BOYS & GIRLS CLUBS
OF MARSHALL COUNTY

Membership Fee
$10 Annual Membership Fee + Fall/Sum/Spr Program Fees
*Program Fee Varies by site
*NO Refunds after each program periods begin!

2027 Membership Application

Spring (January-May): __ New Member or __ Renewing Member_____

Summer (June-July): __ New Member or __ Renewing Member_____

Fall (August-December): __ New Member or __ Renewing Member_____

PRIMARY CONTACT

Role in Household
☐ Parent ☐ Grandparent ☐ Guardian
☐ Step Parent ☐ Foster Parent ☐ Other_____

First Name _____
Last Name _____
Email Address _____
Mobile Phone _____
Home Address _____
City _____
State _____
Postal Code _____
Employer _____
Work Phone _____

Military Status

Current / Former Military ☐ Yes ☐ No

Status ☐ Active Duty ☐ Reserve/Guard ☐ Veteran

Branch ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps ☐ National Guard ☐ Navy

Dept. of Defense ID #

Currently Deployed (or deployed within the next 6 months) ☐ Yes ☐ No

2nd PRIMARY CONTACT

Role in Household
☐ Parent ☐ Grandparent ☐ Guardian
☐ Step Parent ☐ Foster Parent ☐ Other_____

First Name _____
Last Name _____
Email Address _____
Mobile Phone _____
Home Address _____
City _____
State _____
Postal Code _____
Employer _____
Work Phone _____

Military Status

Current / Former Military ☐ Yes ☐ No

Status ☐ Active Duty ☐ Reserve/Guard ☐ Veteran

Branch ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps ☐ National Guard ☐ Navy

Dept. of Defense ID #

Currently Deployed (or deployed within the next 6 months) ☐ Yes ☐ No

MEMBER DETAILS

Member Information

First Name _____

Middle Name _____

Last Name _____

Informal Name _____

Primary Club _____

Birthdate _____

Authorization Pick-Up Password _____

Is member allowed to walk home? ☐ Yes ☐ No Member Shirt Size (ex. Youth Large or Adult Medium) _____

Gender

☐ Female
☐ Male
☐ Other:_____

Racial / Ethnic Identity

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latino
☐ Middle Eastern or North African
☐ Native Hawaiian or other Pacific Islander
☐ White
☐ Bi-racial
☐ Multi-Racial
☐ Other

Foster Care ☐ Yes ☐ No

School Lunch

☐ Free
☐ Reduced
☐ Entire School is Free
☐ Not Eligible

School Information

Grade (Spring)	**Grade (Fall)**
School Name	**School Name**
Teacher	**Teacher**

Allergies

Food Allergies

☐ Peanuts ☐ Soy ☐ Eggs
☐ Tree Nuts ☐ Gluten ☐ Other _____
☐ Dairy/Lactose ☐ Seafood/Shellfish

Environmental Allergies

☐ Bee Stings ☐ Dust ☐ Grass
☐ Pollen ☐ Mold ☐ Other _____

Medicine Allergies

☐ Penicillin ☐ Amoxicillin
☐ Aspirin ☐ Other _____

Other Allergies

☐ Latex ☐ Lotions
☐ Perfumes/Colognes ☐ Other _____

Medical Information

BGCMCO is committed to providing youth an opportunity for full and equal enjoyment of the Club experience. Our goal is to learn as much as possible about our members to make any reasonable accommodation or support to ensure their success at the Club. If your child has any serious behavioral problems or special circumstances involving physical, medical, or psychological concerns, especially if they could cause harm to themselves, other members, staff or volunteers, the club director should be notified of this so reasonable accommodation can be considered.

Diagnosed Medical Conditions

☐ Asthma
☐ Diabetes
☐ Hearing Impairment
☐ Visual impairment
☐ ADD/ADHD
☐ Autism
☐ Seizures
☐ Anxiety/Depression
☐ Oppositional Defiance Disorder
☐ Other_____

Please list any other physical, mental or medical limitations.

Does the member use an inhaler? ☐ Yes ☐ No

Does the member use insulin? ☐ Yes ☐ No

Does the member use an EpiPen? ☐ Yes ☐ No

Does the member self-administer medication? ☐ Yes ☐ No

Does the member receive additional support in the school/community?

