



**BOYS & GIRLS CLUB
OF HIGHLANDS COUNTY**

2025-2026 Afterschool / Summer Membership Application

Check the Club your child will be attending: Avon Park Club (207 E. State Street) Sebring Club (111 MLK Blvd)

INSTRUCTIONS: Print and fill out this application completely. One Application Per Child in Each Household.

Children are enrolled as members to the Boys & Girls Club of Highlands County after-school program on a space-available basis. Separate Registration is REQUIRED for children to attend during the School Year and again for Summer Program.

After-School Memberships start in August and end in May. Summer Programs Memberships Start in June and end in July.

Check the Session your child will be attending: School Year _____ Summer Year _____

COSTS, FEES & CONTRIBUCTIONS: Boys & Girls Club of Highlands County is supported by your community to provide our Club Experience to all school age children. It is expected that Parents and Guardians will join in this support to our membership.

PLEASE NOTE: A non-refundable, per session (School year / Summer) A Membership Dues / **Registration Donation \$65 PER CHILD is requested.** (Unless awarded by membership scholarship [*], discounts do not apply for Multiple children in SAME HOUSEHOLD). This is to be paid at this time of application or in a payment order that will be set up between you and the Clubs Site Director. **Note: A \$25.00 Late Fee Pick up Fee is assessed after 6:00pm.**

CONFIDENTIALITY: Any confidential information requested is for our records and for the funding our organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. **MUST COMPLETE APPLICATION**

Child Information (Please print)

T-Shirt Size _____

Child's Name		Middle Initial	Last Name	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Child's Address				
<input type="text"/>				
City	State	Zip Code	Home / Primary Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Birthdate ***All new Members Under 8 require proof of age upon registration***				
<input type="text"/>	Child's Age	Child's Gender	Ethnicity	
<input type="text"/>	<input type="text"/>	Male or Female	Black or African American	
School Attending		Grade in School	Hispanic/Latino	
<input type="text"/>		<input type="text"/>	Asian-American	
Student District ID Number	Student Florida State ID Number			
<input type="text"/>	FL _____			
Military Household?	Child in Foster Care	Can Child Go Into Pool		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
No Yes- Active Yes- Retired	Yes No	Zero Depth Walk-In Pool Yes No		
		White/ Caucasian		
		Bi-Racial		

Household Information (Please print)

Is member from a single-parent household?	Gender of head of household	Check all that apply (REQUIRED) ____ SSDI ____ SSI ____ TANF ____ DAY CARE VOUCHER ____ EBT / FOOD STAMPS ____ GENERAL ASSISTANCE ____ VETERANS AFFAIRS ____ MEDICAID ____ Free /Reduced Fee LUNCH ____ NONE OF THE ABOVE OTHER: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Female <input type="checkbox"/> Male	
Club Member Lives With (Please circle)		
<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Foster Parents <input type="checkbox"/> Other _____		
Member receives (Circle One)		
<input type="checkbox"/> Free Lunch <input type="checkbox"/> Reduced Lunch <input type="checkbox"/> None		

Additional Household Information

Number of Persons who live in the home Adults + children	<input type="text"/>	Annual Household Income (Please circle)
Is the family currently homeless?		<input type="checkbox"/> \$9,000 or below <input type="checkbox"/> \$9,001-\$12,000 <input type="checkbox"/> \$12,001-\$15,000 <input type="checkbox"/> \$15,001-\$19,000 <input type="checkbox"/> \$19,001-\$23,000 <input type="checkbox"/> \$23,001-\$28,000 <input type="checkbox"/> \$28,001-\$32,700 <input type="checkbox"/> \$32,701-\$37,500 <input type="checkbox"/> \$37,501-\$42,000 <input type="checkbox"/> \$42,000 and above
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Shelter <input type="checkbox"/> Hotel <input type="checkbox"/> Friends		

Member's Medical Concerns (Please print)

(If no allergies or medical problems, please write NONE in the boxes below)

Allergies <input type="text"/>	Medical Problems/ Medical Needs <input type="text"/>
Physician and Phone Number <input type="text"/>	Insurance Company & Policy Number <input type="text"/>
Please explain any special needs/concern for members <input type="text"/>	

Primary Parent / Guardian Information (Please print)

Relationship to child: _____

First Name <input type="text"/>	Last Name <input type="text"/>	Home Phone <input type="text"/>
Employer <input type="text"/>	Work Number <input type="text"/>	Cell Number <input type="text"/>
E-mail <input type="text"/>	Authorized to Pick-up child? <input type="text"/>	

Additional Parent/ Guardian Information (Please print)

Relationship to child:

First Name <input type="text"/>	Last Name <input type="text"/>	Home Phone <input type="text"/>
Employer <input type="text"/>	Work Number <input type="text"/>	Cell Number <input type="text"/>
E-mail <input type="text"/>	Authorized to Pick-up child? <input type="text"/>	

