

Membership Information Form

Unit Information For Office Use Only



Branch Name <input style="width: 90%;" type="text"/>	Member ID <input style="width: 90%;" type="text"/>	Data Entry Rec'd: <input style="width: 80%;" type="text"/> Entered: <input style="width: 80%;" type="text"/> ID Issued: <input style="width: 80%;" type="text"/>
Member Status <input type="checkbox"/> New <input type="checkbox"/> Renewing <input type="checkbox"/> Former	Active <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Membership Dates Service: <input style="width: 80%;" type="text"/> Termination: <input style="width: 80%;" type="text"/> Initial: <input style="width: 80%;" type="text"/> Renewal: <input style="width: 80%;" type="text"/>
Comment: _____ _____ _____		

Member Information

First Name:	Middle Name:	Last Name:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Gender:		
<input type="checkbox"/> Male <input type="checkbox"/> Female		
Ethnicity:		
<input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Haitian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Multi Racial <input type="checkbox"/> Other		
Date of Birth:	Social Security #	
<input style="width: 80%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Address:		City:
<input style="width: 95%;" type="text"/>		<input style="width: 80%;" type="text"/>
		State:
<input style="width: 95%;" type="text"/>		<input style="width: 80%;" type="text"/>
ZIP:	Phone:	Email:
<input style="width: 80%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

School Information

School:	Grade:	Student ID Number:
<input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 95%;" type="text"/>
Fee Level (School Lunch): Free <input type="checkbox"/> None <input type="checkbox"/> Reduced <input type="checkbox"/>		

Contacts:

Primary Contact: _____ **Relationship:** _____

Father's First Name:	Father's Last Name:	Father's Work Phone & Ext:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Father's Employer:	Father's Occupation:	Father's Cell Phone:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Mother's First Name:	Mother's Last Name:	Mother's Work Phone & Ext:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Mother's Employer:	Mother's Occupation:	Mother's Cell Phone:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Other:		
First Name:	Last Name:	Work Phone & Ext:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Employer:	Occupation:	Cell Phone:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

1.) First Name:	Last Name:	Phone:	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.) First Name	Last Name:	Phone:	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Not Authorized to Pick Up:

1) First Name:	Last Name:	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>

Medical Information:

Physician:	Physician Phone
<input type="text"/>	<input type="text"/>
Special Needs/Health Problems: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medications: <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Explain:	If Yes, Explain:
<input type="text"/>	<input type="text"/>

Household:

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

Member Lives With:	Annual Family Income Level:
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Below \$10,000
<input type="checkbox"/> Mother	<input type="checkbox"/> \$10,000 - \$14,999
<input type="checkbox"/> Father	<input type="checkbox"/> \$15,000 - \$19,999
<input type="checkbox"/> Step Mother	<input type="checkbox"/> \$20,000 - \$29,999
<input type="checkbox"/> Step Father	<input type="checkbox"/> \$30,000 - \$39,999
<input type="checkbox"/> Grandparents	<input type="checkbox"/> \$40,000 or above
<input type="checkbox"/> Foster Parents	<input type="checkbox"/> Income Unknown
<input type="checkbox"/> Other	
Total Number in Household: _____	

Administrative Use Only

Parents/Member has signed attendance policy statement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Member/Contacts understood signed permission statement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Member has permission to be used in public relations materials: <input type="checkbox"/> Yes <input type="checkbox"/> No
Member may participate in all Club activities: <input type="checkbox"/> Yes <input type="checkbox"/> No

I have read the completed application and understand the rules of Boys & Girls Clubs of Central Florida and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that Boys & Girls Clubs of Central Florida will not be responsible for any accident to the boy/girl while on the premises or while engaged in any of its activities away from Boys & Girls Clubs of Central Florida. I give my permission to Boys & Girls Clubs of Central Florida to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members. I understand that Boys & Girls Clubs of Central Florida may share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be 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 other information collected by Boys & Girls Clubs of Central Florida, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential. Boys & Girls Clubs of Central Florida will provide reasonable accommodation to students with disabilities, provided these accommodations do not pose an undue hardship on the organization or jeopardize the safety of other students or employees. The administrative staff reserves the right to make all program-related decisions on reasonable accommodations. The goal of Boys & Girls Clubs of Central Florida is to be as inclusive as possible in providing recreational opportunities for all youth. By enrolling your child in the program, you agree that your child has the skill level required to participate, is able to use restroom facilities without assistance, and is able to eat meals and snacks unassisted. If there are any questions regarding your child's ability to participate in our program, Boys & Girls Clubs of Central Florida may require an individualized assessment. Please note that we are not able to provide one-on-one supervision of your child.

Parent or Guardian Signature

Club Member's Signature

Date: Month _____ Day _____ Year _____



BOYS & GIRLS CLUBS
OF CENTRAL FLORIDA

AUTHORIZATION TO LEAVE THE CLUB UNESCORTED

- My child is 12 years or older and has my permission to check him/herself out of the Club.
- My child is 12 years or older but DOES NOT have my permission to check him/herself out of the Club.