☐ Individualized Education Plan (IEP)
☐ 504 (accommodation)
☐ Speech Coach
☐ Meets with school or private counselor
☐ Other _____

Insurance

Insurance Carrier _____

Group Number _____ **Member/Policy Number** _____

AUTHORIZED CONTACTS
(Other than Parents or Primary Contacts)

Authorized Contact 1

Full Name _____
Phone _____
Mobile Phone _____
Work Phone _____
Emergency Contact ☐ Yes ☐ No

Relationship
☐ Caseworker ☐ Other
☐ Child ☐ Other Relative
☐ Grandchild ☐ Parent
☐ Grandparent ☐ Stepdad
☐ Neighbor ☐ Stepmom

Authorized Contact 2

Full Name _____
Phone _____
Mobile Phone _____
Work Phone _____
Emergency Contact ☐ Yes ☐ No

Relationship
☐ Caseworker ☐ Other
☐ Child ☐ Other Relative
☐ Grandchild ☐ Parent
☐ Grandparent ☐ Stepdad
☐ Neighbor ☐ Stepmom

Authorized Contact 3

Full Name _____
Phone _____
Mobile Phone _____
Work Phone _____
Emergency Contact ☐ Yes ☐ No

Relationship
☐ Caseworker ☐ Other
☐ Child ☐ Other Relative
☐ Grandchild ☐ Parent
☐ Grandparent ☐ Stepdad
☐ Neighbor ☐ Stepmom

Authorized Contact 4

Full Name _____
Phone _____
Mobile Phone _____
Work Phone _____
Emergency Contact ☐ Yes ☐ No

Relationship
☐ Caseworker ☐ Other
☐ Child ☐ Other Relative
☐ Grandchild ☐ Parent
☐ Grandparent ☐ Stepdad
☐ Neighbor ☐ Stepmom

NON-AUTHORIZED CONTACTS

Please list any individuals that are restricted from picking up the member.

Non-Authorized Contact 1		Non-Authorized Contact 2	
Full Name		**Full Name**	
Phone		**Phone**	
Relationship	☐ Parent / Step Parent ☐ Grandparent ☐ Other Relative ☐ Neighbor ☐ Friend ☐ Caseworker ☐ Other	**Relationship**	☐ Parent / Step Parent ☐ Grandparent ☐ Other Relative ☐ Neighbor ☐ Friend ☐ Caseworker ☐ Other
Start Date		**Start Date**	
End Date		**End Date**	

Please provide us with any court documents pertaining to custody issues or restraining orders.

Household Support

Number of adults in household		**Number of children in household**	

Household Composition

☐ **Single Adult Household**
☐ **Two + Adult Household**
☐ **Self (emancipated / 18)**

Who are the adults living in the household? *(Check all that apply)*

☐ Mother	☐ Joint Custody
☐ Father	☐ Legal Guardian(s)
☐ Parents	☐ Sibling(s)
☐ Step Father	☐ Uncle
☐ Step Mother	☐ Aunt
☐ Grandparent(s)	☐ Other Relative(s)
☐ Foster Parent(s)	☐ Other Adult(s)

Assistance Programs	☐ Childcare Assistance ☐ Food Stamps/SNAP ☐ Medicaid ☐ Medicare ☐ Social Security	☐ SSI (Supplemental Security Income) ☐ SSDI (Social Security Disability Insurance) ☐ WIC (Women, Infants, and Children) ☐ TANF (Temporary Assistance for Needy Families)	☐ Veteran's Compensation ☐ Housing Assistance ☐ Other (please explain below) ☐ Choose Not to Answer ☐ None
Please describe other income sources:			

Housing Type	☐ Permanent (Own or Rent)	☐ Foster Family
	☐ Public Housing	☐ Transitional Housing
	☐ Group Home	☐ Homeless

