

**BOYS & GIRLS CLUBS  
OF NORTH MISSISSIPPI  
2022-2023 After School**



BGC Office Use Only:  
Program:

BGC #

New Member ☐ Renewing Member ☐

UNIT: Oxford (LOU Barksdale Clubhouse)

**Member Information**

First Name	M.I.	Last Name	Last 4 of SSN #
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Street Address

City	County	State	Zip
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Gender: Male _____ Female _____	Birth Date: Copy of birth certificate may be required:	Age: Copy of vaccination record (Form 121) required:
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School: Copy of Report card required for all new members:	Teacher	Grade:
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**My child is currently on the Free or Reduced Lunch Program: No ☐ Free ☐ Reduce ☐**

Ethnicity:	Black - African American _____	Haitian _____	Native Hawaiian / Pacific Islander _____
	Hispanic / Latino _____	Asian American _____	American Indian or Alaskan Native _____
	White – Caucasian _____	2 or More _____	Some Other Race _____

Previously a Member of Boys & Girls Clubs: ☐ Yes ☐ No Number of Years: \_\_\_\_\_ Which Club: \_\_\_\_\_

Is Your Child a Member of Other Youth Programs: Yes or No	Name of Other Youth Programs:
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Does Your Child Know How to Swim: Yes or No	T-SHIRT SIZE Youth: S M L XL Adult Size: S M L XL XXL
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List Your Child's Hobbies or Interests:

Member has permission to be used in public relations materials: ☐ Yes ☐ No

Parent Signature:

Member may participate in all Club activities in or adjacent to the Club building: ☐ Yes ☐ No

Parent Signature:

**Household Information**

Report cards and the following information are necessary for our records and the funding the organization receives.  
The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Family Setting: Two Parent Family ☐ Single Parent Family ☐ Other ☐

Current Head of Household <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both	Number in household under the age of 18: _____
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Is there a member of the household age 65 or older: <input type="checkbox"/> Y <input type="checkbox"/> N	Total Number in household: _____
Is there a member of the household handicapped: <input type="checkbox"/> Y <input type="checkbox"/> N	

Member Lives with:	Both Parents _____	Mother _____	Father _____
	Stepmother _____	Stepfather _____	Grandparent(s) _____

	Aunt/Uncle _____	Foster Parent(s) _____	Other _____
Annual Household Income	\$0 - \$10,000 <input type="checkbox"/>	\$35,001 - \$40,000 <input type="checkbox"/>	\$65,001 - \$70,000 <input type="checkbox"/>
	\$10,001 - \$15,000 <input type="checkbox"/>	\$40,001 - \$45,000 <input type="checkbox"/>	\$70,001 - \$75,000 <input type="checkbox"/>
	\$15,001 - \$20,000 <input type="checkbox"/>	\$45,001 - \$50,000 <input type="checkbox"/>	\$75,001 - \$80,000 <input type="checkbox"/>
	\$20,001 - \$25,000 <input type="checkbox"/>	\$50,001 - \$55,000 <input type="checkbox"/>	\$80,001 - \$85,000 <input type="checkbox"/>
	\$25,001 - \$30,000 <input type="checkbox"/>	\$55,001 - \$60,000 <input type="checkbox"/>	\$85,001 - \$90,000 <input type="checkbox"/>
	\$30,001 - \$35,000 <input type="checkbox"/>	\$60,001 - \$65,000 <input type="checkbox"/>	\$90,001 and above <input type="checkbox"/>
Military Service Parent or Guardian	Currently Serving _____	Service Branch:	
	Veteran _____		
Parent / Guardian Information			
Full Name		Cell / Home Phone	
Employer		Work Phone	Email
Full Name		Cell / Home Phone	
Employer		Work Phone	Email
Legal Guardian Full Name (If different from above)		Cell/Home Phone	
Legal Guardian Employer		Work Phone	Email
Persons Authorized to Pick Up Member			
#1	Full Name	Relation to Member	Phone Number
#2	Full Name	Relation to Member	Phone Number
#3	Full Name	Relation to Member	Phone Number
#4	Full Name	Relation to Member	Phone Number
#5	Full Name	Relation to Member	Phone Number
#6	Full Name	Relation to Member	Phone Number
#7	Full Name	Relation to Member	Phone Number
#8	Full Name	Relation to Member	Phone Number
#9	Full Name	Relation to Member	Phone Number

<b>#10</b>	Full Name	Relation to Member	Phone Number
<b>Health &amp; Emergency Information</b>			
<b>Emergency Contact</b>	First Name	Last Name	Phone Number
<b>Physician</b>	First Name	Last Name	Phone Number
<b>Preferred Clinic</b>	Clinic Name	Clinic Location	Phone Number
<b>Preferred Hospital</b>	Hospital Name		
Insurance Coverage: Yes ____ No ____		Insurance Company Name	Policy #
List All Medical Problems, Warnings, Allergies or Special Needs that could potentially impact member health at the Club:			
<b>List all medications:</b> <span style="color: blue;">Boys &amp; Girls Clubs of North MS will not dispense or administer any medications</span> (Optional)			