- My child is younger than 12 years old but has my permission to leave the Club with the following relative(s) that are 12 years or older and are Club members:

Name: _____ Age: _____
 Relationship: Brother Sister Cousin Other: _____

Name: _____ Age: _____
 Relationship: Brother Sister Cousin Other: _____

Name: _____ Age: _____
 Relationship: Brother Sister Cousin Other: _____

Name: _____ Age: _____
 Relationship: Brother Sister Cousin Other: _____

- My child is younger than 12 years old but DOES NOT have my permission to leave the Club with anyone other than those listed as authorized to pick up on the membership form.

SAFE PASSAGE AND RELEASE OF LIABILITY WAIVER

I understand and agree that Boys & Girls Clubs of Central Florida has a Safe Passage policy that prohibits members from coming and going as they please, but that Boys & Girls Clubs of Central Florida will not be responsible for my son/daughter leaving the Club in violation of this policy, with or without my permission. I understand that once a child who is less than 12 years of age has entered the building, he/she will be told that they cannot leave until a parent/guardian/authorized person arrives to retrieve him/her. In the case of a parent, guardian or authorized adult with a disability, staff will make accommodations to safely bring the Club members out to the adult picking up the members. I understand that Boys & Girls Clubs of Central Florida is not a licensed day care facility and that staff will not physically restrain members who insist on leaving without parent permission.

I understand that because of the nature of the programs and activities in which the member may participate, there is a potential for injury. I recognize these risks and allow the Club member to participate in all activities and programs offered. I agree on behalf of myself and the member to assume the risks associated with all activities of the member with Boys & Girls Clubs of Central Florida. For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned, on behalf of myself and the member, hereby agree to indemnify and hold harmless and to release, acquit and forever discharge Boys & Girls Clubs of Central Florida, its staff, and all other persons, organizations and corporations affiliated therewith of and from any and all loss, liability, claims, demands, damages, actions, causes of actions, suits, cost and expense (including reasonable attorney fees at or before trial and on appeal) for personal injury, death, disability, loss of income, property damage or otherwise arising out of or relating to the undersigned's and/or the member's participation in Boys & Girls Clubs of Central Florida or arising from or involving, in whole or in part, any alleged action or omission of Boys & Girls Clubs of Central Florida, including negligence.

As a parent/guardian, I am committed to educate my child about the dangers and consequences of weapons and/or illegal substances. Boys & Girls Clubs of Central Florida staff reserve the right to inspect personal belongings brought by members into the Club, including but not limited to bags and backpacks. The parents and/or legal guardians of the Club member will be notified immediately by Boys & Girls Clubs of Central Florida staff if a weapon or illegal substance is discovered from a search of the Club member's belongings. Boys & Girls Clubs of Central Florida staff may also contact the appropriate law enforcement agency to assist in the inspection of Club member belongings if it is deemed to be in the best and safest interest of the Club and its staff and members as a whole.

I hereby certify that my child (member) is currently age six or older, in good health, and capable of participating in Boys & Girls Clubs of Central Florida programs. I have read, understand and will abide by all of the above. All information provided in this form is true and complete. I agree that any false or misleading representation or material omission may disqualify my child (member) from participating in Boys & Girls Clubs of Central Florida programs. I agree that any changes to this document must be made in writing by the Club member's legal guardian(s) who is physically present at the Club member's Club.

Legal Guardian's Name: _____ Relationship: _____

Signature: _____ Date: _____



BOYS & GIRLS CLUBS
OF CENTRAL FLORIDA

Boys & Girls Clubs of Central Florida Publicity Release

By my/our signature(s) set forth below, I/we release Boys & Girls Clubs of Central Florida (BGCCF) and Orange County Government from any claim for invasion of privacy or use of my/our likeness(es), and authorize the BGCCF Team to photograph, film, videotape and/or electronically record interviews with me/us, Club Member/Guardian, or both, our appearance(s), photograph(s), voice(s), physical likeness(es) and name(s) in such manner as they see appropriate for the growth of the organization's mission and brand awareness.

I/we further authorize BGCCF, Orange County Government, and all other persons or entities participating in taking said photographs, films, videotapes and/or electronically recorded interviews to distribute now or at any time in the future, any or all of said photographs, films, videotapes and/or electronically recorded interviews to anyone including the general public, magazines, newspapers, television and radio stations, and/or any other organization or person that routinely presents information or news to the general public. No compensation shall be paid to me/us for such uses as described in this paragraph. BGCCF shall own intellectual property and copy rights in all recordings, photographs, film, and videotape herein described above.

Print Club Member Name

Age

Print Guardian Name

Guardian Signature

Telephone #

Date

Witnessed by (BGCCF Representative)