Emergency Contact Information in case we cannot reach parent (Please print)

Name <input type="text"/>	Relationship to child <input type="text"/>	
Home Number <input type="text"/>	Work Number <input type="text"/>	Cell Number <input type="text"/>

Pick Up Information - (Persons, other than parent/guardian, who is authorized to pick up member)

(1) First Name <input type="text"/>	Last Name <input type="text"/>	(2) First Name <input type="text"/>	Last Name <input type="text"/>
Phone Numbers 1. <input type="text"/> 2. <input type="text"/>		Phone Numbers 1. <input type="text"/> 2. <input type="text"/>	
Relationship to club member <input type="text"/>		Relationship to member <input type="text"/>	

(3) First Name	Last Name
<input type="text"/>	<input type="text"/>
Phone Numbers	
1. <input type="text"/>	
2. <input type="text"/>	
Relationship to club member	
<input type="text"/>	

(4) First Name	Last Name
<input type="text"/>	<input type="text"/>
Phone Numbers	
1. <input type="text"/>	
2. <input type="text"/>	
Relationship to member	
<input type="text"/>	

Additional Pick-Up Information (Persons who are NOT Authorized to pick up club member)

Person(s) NOT authorized to pick up member	Have you attached legal documentation?
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
NOTE: YOU MUST PROVIDE LEGAL DOCUMENTATION	

_____ I request my child be admitted to membership in the Boys & Girls Clubs of Highlands County. It is expressly understood and agreed by the undersigned that the Boys & Girls Clubs of Highlands County is not liable for the loss of property or injury unless such loss or injury results directly from Boys & Girls Clubs of Highlands County negligence or the willful act of an employee of the organization. I also grant the Boys & Girls Clubs of Highlands County permission to authorize and obtain medical care in case of illness and injury when neither parent/guardian is available to grant permission for emergency treatment. I understand that the membership Fees or dues are not refundable at any time for any reason. Under the open door policy, it is understood and agreed that all members may come and go, as they desire. Therefore, the Boys & Girls Clubs of Highlands County will not be held liable for your child leaving the building and or/grounds. I fully understand and agree to all the conditions stated on this form and have counseled my child to conform to these rules and the authority of the employees of the organization. I understand that my child's membership may be suspended or cancelled any time, the sole decision resting in the judgment of the Director.

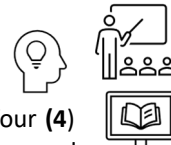
_____ I will report any changes to my contact information (home phone, cell, address, etc.) to Boys & Girls Clubs, immediately. This is a very important safety issue.



_____ I will respect the Hours of Operation of The Boys & Girls Clubs of Highlands County and I also understand that I will incur a late fee of \$25.00 anytime I arrive to pick up my child(ren) after 6:00 pm. All late fees are due the day of the infraction. If late fees are not paid, I understand this can result in my child's membership being suspended. Hours of operation – Unless otherwise noted:



School Year: Afterschool 2:00 to 5:30 pm
 Summer Program: Daily 8:00 am to 5:00 pm.



_____ I will participate and attend Parent/Guardian Orientation and agree to participate and attend at least four (4) Adult Family Member Literacy Education Events during the School Year. Attendance will be documented by sign-in rosters and completion of an event survey. Annual Orientation must be completed before my child can start attending the Boys & Girls Club. Adult programs will be scheduled, and the parent will be given the date and time. I understand that if I cannot make the orientation that my child cannot start attending the Club until another orientation is rescheduled and attended. This includes any member past or present.

_____ The Boys & Girls Clubs of Highlands County has a no nit and no lice policy. If your child is found to have lice or nits they will need to be picked up immediately and may not return until their head is clear of lice and nits.



_____ I understand that if the Boys & Girls Club staff contact me regarding my child being sick or hurt that I will pick up my child immediately or make arrangements for them to be picked up.

_____ I understand that access to Boys & Girls Clubs' network and the Internet are designed for educational purposes and the Boys & Girls Clubs have taken precautions to educate members on appropriate educational materials. However, it is understood that no matter how much supervision and monitoring that the Club can utilize, there will always be the possibility of my child coming in contact with inappropriate material, and I will not hold the Boys & Girls Clubs responsible for materials acquired on the network.

RULES, WAIVERS AND REGULATIONS – Please initial each acknowledgement

PROGRESS ASSESSMENTS PERMISSION FORM - Please Check or initial your selection

Club Members are requested to participate in **Progress Assessments** during the school year and summer that will measure individual and group progress in areas of academics, behavior, fitness and enrichment. These assessments will include but not be limited to: Surveys for outcome measurements, **schools' grade and progress report cards**, household demographics, and customized surveys built for specific programs (i.e. SMART Moves). Survey information is collected in aggregate and reported anonymously for purposes of program management and funding sources requests.