Household Income Range	☐ $0 - 10,000	☐ $55,001 - 60,000	☐ $105,001 - 110,000	☐ $155,001 - 160,000
	☐ $10,001 - 15,000	☐ $60,001 - 65,000	☐ $110,001 - 115,000	☐ $160,001 - 165,000
	☐ $15,001 - 20,000	☐ $65,001 - 70,000	☐ $115,001 - 120,000	☐ $165,001 - 170,000
	☐ $20,001 - 25,000	☐ $70,001 - 75,000	☐ $120,001 - 125,000	☐ $170,001 - 175,000
	☐ $25,001 - 30,000	☐ $75,001 - 80,000	☐ $125,001 - 130,000	☐ $175,001 - 180,000
	☐ $30,001 - 35,000	☐ $80,001 - 85,000	☐ $130,001 - 135,000	☐ $180,001 - 185,000
	☐ $35,001 - 40,000	☐ $85,001 - 90,000	☐ $135,001 - 140,000	☐ $185,001 - 190,000
	☐ $40,001 - 45,000	☐ $90,001 - 95,000	☐ $140,001 - 145,000	☐ $190,001 - 195,000
	☐ $45,001 - 50,000	☐ $95,001 - 100,000	☐ $145,001 - 150,000	☐ $195,001 - 200,000
	☐ $50,001 - 55,000	☐ $100,001 - 105,000	☐ $150,001 - 155,000	☐ $200,001+

WAIVERS & RELEASES

Data Collection

I give my permission to the BGCMCO to collect information via online or written surveys, questionnaires, interviews and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, BGCA, funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members. This release may be revolved at any time by contacting the BGCMCO in writing.

Medical

I give permission to the BGCMCO to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.

Technology

As a member of the Boys & Girls Club, our child may have access to the internet. While the Boys & Girls Club has rules prohibiting such conduct and precautions are taken by the Club to prevent such access, it is possibly your child may access inappropriate sites. The Boys & Girls Club will not be responsible for such unauthorized access.

Transportation

I give my permission to the Boys & Girls Clubs of Marshall County, Inc., to transport my child from their school to their Boys & Girls Club, if they are signed up on the transportation roster. I also give permission for my child to be transported from their Boys & Girls Clubs of Marshall County, Inc., facility to another Boys & Girls Clubs of Marshall County, Inc., and other local Boys & Girls Clubs via our vehicles, for the purpose of participating in Boys & Girls Clubs of Marshall County, Inc., activities, and programs.

Data Sharing

I give my permission to the BGCMCO to share information about the minor child listed on this application with BGCA for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by BGCMCO, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Schools

I give my permission to the BGCMCO, to disclose to our community, public schools, and to the Indiana Department of Education, the United States Department of Education, and an IDOE contracted statewide evaluator, information including school registration, demographic data, assessment data, grades, attendance survey data, and free and reduced lunch status in order that the 21st CCLC project and other programs can be evaluated. I understand that all records and information are protected by FERPA, which governs the exchange of confidential information

Miscellaneous

I understand that the Boys & Girls Club is not responsible for lost or stolen items. Parents and BGCMCO members are responsible for their own transportation to and from the BGCMCO. As a drop in facility, Boys & Girls Clubs are not responsible for club members' whereabouts. I also understand that BGCMCO is not, nor does it claim to be a licensed daycare center. Each Club has the right to make membership decisions based on the resources and capacity of their facility and staff. BGCMCO reserves the right to decline the application, rescind the enrollment of, or suspend any youth that cannot successfully associate with other club members.

Press/Media

I give my permission for my child's picture, video image, or any other graphic depiction or likeness, to be used by BGCMCO, Boys & Girls Clubs of America and its affiliates or donors and acknowledge neither my child nor I will receive payment for same.

☐ Yes ☐ No

APPLICATION APPROVAL

By submitting this application, I hereby give my permission to this Boys & Girls Club organization to collect and share data for the minor child listed on this application with BGCA. Data will only be reported in the aggregate and will exclude all references to any individual response. All information provided to BGCA will be kept confidential.

I understand the BGCMCO has an open-door policy where members are allowed to come and go as they please. Should a member leave the Club, they will not be granted return access unless approved by the Club Director. We assume no responsibility for members who choose not to attend on a particular day or who choose to leave early.

I, the parent/guardian of the minor child listed on this application, on behalf of the minor child listed herein and for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Marshall County (BGCMCO) and Boys & Girls Clubs of America (BGCA), their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

Your signature below confirms that all information above is true and accurate.

Parent/Guardian Signature	**Date**

BOYS & GIRLS CLUBS
OF MARSHALL COUNTY

Transportation Waiver and Release

I, the undersigned, give my consent for the person(s) identified below; to be transported by the Boys & Girls Clubs of Marshall County and I will assume all liability for their participation in this activity/event and any injury that may result during the transport or at the event/ activity.

