

MEMBERSHIP FORM Fall 2024- Fee \$50

Ages 6 - 18

Club:	Columbus
	Schulenburg
	Weimar
\\/\\/\/	hgcchamnvallev 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 needed for
					statistical purposes to receive
Gender Teacher Name		Grade	School		funding through grants. Your
Male Female					responses are confidential.
Mother or Female Guardian's Name	Cell #:		Email (Required)		Race/Ethnicity:
	Work #:				African American
Father or Male Guardian's Name	Cell #:		Email		Asian
					Caucasian
Work #: mergency Contact/Permission to Pick Up Relationship			Day Phone Number		Hispanic Two or More Races
Linergency contacty remission to rick of	p Relationship		bay i none wamber		
Emergency Contact/Dermission to Disk!	n Deletienskie		Day Phone Number		Currently Enrolled In:
Emergency Contact/Permission to Pick C	Emergency Contact/Permission to Pick Up Relationship		Day Phone Number		Free or Reduced Lunch
				Medicaid CHIP	
Insurance Carrier and Number		Doctor's Name		STAR Services	
			Phone #:		
Any serious health problems, medical co If yes, please explain:	nditions, or disabilitie	es that may limit the m	nember in participating in Clu	ub activities?	Child Lives With:
ii yes, piease explain.					Single Parent
					Both Parents
Medications? If yes, please explain:					Grandparent Guardian
					Other
					1
		-	iscriminate based on		Head of Household:
political affiliation, rac	e, color, national	origin, sex, religio	ous creed, age, or disab	ility.	MomDad
	DADENITAL	LITUODIZATIO	\ N I		Both
		NUTHORIZATIO			Total # in Household:
I, parent or guardian of the above no					# in Household that are:
Champion Valley could result in injury hereby waive, release, absolve, inder					Under 18
organizers, supervisors, participants,	-				Over 65+ Handicapped
part from any participation in the Bo			_	-	паписарреи
administrators and assigns. Further, I					Yearly Family Income:
video, motion pictures, recordings or a	-			timate purpose.	\$0-\$15,000
No refunds are granted under any circumstances.					\$15,001-\$20,000
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					\$20,001-\$30,000
activities away from home, or at any					\$30,001-\$40,000 \$40,001-\$50,000
will furnish a certified birth certificate				ney treatment.	\$50,001-\$64,999
			· · ·		\$65,000 and up
For Club Use Only: Member	#:		NewRer	newing	Military Parent/Guardian:
Method of Payment:			Vision Entry Date:_		YesNo
Credit Card:MC					Branch of Service:
		Date Paid	l Grant / Scholarship	Annlied:	MarinesArmy
Paid Amount: Paym	ant Processed By	•	TEXSYN	Applied.	Air ForceNavy Coast Guard
Partial Pymt: Amt/Date	Amt/Daf	te		ip	Air National Guard
Amt/DateAmt/Date			Other	<u> </u>	Reserves
Final Payment: Amt/Date (Must have Site Dir /CFO Authorize				EO Authorization)	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.

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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 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