For valuable consideration I, the undersigned, hereby irrevocably consent to and give authorization for my child to participate in Member Assessments used by Boys & Girls Clubs of Highlands County.

_____ **I give permission for my child to participate in Member Assessments.**

_____ I DO NOT give permission for my child to participate in Member Assessments.

Name Printed: _____ **Parent/ Guardian Signature:** _____

MEDIA PERMISSION FORM - Indicate by checkmark OR initial

Use of Name, Photograph and Identity in Connection with Advertising and/or Promotion of the organization or any of our partners. or valuable consideration I, the undersigned, hereby irrevocably consent to and authorize the unrestricted use by Boys & Girls Clubs of Highlands County/ or partnering agencies of my child's name, photographs, works of art and identity in various BGCHC website, social media and collateral material, as well as miscellaneous print publications and other media outlets, and any personal information that I supply to the Companies, in connection with advertising and promotion of the Companies and/or their products in any media, form or material selected by the Companies, without any right of prior review or further approval, whether such advertising and promotion is to the public, to the trade, or both, and in the corporate releases, newsletters and other communications of the Companies; and I hereby waive, and release and discharge said Companies and all agents, employees and officers of the Companies, including their agencies, media producers and customers from, any claims, liabilities and demands, past, present or future, including any that I do not now know of or anticipate arising in the future, none of which would affect my execution of this release if known to me, and waive all rights with respect to such use of my name, photograph, identity, and personal information including but not limited to publicity, privacy, psychological injury and libel.



_____ **I give my child Media Permission.**
_____ I DO NOT give my child Media Permission.

SCHOOL DATA RELEASE FORM - Indicate by checkmark OR initial

The Boys & Girls Clubs of Highlands County will maintain all member files in a confidential manner. I give permission for pertinent information (i.e. all academic information, report card information, behavioral reports, state testing IEP: FCAT, F.A.S.T. Stake Holders Survey, School ID # FL ID # or tutorial information) may be shared professionally with Boys & Girls Clubs staff members and Program Partners Permission for the sharing of this information is a requirement for child's participation in some grant-sourced activities and programs, without which the child may be limited in receiving the full aspect of BGCHC programming.



_____ **I give permission** to the BGCHC to receive all academic information from my child's school.
_____ I DO NOT give permission to BGCHC to receive all academic information from my child's school.

FIELD TRIPS PERMISSION FORM - Please Checkmark or initial your selection

Club Members may have opportunities to expand their learning and life experiences by attending field trips to other Boys & Girls Club locations or educational venues in and outside Highlands County. These may include trips to museums, theatre productions, parks, art galleries, library, sports fields, swimming pools, special events. Field trip activities will be scheduled in advance and attendance may be offered on a space available basis, and as determined to be age-appropriate per the discretion and planning of the Site Director. Special event costs or fees may apply.



_____ **I give permission for my child to participate in any Field Trips,**
_____ I Do Not give my child permission to participate in any Field Trips

Name Printed: _____ Parent / Guardian Signature: _____

PREVENTION PROGRAMS PARTICIPATION - Please Check or initial your selection

The Boys & Girls Clubs of Highlands County teaches age-appropriate preventative programs called SMART Families & Gang Prevention. Both programs help young people resist the most immediate threats to their wellbeing: making good choices, premarital sex, alcohol, gang involvement, tobacco and other drugs, and cyber threats. The programs are designed to reduce member's vulnerability by giving them the tools they need to help themselves. The Club also does a bullying prevention program that teaches youth how to not be a bully and what to do if you are being bullied.

_____ **I give permission** for my child to participate in these **Prevention Programs.**
_____ I DO NOT give permission for my child to participate in Prevention Programs.



Name Printed: _____ Parent / Guardian Signature: _____

PLEASE NOTE ALL FEES ARE NON-REFUNDABLE. BY SIGNING BELOW YOU ARE STATING THAT YOU UNDERSTAND THIS POLICY.

_____ My Parent/ Guardian initials indicate I understand that membership is NON-REFUNDABLE

I HAVE READ THE COMPLETED APPLICATION AND UNDERSTAND THE RULES OF THE BOYS & GIRLS CLUBS OF HIGHLANDS COUNTY AND REQUEST THAT MY SON/DAUGHTER BE ADMITTED INTO MEMBERSHIP. I HAVE EXPLAINED THE RULES TO MY SON/DAUGHTER AND AGREE THAT THE BOYS & GIRLS CLUB OF HIGHLANDS COUNTY WILL NOT BE RESPONSIBLE FOR ANY ACCIDENT TO THE BOY/GIRL WHILE ON ANY OF OUR PREMISES OR WHILE ENGAGED IN ANY ACTIVITIES AWAY FROM BOYS & GIRLS CLUBS OF HIGHLANDS COUNTY.

PARENTS/GUARDIAN'S SIGNATURE _____

Name Printed: _____

DATE _____