Further, by signing below:
1. I will not hold the Boys & Girls Clubs of Marshall County (BGCMCO), its officers, agents, employees, assigns, or anyone acting on its behalf, responsible or liable for injury occurring to the named person(s) during such activities or such travel.
2. I hereby accept financial responsibility for personal items lost by the person(s) identified herein.
3. I authorize the Boys & Girls Clubs of Marshall County to obtain of its own choice, any emergency medical care that may become reasonably necessary for the person(s) in the course of such activities/events or such travel and agree to accept the cost of the transportation and/or treatment by medical personnel or facility. If Boys & Girls Clubs of Marshall County personnel are unable to provide permission for emergency medical care, I authorize any professional and certified medical personnel to provide medical care to the participant(s) listed on this form.
4. I accept full responsibility and hereby grant permission for my minor child and/or children listed below to travel with the Boys & Girls Clubs of Marshall County.

Transportation Permission:

I _____ (printed full legal name) do hereby give permission for the person(s) identified below to ride in the Boys & Girls Clubs of Marshall County insured vehicles driven by an approved and licensed Boys & Girls Clubs of Marshall County employee.

Transportation Safety:
All children transported by the Boys & Girls Clubs of Marshall County must adhere to all safety rules. Children must remain seated, wear their mask for the duration of the trip, practice social distancing if able, wear seatbelt (if required by vehicle), and always follow staff's directions. Due to our safety requirements, any violation of this transportation policy may result in restriction of your child riding in the vehicle. Due to the seriousness of our safety concerns, we will notify parents immediately of any discipline problems that occur in our vehicles. I am fully aware of and accept the special dangers and risks inherent in the operation of a motor vehicle, including physical injury, death, or other consequences that may arise or result directly or indirectly from operation of a motor vehicle. Being fully informed as to these risks and in consideration of the privilege of the student participating in the activity described above, I hereby allow him/her to assume all risk of injury or liability and shall hold harmless, and waive any right of recovery from or to bring suit against the Boys & Girls Clubs of Marshall County, Inc. I hereby WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind, which may arise out of or relate to my child's participation in the field trip, except for the sole negligence of the Boys & Girls Clubs of Marshall County, Inc.

Printed First & Last Name(s) of Participant(s):_____

Address:_____ City:_____ State:____ Zip:_____

Emergency Contact Name:_____ Emergency Phone #:_____

Additional Emergency Contact Name: _____ Emergency Phone #:_____

Allergies/Medical Conditions to be Aware of:_____

Legal Parent/Guardian Signature: _____ Date:_____

BOYS & GIRLS CLUBS
OF MARSHALL COUNTY

Climbing Wall Rules & Etiquette

1. All climbers must read and complete the waiver/release form. Minors under the age of 18 must have the waiver completed and signed by their parent/guardian.

2. At NO time should anyone be climbing without climbing staff present.

3. All climbers waiting to use the climbing wall must stay off the floor mats while another member is climbing.

4. All climbers agree to wait to climb until BGCMC staff ensures that they are securely fastened in their harness and to the belay system.

5. Each person must give a verbal confirmation that the climb is ready to begin and that the climb has ended.

6. Climbing or traversing beneath another climber is prohibited.

7. NO open-toed shoes or bare feet. Shirts and climbing shoes or athletic shoes are always required.

8. No personal climbing equipment of any kind allowed.

9. All incidents, accidents, wall damage, and equipment damage MUST be reported to a BGCMC staff member immediately.

10. Tightening, loosening, or moving holds is not permitted without authorization form the BGCMC climbing staff.

11. Please report any loose holds, bad wear spots on ropes, and anything else you may believe is a safety hazard so we can correct it.

12. All climbers MUST abide by the judgements of the BGCMC staff.

13. Three strikes and you are out. You will be suspended for misconduct on and around the climbing wall. The first offense will be a one-week suspension form the climbing wall. Second offense is a one-month suspension, and the third offense is a one-year suspension from the climbing wall.

14. **HAVE FUN!**

I agree to the rules and etiquette.

The Boys & Girls Clubs of Marshall County wants to provide a safe and fun environment for all members and spectators. Any person(s) not complying with all the above rules and etiquette will be asked to leave immediately. The BGCMC and its employees reserve the right to deny access to anyone for any act deemed inappropriate or unsafe.

