

2020 MEMBERSHIP APPLICATION

Annual Dues \$60.00

1/1/20-12/31/20

- There are no full or partial refunds on membership. A \$60.00 processing fee will be charged on all returned checks.
- All members parents/guardian are required to attend at least one orientation during the Application Period
- All Information requested will never be shared with anybody. We consider your application confidential information and only use it for demographic purposes.



BOYS & GIRLS CLUB
OF THE RAPPAHANNOCK REGION
FREDERICKSBURG BRANCH

For Staff Use Only:

Payment Type:

Cash Money Order Check

Check/Money Order No. _____

Date Paid: _____

Date Enrolled in KidsTrax: _____

Receipt No. _____

Staff: _____

Youth/Household Information & Permissions

Child's Name: (Last) _____ (First) _____ (Middle) _____

The sex of my child is: Male Female

My child identifies as: Male Female Non-Binary Other: _____

My child's pronouns are: He/His She/Her They/Them

Race: African American Caucasian Asian Hispanic Native American

Other: _____

Ethnicity: Latinx Non-Latinx Date of Birth: _____ Age as of application date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Name of School: _____ Grade: _____

I give permission to BGCRR to:

- 1.) Copy and review all transcripts of academic performance: Yes No
- 2.) Photograph my child for internal use: Yes No
- 3.) Publish photographs of my child on BGCRR website, and social media: Yes No
- 4.) Do you consent for your child to receive medical attention in the event of an emergency?
 Yes No

The two main point of contacts for my child are:

(Typically, Mom + Dad)

Name: _____

Name: _____

Relationship to child: _____

Relationship to child: _____

Phone No.: _____ Ext. _____

Phone No.: _____ Ext. _____

Email Address: _____

Email Address: _____

Lives in Household? Yes No

Lives in Household? Yes No

Household type:

- Both Parents/Step Parents
 Single Parent
 Grandparents
 Foster Home
 Group-Home
 Residential Treatment Facility
 Relative
 Other: _____

Family setting:

- Mom + Dad (or step)
 2 Moms
 2 Dads
 Single Mom
 Single Dad
 Grandparents
 Grandma Only
 Grandpa Only

School Lunch:

- Full Price
 Reduced (please check yes for TANF below)
 Free (please check yes for TANF below)

Family Size:

Please check all public assistance programs that you or your household benefits from:

- SNAP/Food Stamps
 TANF
 SSI
 SSDI
 LIHEAP
 Section 8

If not listed, what type(s)? _____

Military Family? Yes No

If yes, what branch? _____

- Annual Household Income:
 \$0 - \$20,000
 \$39,001 - \$59,000
 \$20,001 - \$39,000
 \$59,001+

Insurance Information

- My household is uninsured
 Medic-Aid
 Medi-Care
 Anthem HealthKeepers
 United Health
 Other: _____

Member ID: _____

Policy Number: _____

Effective since: _____

Medical Information

Allergies? Yes No

If yes, please list: _____

Epi-Pen? No Yes, child may self-administer

Please describe other any medical or mental-health problems, diagnoses, conditions, or special concerns regarding your child:

Please list all medication your child is taking:

**Please review each line and sign below confirming you understand all the outlined
Codes of Conduct**

BGCRR is not responsible for personal belongings that are lost, left behind, or stolen while attending the club. Parents and club members are strongly encouraged to leave any items of value (including electronic devices such as cell phones, laptops, tablets, personal video games, MP3 players etc.) at home. Any confiscated items may be claimed by parents.

In order to ensure the personal safety of all club members and staff, Boys & Girls Club Staff reserve the right to search personal belongings, including backpacks and cubbies, when there is reasonable cause to do so.

Complete club surveys, questionnaire's, interviews and focus groups with members (all confidentially) to help assess and improve program effectiveness.

I agree to encourage my child to participate in age-appropriate programs designed to help youth practice positive, personal decision-making and avoid anti-social behaviors such as drugs, alcohol, tobacco and premature sexual activity.

PARENTS AND/OR GUARDIANS WILL BE NOTIFIED AS SOON AS POSSIBLE IN THE EVENT OF A SERIOUS INJURY OR SERIOUS ILLNESS. If parents/guardians cannot be contacted before treatment is deemed necessary, then the Boys & Girls Club is hereby authorized to seek any medical treatment, which may be advised or recommended by physicians, and parents/guardians will accept responsibility to pay for such treatment.

I/We agree to have my child picked up as possible in the event of injury or sudden illness (any member with a fever of 100 degrees or higher will be sent home and must remain fever free for 24 hours without medication before returning to club.)

I/We agree to provide appropriate and acceptable medical information for my child and I am responsible for updating current contact information with the club.

I/We agree that my child may be transported in vehicles owned or rented by the Boys & Girls Club of the Rappahannock Region and driven by Club Staff and volunteers.

I/We agree that my child may accompany BGCRR staff and volunteers on short, local field trips either by walking or by vehicle without formal notification.

I/We agree to voluntarily withdraw my child from the club if there are persistent disciplines or other problems that cannot be resolved through reasonable efforts of the staff. I/We understand that Boys & Girls Club Staff reserve the right to ask for immediate withdrawal of any member. NO REFUNDS

I/We will explain club rules to my child. I/We agree to comply with all published rules and regulations regarding the club.

I/We will ensure my child(ren) follows the dress code policy. This includes appropriate shoes, no revealing clothes, and no explicit verbiage on clothing.

I/We will accept responsibility for any damages created by inappropriate behaviors by my child.

I/We understand my child(ren) is not a part of the Boys & Girls Club Experience until dropped off by parent/guardian, public transportation or picked up by club personnel.

I/We understand that if I do not pick up my child by 7:00pm closing time, I agree to pay applicable late fee of \$1.00 per minute per child until picked up. If child is picked up an hour late, local authorities may be contacted to arrange child care services.

I/We understand that precautions are taken to block inappropriate sites on the internet, but it is possible your child may access these sites. The club has consequences for this behavior; however, we will not be responsible for the consequences of such access.

**By signing below, I acknowledge that I have read, understand and am in agreement
with the expectations listed above.**

Club Official Signature & Date:

Parent/Guardian Signature & Date:
