



Membership Registration

_____ After-School Program

_____ Summer Program

Administrative Use Only:

| | | | | | | |
|------------------------|-----------------------------|-----------------|---|--------------|-------------------------|---------------|
| Membership Start Date: | Membership Expiration Date: | Classification: | Paid: Yes <input type="checkbox"/> No <input type="checkbox"/> | Accepted by: | Processed by (KidTrax): | Membership #: |
|------------------------|-----------------------------|-----------------|---|--------------|-------------------------|---------------|

MEMBER INFORMATION

Gender: Male Female **Ethnicity:** Hispanic Non-Hispanic
Race: African-American Caucasian Asian Native American Middle-Eastern Multi-Racial Other _____

Name: Last _____ First _____ Middle _____ Age _____

Street Address _____ City _____ State _____ Zip _____

Date of Birth _____ School _____ Grade _____

Have you been a member of this Club Before? Yes No Referred to Club by: _____

Doctor's Name _____ Phone Number _____ Address _____

FAMILY INFORMATION

Employed Self-Employed Unemployed

Mother/Guardian's Name _____ Home/Cell Phone _____

Mother/Guardian's Employer/Company Name _____ Work Phone Number _____ Email Address (personal or work) _____

Employed Self-Employed Unemployed

Father/Guardian's Name _____ Home/Cell Phone _____

Father/Guardian's Employer/Company Name _____ Work Phone Number _____ Email Address (personal or work) _____

Number in Household: _____
 Under 18 / Over 18 _____ Parent/Guardian in Military _____ Branch _____

Parents/Guardians (circle one): Married Single
Primary Residence - Child lives with (circle ALL that apply): Mother Father Both Grandmother Grandfather Aunt Uncle
 Step-mother Step-father Other: _____

Annual Household Income (please check one):
 \$0-\$5K \$5,001-\$11,770 \$11,771-\$15,930 \$15,931-\$20,090 \$20,091-\$24,250 \$24,251-\$28,410
 \$28,411-\$32,570 \$32,571-\$36,730 \$36,731-\$40,890 \$40,891-\$55K \$55,001-\$65K \$65,001-\$70K
 \$70,001-\$75K \$75,001-\$80K Above \$80K

Household Program (Please check all that apply): Families First Certificate Free/Reduced Lunch Program Medicaid
 TANF ATLAS/McKinney Vento N/A

IN CASE OF EMERGENCY

Authorized Emergency Contact/Pick-Up _____ Relationship to Member _____ Home & Cell Phone Numbers _____

Authorized Emergency Contact/Pick-Up _____ Relationship to Member _____ Home & Cell Phone Numbers _____

Authorized Emergency Contact/Pick-Up _____ Relationship to Member _____ Home & Cell Phone Numbers _____



Membership Registration

Confidential Password: _____

This will be used as telephone identification should you need to call and speak with your child or make a one-time adjustment to your authorized pick-up list. PLEASE DO NOT SHARE THIS PASSWORD WITH ANYONE.

*****Medical/Behavioral Conditions*****

(Must include ALL medical, mental health and behavioral conditions/concerns, allergies and medications)

Child Abuse Regulations:

The Boys & Girls Clubs of Rutherford County (BGCRC) is required by law to report to the Department of Children's Services any suspected child abuse of our members. All suspected child abuse will be reported immediately. I have received, read and had an opportunity to discuss with a staff member a summary of licensing requirements, parent letter regarding child abuse, Parent Handbook, and I have had a pre-placement visit.

Disclaimer:

By signing below, I certify the above information is true to the best of my knowledge. Some programs offered are federally funded and may require documentation of income. I agree to provide documentation of income upon request. I authorize Boys & Girls Clubs of Rutherford County to contact me if my child is injured and/or harmed in any way. I also authorize Boys & Girls Clubs of Rutherford County to seek medical attention for my child if he/she is injured and/or harmed and needs immediate medical assistance at a local hospital or emergency care center. I certify that I and/or our family's insurance provider will be responsible for any financial medical costs that may be associated with all medical attention and treatment given to my child. In consideration of the Boys & Girls Clubs granting my child the opportunity to participate in the After School/Summer program, I hereby release, indemnify and hold harmless the Boys & Girls Clubs of Rutherford County from any liability, claim or demand resulting from any legal medical attention and assistance that may be needed and provided as a result of an injury or harmful incident to my child.

- I give my consent for my child to participate in Boys & Girls Club activities in or adjacent to the Club building. Yes No
- I give my consent for my child to be photographed; video taped and/or interviewed for public relations purposes. Yes No
- _____ (initials) I understand that BGCRC operates with a 1:20 staff/member ratio and that the following is required of Club members:
 - Able to participate in Club programs independently, or with minor accommodations provided
 - Able to use the restroom independently and safely, or with minimal verbal prompting
 - Able to take direction and instruction from staff or volunteers
 - Comfortable with, and able to interact in, a group environment fostering teamwork and positive behavior
 - Interacts and participates in programs in a manner that is physically and emotionally safe for everyone
 - Does not require physical intervention for redirection, assistance, or for any other reason
- _____ (initials) I understand that I must attend a Parent Orientation before my child can participate at the Boys & Girls Clubs of Rutherford County.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date