### PERMISSION FORM, RELEASE AND INDEMNITY AGREEMENT

I hereby give my child permission to join the Boys & Girls Clubs of North Mississippi, Inc. and to appear in pictures/video of Boys & Girls Club activities to be used for publicity purposes. I understand and agree that if my child must be transported to and from a Boys & Girls Clubs facility, he/she must be picked up by closing time or a late fee may be charged. I further understand and agree that the Boys & Girls Clubs has an open door policy and is not responsible for my child leaving a club without permission. As a parent or guardian of the above child, I approve his/her joining the Boys & Girls Clubs and agree not to hold the Boys & Girls Clubs, its Board of Directors, Officers, Staff or Volunteers responsible and/or liable, and hereby RELEASE, INDEMNIFY AND HOLD THEM HARMLESS from liability for losses of any personal property and for any injuries or accidents suffered by my child at a Club or in connection with membership or participation, including any injury or loss caused by or claimed to be caused by the negligence, whether in whole or in part, of the Boys & Girls Clubs, its directors, officers, employees, or volunteers. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Boys & Girls Clubs to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child as named above. I will be responsible for any equipment destroyed or defaced by my child.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

I wish to become a member of the Boys & Girls Clubs of North Mississippi. If I am accepted, I promise to take care of the Boys & Girls Club building, games, equipment and good name. I will not allow any other person to use my membership card. I will be loyal to the Club and will respect all other members of the Boys & Girls Club and Staff at all times. I will be responsible for any equipment destroyed or defaced by me.

\_\_\_\_\_  
Club Member's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



## CODE OF CONDUCT

1. **No Fighting.** Fighting will result in a minimum of 3 day suspension. If your child gets suspended 3 or more times he/she will potentially be expelled from the club.
2. **No Profanity or racial epithets.** Using profanity or racial epithets will result in suspension or expulsion from club.
3. **No revealing or tight clothes.** Members will be sent home to change clothes if they are too tight or revealing any body parts.
4. **No Head Gear** to be worn inside the building.
5. Members are not allowed to leave program areas without permission from a Staff member.
6. No talking about each other or Family Members.
7. **No one is to leave the building without permission.** If your child leaves building he/she will not be able to return to the club.
8. Disruptive behavior (talking, horse playing, cell phones, etc) during program activities will not be tolerated. Keep your hands and feet to yourself.
9. No sagging or wearing pants excessively below the waistline.
10. **No cell phone use during program activities.** The Boys and Girls Club will not be responsible for any electronic devices such as cell phones, game consoles, IPod, iPad, etc.
11. **PLEASE RESPECT ALL BOYS AND GIRLS CLUB STAFF AND PROPERTY.**

## FAILURE TO COMPLY WITH CODE OF CONDUCT WILL RESULT IN DISCIPLINARY ACTIONS

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Boys & Girls Clubs of North Mississippi- internet Usage Policy

As a parent/guardian of this member, I have read the Boys & Girls Clubs of North Mississippi's Responsible computer Usage Guideline or understand that a copy is available should I wish to do so. I understand that access to the Boys & Girls Club network and the internet is designated for educational purposes and the Boys & Girls Club has taken available 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 into contact with inappropriate material, and I will not hold the Boys & Girls Clubs of North Mississippi responsible for materials acquired or encountered on the network.

## Rules for Online Safety

- I will not give out personal information such as my address, telephone number, guardians' work address/telephone number, or the name and location of my school without my guardians' written permission.
- I will tell my guardians and/ or a staff member of the Boys & Girls Club right away if I come across any information that makes me feel uncomfortable.
- I will never agree to meet someone from online without first checking with my parents. If my guardians agree to the meeting, I will be sure that it is in a public place and will bring my guardians with me.
- I will never send my picture or anything else without the approval of my guardians AND a staff member of the Boys & Girls Club.
- I will not respond to any messages that are mean or in any way make me feel uncomfortable. It is not my fault if I get a message like that. If I do, I will report it to a staff member of the Boys & Girls Club immediately.
- I will talk with my guardians so that we can set up rules for going online. We will decide the length of time I can be online and the appropriate areas for me to visit. I will not access other areas or break these rules. I will also follow the guidelines set forth by the Boy & Girls Club.
- I will be good online citizen and not do anything that hurts people or is against the law.

Name of Member (please print): \_\_\_\_\_

Signature of Member \_\_\_\_\_

Signature of Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Note: The member will not be allowed to access the Internet on BGCNMS computers until this form is signed and returned to the Club.**



## Boys & Girls Club Request for Student Report Card and Test Scores

### NOTICE TO PARENTS:

The Boys & Girls Club has requested to receive a copy of your child's report cards and test scores. Pursuant to the Family Educational and Privacy Rights Act (20 U.S. C. 1232g), student education records are private and confidential, and are protected from disclosure. Parents and eligible students (18 and over) have the right to inspect and review the student's education records and to consent to the release of such records.

In accordance with Federal law and Board policy (KBB-E), the Oxford and Lafayette School Districts will not release your child's report cards and test scores to the Boys & Girls Club unless you consent for such disclosure in writing. The form below may be used for such consent.

If you have any questions, please feel free to contact the Office of the Superintendent (662) 234-3541 or your Boys & Girls Club representative.

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### PERMISSION FOR DISCLOSURE OF REPORT CARD:

I, the parent, or legal guardian of the student(s) named below, do hereby give my consent for the release of my child's report cards and test scores to the Boys & Girls Club for the time period in which my child is attending the Boys & Girls Club.

Parent Signature: \_\_\_\_\_

Parent Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_

List all students in your family for whom this release applies:

Student(s) Name

School

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## **L.O.U Boys and Girls Club Transportation Application**

### **Member Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: \_\_\_\_ M \_\_\_\_ F Ethnicity: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **School Information**

Current Teacher: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

### **Medical Information (Optional)**

Health Problems: \_\_ Yes \_\_ No if yes, explain: \_\_\_\_\_

Medications: \_\_ Yes \_\_ No if yes, explain: \_\_\_\_\_

Allergies: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_