



BOYS & GIRLS CLUBS
OF CHAMPION VALLEY

MEMBERSHIP FORM

Fall 2025- Fee \$80

Ages 6 - 18

Club: _____ Columbus
 _____ Schulenburg
 _____ Weimar

www.bgccchampvalley.org

First Name		Middle Name		Last Name	
Address		City	Zip	Date of Birth	Age
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Teacher Name		Grade	School	
Mother or Female Guardian's Name		Cell #: Work #:		Email (Required)	
Father or Male Guardian's Name		Cell #: Work #:		Email	
Emergency Contact/Permission to Pick Up		Relationship		Day Phone Number	
Emergency Contact/Permission to Pick Up		Relationship		Day Phone Number	
Insurance Carrier and Number				Doctor's Name Phone #:	
Any serious health problems, medical conditions, or disabilities that may limit the member in participating in Club activities? If yes, please explain:					
Medications? If yes, please explain:					

Boys & Girls Clubs of Champion Valley does not discriminate based on political affiliation, race, color, national origin, sex, religious creed, age, or disability.

PARENTAL AUTHORIZATION

I, parent or guardian of the above named child, fully understand that the participation in the Boys & Girls Clubs of Champion Valley could result in injury or illness. I assume all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify and agree to hold harmless the Boys & Girls Clubs of Champion Valley, the organizers, supervisors, participants, volunteers, or any other individuals, firm or organization resulting in whole or part from any participation in the Boys & Girls Club programs. This Waiver shall be binding on my heirs, legatees, administrators and assigns. Further, I hereby grant full permission to any and all of the foregoing to use any photograph, video, motion pictures, recordings or any other record of my activity within these programs for any legitimate purpose.

No refunds are granted under any circumstances.

I, also grant permission to managing personnel or other representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should my child, or ward, become ill or injured while participating in activities away from home, or at any times when neither available to grant authorization for emergency treatment. I will furnish a certified birth certificate of the above named upon request by sponsors or supervisors.

For Club Use Only:	
Member #: _____	_____ New _____ Renewing
Method of Payment: _____ Cash _____ Check # _____	Vision Entry Date: _____
Credit Card: _____ MC _____ Visa _____ Discover _____ Amex	Entered By: _____
_____ Confirmation Number _____ Date Paid	
Paid Amount: _____ Payment Processed By: _____	Grant / Scholarship Applied: _____
Partial Pymt: Amt/Date _____ Amt/Date _____	_____ TEXSYN
Amt/Date _____ Amt/Date _____	_____ Scholarship
Final Payment: Amt/Date _____	_____ Other _____
(Must have Site Dir./CEO Authorization)	

Please fill each block below for grant writing purposes

The following information is optional, but **needed** for statistical purposes to receive funding through grants. Your responses are confidential.

Race/Ethnicity:

_____ African American
 _____ Asian
 _____ Caucasian
 _____ Hispanic
 _____ Two or More Races

Currently Enrolled in:

_____ Free or Reduced Lunch
 _____ Medicaid
 _____ CHIP
 _____ STAR Services

Child Lives With:

_____ Single Parent
 _____ Both Parents
 _____ Grandparent
 _____ Guardian
 _____ Other

Head of Household:

_____ Mom _____ Dad
 _____ Both

Total # in Household: _____

in Household that are:

_____ Under 18
 _____ Over 65+
 _____ Handicapped

Yearly Family Income:

_____ \$0-\$15,000
 _____ \$15,001-\$20,000
 _____ \$20,001-\$30,000
 _____ \$30,001-\$40,000
 _____ \$40,001-\$50,000
 _____ \$50,001-\$64,999
 _____ \$65,000 and up

Military Parent/Guardian:

_____ Yes _____ No

Branch of Service:

_____ Marines _____ Army
 _____ Air Force _____ Navy
 _____ Coast Guard
 _____ Air National Guard
 _____ Reserves
 _____ Active Duty

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.

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 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 any Club activities away from the Club.

I 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 **age appropriate** 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 needs 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.

Parent or Guardian Signature

Printed Name

Member Signature

Date