

## MEMBERSHIP FORM Summer 2024- Fee \$75

Ages 6 - 18

| Club: | Columbus           |
|-------|--------------------|
|       | Schulenburg        |
|       | Weimar             |
| www.h | ngcchamnyalley org |

| First Name  | Middle Name Last Name                                |                        |                                | Please fill each block below |  |
|---|--|------------------------|--------------------------------|------------------------------|--|
|   |  |                        |                                |                              | for grant writing purposes                                   |
| Address   | City   | Zip                    | Date of Birth                  | Age                          | The following information is optional, but <b>needed</b> for |
|   |  |                        |                                |                              | statistical purposes to receive                              |
| Gender Teacher Name   |  | Grade                  | School                         |                              | funding through grants. Your                                 |
| Male<br>Female  |  |                        |                                |                              | responses are confidential.                                  |
| Mother or Female Guardian's Name  | Cell #:  |                        | Email (Required)               |                              | Race/Ethnicity:  |
|   |  |                        |                                |                              | African American   |
| Father or Male Guardian's Name  | Work#:<br>Cell #:                                    |                        | Email                          |                              | Asian  |
| rather of Male Guardian Situation   |  |                        | Email                          |                              | Caucasian  |
| Francisco Control (Description to Birl He   | Work#:   |                        | Day Phana Number               |                              | Hispanic Two or More Races                                   |
| Emergency Contact/Permission to Pick Up   | Relationship   |                        | Day Phone Number               |                              |  |
|   |  |                        |                                |                              | Currently Enrolled In:                                       |
| Emergency Contact/Permission to Pick Up   | Emergency Contact/Permission to Pick Up Relationship |                        | Day Phone Number               |                              | Free or Reduced Lunch  |
|   |  |                        |                                |                              | Medicaid   |
| Insurance Carrier and Number  |  | Doctor's Name          |                                | CHIP STAR Services           |  |
|   |  | Phone #:               |                                |                              |  |
| Any serious health problems, medical con  | ditions, or disabilitie                              | s that may limit the m | nember in participating in Clu | ub activities?               | Child Lives With:  |
| If yes, please explain:   |  |                        |                                |                              |  |
|   |  |                        |                                |                              | Single Parent Both Parents                                   |
| Medications? If yes, please explain:  |  |                        |                                | Grandparent                  |  |
| 7.34  |  |                        |                                |                              | Guardian   |
|   |  |                        |                                |                              | Other  |
| Boys & Girls Clui   | os of Champion '                                     | Valley does not di     | iscriminate based on           |                              | Head of Household:   |
| political affiliation, race   |  | =                      |                                | ility.                       | Mom Dad  |
|   |  |                        |                                |                              | Both   |
|   | <b>PARENTAL A</b>                                    | UTHORIZATIO            | N                              |                              | Total # in Household:  |
| I, parent or guardian of the above nar  | ned child, fully un                                  | derstand that the      | participation in the Boys      | & Girls Clubs of             | # in Household that are:                                     |
| Champion Valley could result in injury  | or illness. Tassum                                   | e all risks and hazar  | ds incidental to such part     | icipation and do             | Under 18   |
| hereby waive, release, absolve, indemnify and agree to hold harmless the Boys & Girls Clubs of Champion Valley, the   |  |                        |                                |                              | Over 65+   |
| organizers, supervisors, participants, varticipants, varticipants, varticipation in the Bov                           | ·  |                        | _                              | -                            | Handicapped  |
| administrators and assigns. Further, I h  | •  | -                      |                                |                              |  |
| video, motion pictures, recordings or a   |  |                        |                                |                              | Yearly Family Income:  |
| No refun  | ds are granted                                       | l under any circ       | umstances.                     |                              | \$0-\$15,000   |
| I, also grant permission to managing personnel or other representatives to authorize and obtain medical care from any |  |                        |                                |                              | \$15,001-\$20,000<br>\$20,001-\$30,000                       |
| licensed physician, hospital or medica  | \$30,001-\$40,000                                    |                        |                                |                              |  |
| activities away from home, or at any ti   |  |                        |                                | ncy treatment. I             | \$40,001-\$50,000  |
| will furnish a certified birth certificate  | of the above name                                    | d upon request by      | sponsors or supervisors.       |                              | \$50,001-\$64,999<br>\$65,000 and up                         |
| For Club Use Only:  | <del></del>  |                        | NewRer                         | nowing.                      | 1  |
| Member  | н:   |                        | NewRer                         | iewing                       | Military Parent/Guardian:                                    |
| Mothed of Dayment:  | ach Charl  | , #                    | Vision Entry Date:_            |                              | Yes No   |
| Method of Payment:C Credit Card:MCV   |  |                        | Entered By:                    |                              | Branch of Service:   |
|   |  | Date Paid              |                                |                              |  |
| Paid Amount: Payme  |  |                        | Grant / Scholarship            | Applied:                     | MarinesArmy Air Force Navy                                   |
|   |  |                        | TEXSYN                         | • •                          | Coast Guard  |
| Partial Pymt: Amt/Date  |  |                        |                                | ip                           | Air National Guard   |
| Amt/DateAmt/Date  |  |                        |                                |                              | Reserves Active Duty   |
| Final Payment: Amt/Date   |  |                        | (Must have Site Dir /C         | FO Authorization)            | 11   |

## **Expectations of Conduct**

Respect others • Respect yourself • Respect your Boys & Girls Club and what it represents

## Please read the following and initial each statement indicating that you have read and understood them:

I hereby give permission for my child (or ward) to become a member of Boys & Girls Clubs of Champion Valley (the "Club") and to participate in all programs and activities. A Parent/Member Handbook is available upon request. I understand that the Club is **NOT** regulated as a licensed daycare by the State of Texas and that an open campus policy is in effect at all times. I further understand that the Club is **NOT** responsible for the time or manner in which my child (or ward) may arrive at or leave the facility.

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|---|
| I understand and agree that my child (or ward) must be picked up by closing time. Multiple late pick-ups could result in a suspension<br>from the Club.   |
| I understand that the Club cannot and will not administer prescription or over the counter medications of any kind to my child (or ward).   |
| In the event of an emergency, I authorize Club staff to secure medical treatment for my child (or ward) and that I, as the legal guardian, will assume any and all responsibility for paying medical expenses associated with such treatment. I understand that the Club does not provide medical insurance for my child (or ward).   |
| I understand that the Club does not refund memberships and that my child (or ward) must obey all standards of conduct. I further understand that behavioral problems that cannot be resolved may result in my child (or ward) being suspended from the Club without monetary refund.  |
| I understand that the Club is not responsible or legally liable for any personal property losses or for any bodily injuries incurred and suffered by the applicant on any Club property or in connection with any activities at any of its facilities, or while engaged in an Club activities away from the Club.   |
| give permission and/or consent for the following:   |
| for my child's (or ward's) picture or any reproduction thereof (while he/she is engaged in Club-related activities) to be used for publicity/fundraising purposes. I give permission for the Club to use my child's (or ward's) name or any fictitious one for publicity/fundraising purposes.  |
| for my child (or ward) to participate in all <u>age appropriate</u> educational programs, such as, S.M.A.R.T. Moves (Skills Mastery and Resistance Training) a national prevention program that helps young people avoid alcohol, tobacco, and other drugs, and attain social competency, S.M.A.R.T. Girls a national program that offers age-specific activities designed to build character and instill the values of integrity, self-discipline and mutual respect, and Passport to Manhood a national program that instills in young boys the values and moral compass that will assist them in their journey from adolescence to manhood. I understand that topics of discussion may include physical, emotional and social changes in our bodies, dating and friendships, nutritional habits including eating disorders, healthy exercise, communication skills, taking care of your body, ethics, wellness, respect to authority and employment exploration and careers. |
| for the Club to administer occasional anonymous surveys to my child (or ward) for purposes of better understanding the need of my child (or ward) and the impact of the Club on my child (or ward).   |
| for my child (or ward) to participate in Club activities and programs in, nearby, or adjacent to the club building.   |
| for my child (or ward) to participate in all off-site field trips.  |
| for my child (or ward) to ride the school bus to the Club after school and to be transported by qualified BGC staff and/or volunteers in the Club van or minibus for after-school pick-up or for local field trips.   |
| for the Club to make and retain copies of my child's (or ward's) report cards and/or progress reports or to be given access to CISD, SISD, SRS, SMS, or WISD records pertaining to my child (or ward) in order to better understand the academic needs of my child (or ward) and to better assist him/her in his/her educational pursuits. I understand that copies made of report cards and/or progress reports will remain confidential and will only be viewed by Boys & Girls Club Management.  |
| The undersigned represents that he/she is the parent and/or legal guardian of the minor named above, and represents that he/she has the legal authority to execute this consent and release. If the child/applicant is signing for him or herself, the undersigned warrants that he/she has reached the age of legal majority according to the State of Texas.  |
|   |

Member Signature

Date

Parent or Guardian Signature

**Printed Name**