Updated 12/2020

BOYS & GIRLS CLUBS
OF MARSHALL COUNTY

Climbing Wall Waiver & Release of Liability

Notice: **THIS IS A LEGALLY BINDING CONTRACT**. In consideration of my being permitted by the Boys & Girls Clubs of Marshall County to use its climbing wall, and/or participate in any climbing program offered by the Boys & Girls Clubs of Marshall County, (hereafter BGCMC) including, but not limited to, climbing lessons, training, birthday parties, rentals, special events, etc. I agree to the following waiver and release and I make these following representations:

I HEREBY ACKNOWLEDGE THE INHERENT EXTREME RISKS IN ROCK WALL CLIMING, including climbing on artificial surfaces. I realize that those risks include, but are not limited to: falls from or contact with walls or equipment, bad decision making, actions of other climbers, misuse or failure of equipment, holds which may have become loose or damaged, and accidents which cannot be foreseen. I acknowledge that the above list is not inclusive of all possible risks associated with eh use of the facilities, and/or the sport of climbing and I agree that said list in no way limits the extent or reach of this release. **I VOLUNTARILY ASSUME ALL RISKS WITH FULL KNOWLEDGE AND APPRECIATION OF THE DANGERS AND RISKS INVOLVED.**

I voluntarily agree to assume all risks of personal injury, **including paralysis and death**, which may occur while I am on the climbing wall, or participating in any event, program, birthday party or training at any time, whether or not under supervision of BGCMC personnel. I hereby knowingly and intentionally waive and release any and all claims or causes of action which might arise from use of the climbing wall or participation, and agree to indemnify, hold harmless and defend the BGCMC, its successors, assigns, officers, employees, volunteers, wall designers or builders, manufacturers, lessors, and agents from all liability for any such damage, injury, paralysis or death which may result. **This waiver/release shall be effective even though said loss, damage, or injury results or has resulted from negligence, wrongful acts, omissions, breach of warranty or strict tort liability of the BGCMC or the other parties' release.**

I am in good health and have not any known physical limitations, which affect my use of the climbing wall. I agree to pay attention to the sate of the ropes, anchors, and other equipment I may use, and to advise staff members if I do any damage or notice damage or problems. I certify that I have read the posted rules and accept responsibility for failure to abide by these rules. If the BGCMC personnel makes a specific request of or instruction to me, I agree to comply. I understand that indoor climbing is not the same as outdoor climbing, which requires additional skills, and I agree to seek qualified instruction before attempting to climb outdoors.

I am at least 18 years of age and otherwise legally competent to sign this agreement. This waiver/release shall be effective and binding upon me and upon my assigns, heirs, representatives, guardians, administrators. If under the age of 18, this waiver/release is signed by a parent/guardian of the minor, and the undersigned waive any and all claims, and agree to indemnify and hold harmless BGCMC and its agents in the event of any injury to the undersigned or minor climber. I understand that this waiver/release is a contract. **I expressly state that I have read, understand, and am familiar with all its provisions and that I sign it of my own free will. I also agree to follow the rules and etiquette listed on the second page of this document.**

Climber's Printed Name:_____

Climber Signature:_____**Date:**_____

TO BE READ AND SIGNED BY PARENT/GUARDIAN OF MINOR: I hereby represent that I am the parent/guardian of the minor whose name appears above. I am familiar with consent and agree to the terms and provisions set forth in this waiver/release, on behalf of myself and said minor.

Parent/Guardian Printed Name:_____

Signature of Parent/Guardian:_____**Date:**_____

Behavioral Policy

Our goal at the Boys & Girls Clubs of Marshall County is to provide a safe environment for all our members. It is our hope that every member treats the Club, staff, equipment, and other members with RESPECT. It becomes necessary, however, to deal with inappropriate behavior quickly, professionally, and with compassion.

Below is a list of inappropriate behaviors and their possible consequences.

