



BOYS & GIRLS CLUBS OF METRO SOUTH

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 CLUB
OF METRO SOUTH**

Membership Application

Valid September 1 - August 31 Annually

Basic Membership: \$0 | Membership Plus: \$150

___ Brockton ___ Taunton ___ Camp Riverside
___ Beacon Communities ___ Other

PARENT/GUARDIAN INFORMATION

Primary Contact First Name	M.I.	Last Name	Gender	M <input type="radio"/>	F <input type="radio"/>	Additional Identity <input type="radio"/>	Rather Not Say <input type="radio"/>
Date of Birth (MM/DD/YYYY)			Email Address				
Race (Please select all that apply)			<input type="radio"/> Middle Eastern/North African <input type="radio"/> Asian <input type="radio"/> African American/Black <input type="radio"/> White <input type="radio"/> Not listed		Ethnicity: <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic		
<input type="radio"/> American Indian/Alaska Native <input type="radio"/> Hispanic/Latino <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> Rather not say							
Primary Phone			Please check all preferred methods of contact for general communications.				
			<input type="radio"/> Cell Phone <input type="radio"/> Email				
Mailing Address							
Primary Language			Are you an alumni of any Boys & Girls Club? <input type="radio"/> Yes <input type="radio"/> No				
Emergency Contact			Phone		Relationship		
Emergency Contact			Phone		Relationship		

YOUTH INFORMATION

Member First Name	M.I.	Last Name	Date of Birth	Age	Gender	M <input type="radio"/>	F <input type="radio"/>	Additional Identity <input type="radio"/>	Rather Not Say <input type="radio"/>
Race (Please select all that apply)			<input type="radio"/> Middle Eastern/North African <input type="radio"/> Asian <input type="radio"/> African American/Black <input type="radio"/> White <input type="radio"/> Not listed		Ethnicity: <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic				
<input type="radio"/> American Indian/Alaska Native <input type="radio"/> Hispanic/Latino <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> Rather not say									
Mailing Address			City		State		Zip Code		
Do you have any of the following? <input type="radio"/> Custody Agreement <input type="radio"/> Restraining Order <input type="radio"/> Court Order <input type="radio"/> None		Lives with (Please select all that apply)			Developmental/Social Concerns				
		<input type="radio"/> Guardian <input type="radio"/> Both Parents <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Stepmother <input type="radio"/> Stepfather <input type="radio"/> Grandparents							
Grade in September		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!

<p>HOUSEHOLD DEMOGRAPHICS</p> <p>___ Total Number in Household</p> <p>Please indicate ALL that apply:</p> <p>___ Female Head of Household</p> <p>___ Head of Household Age 62+</p> <p>___ Single Parent Household</p> <p>___ Parent/Guardian is a Veteran</p> <p>___ Military Family</p> <p>___ Free/Reduced Lunch Eligible</p>	<p>ANNUAL HOUSEHOLD INCOME</p> <p>___ \$18,000 - \$20,000 per year</p> <p>___ \$20,001 - \$30,000 per year</p> <p>___ \$30,001 - \$40,000 per year</p> <p>___ \$40,001 - \$50,000 per year</p> <p>___ \$50,001 - \$60,000 per year</p> <p>___ \$60,001+</p> <p>___ Prefer Not to Answer</p>
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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

Processed By (Initials)

Membership Year

New
 Renewing

Office Use Only

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

Required: 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 do not grant permission for 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)