80,000-\$89,999 per year
	<input type="checkbox"/> \$90,000-\$99,999 per year
	<input type="checkbox"/> \$100,000 or more per year

I hereby certify that all of the above statements are true, accurate and complete to the best of my knowledge and belief. I understand that my signature below subjects me to fraud under penalty of Perjury Laws for falsified information. I hereby consent to the verification of any information given in this application. I understand that the information given is **confidential** and will be used only to determine eligibility for this program.

Signature _____ Date _____

I am not willing to share for privacy reasons, however, I understand that financial assistance and other possible funding support will not be made available to me without providing this information.

Last Name

First

Office Use Only

Processed By

Enrollment Date

Child Care
 Teen
 Pre-Teen
 New
 Renewing

PARENT/GUARDIAN PLEASE READ AND SIGN THE FOLLOWING:

I hereby give permission to my child to become a member of Boys & Girls Clubs of Metro South. Our membership is granted with acknowledgment and acceptance of all policies found in the Member Handbook. We agree to observe Club rules for the welfare of all Club members. Boys & Girls Clubs of Metro South reserves the right to dismiss a member from our Clubs for any reason. Refunds will not be made due to dismissal.

Initial _____

We are a membership based organization. A membership card is required every day for safety, participation tracking, and entrance to the Club. A membership card is provided at time of registration. Replacement membership cards can be purchased for \$5.00. **This fee will be assessed against your account if your child loses or does not have their card for 5 consecutive days.** Renewals and participation in other programs will be suspended until the balance is resolved.

Initial _____

The medical information provided on this form is correct so far as I know, and the herein described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by and the staff member in charge, to hospitalize, and provide treatment to named member.

Initial _____

BGCMS regular school year hours of operation for Youth Members (ages 8-12) not enrolled in the School Age Child Care (SACC) program are Monday-Friday from 2:30 to 6:30 PM. Our hours of operation for Teen Members (ages 13-18) are Monday-Friday from 2:00 to 8:00 PM. Hours are subject to change based on programming needs. Early & Late Fee Policy: **There will be a \$10 fee per every 15 minutes that your child is left in the Clubhouse before or after the hours of operation. Children will not be allowed back in until the fee has been paid. Multiple infractions will result in membership suspension or termination.**

Initial _____

Boys & Girls Clubs of Metro South would like every member to have a positive Club experience. Members will be held accountable for their actions to ensure a safe and fun environment for all. Additionally, please do not send toys, electronics, jewelry, cell phones, handheld games or other valuables to the Club. I understand Boys & Girls Clubs of Metro South is not responsible for and will not replace lost or stolen items brought to the Clubhouse. Please refer to the Member Cell Phone Policy in the Member Handbook for further information.

Initial _____

I give my permission for Boys & Girls Clubs of Metro South to share relevant information about my child listed on this application with the Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information disclosed to BGCA may include: the information provided on this membership application form; information provided by the minor child's school or school district; and any other information collected by Boys & Girls Clubs of Metro South. This included but not limited to data collected via yearly surveys regarding my child's Club experience, behaviors, skills, and attitudes. All information provided to Boys & Girls Clubs of America will be kept confidential.

Initial _____

I understand that my child may participate in mentoring programs at their Clubhouse. A mentor may spend up to one hour per week with my child on-site at the Club. I understand that my child may meet with the Club's in-house Youth Resource Navigator to support their behavioral and developmental needs as appropriate. If my child requires these services I shall be notified

Initial _____

I hereby allow permission for the Boys and Girls Club of Metro South to share information with appropriate school faculty (classroom teachers, school administrators, and school clinicians), and for appropriate school faculty to share information with Boys & Girls Clubs of Metro South for enrolled program participants. Sharing of information may look like but is not limited to: communication with school guidance counselors and teachers regarding collaborative approaches to behavior and academic supports.

Initial _____

As a member of Boys & Girls Clubs of Metro South, your child will have Internet access. While we implement all possible precautionary measures, there is a chance that your child may encounter inappropriate content while accessing the Internet at our Clubs. Boys & Girls Clubs of Metro South maintains a set of rules and associated consequences regarding such behavior; however, we cannot be held responsible for the outcomes of accessing such content.

Initial _____

I consent to my child utilizing the transportation offered by Boys & Girls Clubs of Metro South, and additionally consent to my child participating in all Club activities in or adjacent to the Clubhouse building.

Initial _____

I understand that children may not be picked up at the Club or transported between the Club and school up by a third party driver or ride share without an authorized and approved adult in the vehicle. This includes Uber, Lyft, taxi cabs, etc.

Initial _____

My child has permission to walk home. Ages 12+ only!

Parent/Guardian Signature _____ Date _____

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)

PHOTO RELEASE

I grant permission to the Boys & Girls Clubs of Metro South and its agents and employees the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me, or members of my family, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby release the Boy & Girls Clubs of Metro South and its legal representatives for all claims and liability relating to said images. Furthermore, I grant permission to use my statements that were given during an interview with or without my name, for the purpose of advertising and publicity without restriction. I waive my right to any compensation.

Minor Name (Print Clearly)

Date

Parent/Guardian Signature
(Required for Youth Under 18)

Parent/Guardian Name (Print Clearly)