Minor Incidents	Possible Consequences:
• Screaming/Yelling • Running in the lobby, games room, stairwells, etc. • Being in an unsupervised area • Rough Housing • Name Calling / Teasing / Drama	• Warning / Activity Time Out • Parents to be Notified. • Suspension from Program • Other Character-Building Options

Major Incidents	Possible Consequences:
• Disrespecting staff members and volunteers • Bullying/Intimidating • Leaving the property without permission • Failure to follow directions on field trips	• Notify Parents • Suspension from program • Loss of Field Trips • Termination from Program • Other Character-Building Options

Severe Incidents	Possible Consequences:
• Intent to Harm (Fighting, Punching, Biting, Spitting, etc.) • Threatening Staff or Members • Stealing or Vandalizing • Disturbing Drivers (coming out of seatbelt, fighting in club vehicle, throwing items out of club vehicle) • Inappropriate cell phone/social media use	• Notify Parents • Suspension from program • Loss of Field Trips • Termination from program • Other Character-Building Options

I have read and understand the Boys & Girls Clubs of Marshall County's policies on behavior. Continuous inappropriate behaviors may result in my child being removed from the program for a period. All behavioral infractions will be documented and any suspensions or terminations from the Boys & Girls Clubs of Marshall County program will be reviewed by the Unit/Club Director.

_____ _____

Parent/Guardian Signature Child/Member Signature

BOYS & GIRLS CLUBS
OF MARSHALL COUNTY

Code of Conduct

Our Mission: Provide life-long, safe, supportive, positive youth development experiences.
Purpose: The purpose of our Code of Conduct is to help guarantee that all members of the Boys & Girls Club act in a manner that promotes outstanding ethics to themselves, one another, and to staff/volunteers. Promoting these values also helps to ensure that the Boys & Girls Club is a fun and safe atmosphere for all Club members.
Life skills: Practicing and upholding these principals daily in the Club will also help our members develop these necessary life-skills:

- Resiliency
- Courage
- Pride
- Initiative
- Cooperation
- Caring
- Common Sense
- Flexibility
- Patience
- Problem Solving
- Craftsmanship
- Communication/Active Listening

Recognizing that it is not possible to address all ethical situations that may arise, the following principles are intended as a guide to help all members make good judgements and decisions on behalf of the Boys & Girls Club and our mission.
Principals of Positive Behavior:

- **Integrity:** *To act according to what is right, even **when no one is looking**.*
  – I pledge to do my best to uphold always choosing right when faced with the decision between right and wrong, even when it is difficult.
- **Excellence:** *To excel, to put effort into doing your **personal best**.*
  –I will strive to be the best version of myself possible. This includes having a positive attitude in all areas of the club, and when in the community with the Club.
- **Honesty:** *The act of telling the **truth**.*
  – I will communicate directly, respectfully, honestly, and openly with all staff members and other club members. I will be honest in all regards to the Club.
- **Diversity:** *The quality or state of having many **different kinds, types, ideas, cultures, religions, or races.***
  –I will support and value diversity. I will support an environment that embraces all similarities and differences that all people bring to this organization. Whether that be Club members, staff, or volunteers.
- **Respect**: *To treat others, and yourself with **care and courtesy***.
  – I will respect myself, others, and Boy & Girls Club property.
- **Responsibility:** *To take **ownership** of one's own **decisions, actions, or words**.*
  – I will take responsibility for my actions, for my decisions, and my words both when at the Club and when in the community with the Club.

I have read the above and promise to do my best to comply with the characteristics outlined *(Integrity, Honesty, Diversity, Respect, and Responsibility.)*
As a Member of the Boys & Girls Clubs of Marshall County I pledge to uphold the principles stated in our Code of Conduct.

Parent/Guardian Signature

X_____

Date:

____/_____/_____

Member Signature

X_____

Date:

____/_____/_____

BOYS & GIRLS CLUBS
OF MARSHALL COUNTY

Acknowledgment Form

For the Membership Registration Packet to be complete all parents/guardians and prospective club members enrolling in the Boys & Girls Clubs of Marshall County must read and understand all the information provided in the Parent Information Handbook, especially information regarding:

- Club Locations & Hours
- COVID Liability Waiver
- Membership Requirements & Expectations
- Behavioral Policy
- Club Code of Conduct

A copy of the handbook is available at the Front Desk for you to review. You may also view it online at bgcmco.org.

By signing this document, I am acknowledging that I, the parent/guardian, have read the Parent Information Handbook and agree to comply with the expectations, requirements, and policies outlined within. I have reviewed these policies and procedures with my child(ren).

Child(ren) Name(s): _____

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____ Date:_____