



# Boys & Girls Clubs of Dumplin Valley Temporary Membership Form

## Member Information

Full Name: \_\_\_\_\_  
*Last First Middle*

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Apt./Unit #*

\_\_\_\_\_ *City State Zip Code*

## School Information

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

## Demographic Information

Race/Ethnicity: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Gender: \_\_\_\_\_

## First Parent/Guardian Information

Full Name: \_\_\_\_\_  
*Last First Middle*

Relationship to Member: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Apt./Unit #*

\_\_\_\_\_ *City State Zip Code*

Cell Phone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Marital Status (Check one):  Single  Married  Divorced  Separated

Occupation: \_\_\_\_\_ Primary Guardian?  Yes  No

## Second Parent/Guardian Information

Full Name: \_\_\_\_\_  
*Last First Middle*

Relationship to Member: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Apt./Unit #*



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City

State

Zip Code

Cell Phone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Marital Status (Check one): Single Married Divorced Separated

Occupation: \_\_\_\_\_ Primary Guardian? Yes No

## Medical Information

Does your member have any allergies, health conditions, or take any medications? Yes No

If yes, please specify: \_\_\_\_\_

*If your member has any known physical, mental, or social difficulties or other information which may affect participation and/or for which special accommodations are needed, please attach a physician's statement which identifies the condition and gives the physician's special instructions for your member's care.*

## PERSON AUTHORIZED TO ACT FOR PARENT IN AN EMERGENCY: (Not Listed Above)

Full Name: \_\_\_\_\_  
Last First Middle

Relationship to Member: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apt./Unit #

City

State

Zip Code

Cell Phone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Member may be released to this person? Yes No

## Transportation Authorization

Every enrolled member must have a transportation plan on file. Please list those people to whom your member may be released.

- My member may be released only to me unless prior arrangements have been made with the Club Director or Assistant Club Director.
- My member may be released to the following:

Full Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_



# Boys & Girls Clubs of Dumplin Valley Temporary Membership Form

Full Name: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

### Acknowledgements: (Please initial below)

\_\_\_\_\_ I certify that I give my child permission to join the Boys & Girls Clubs of Dumplin Valley and appear in pictures, videos, images, and likenesses of Boys & Girls Club activities to be used for publicity purposes.

\_\_\_\_\_ I understand that the Boys & Girls Clubs of Dumplin Valley that I am signing up for a **TEMPORARY MEMBERSHIP** and not a regular membership. Once they are signed in, children are not permitted to leave Boys & Girls Club property without written permission of the legal parent or guardian. Parents must come into the building to sign members out of activities unless the Club is provided with written documentation giving permission for their child to sign themselves out.

\_\_\_\_\_ I further understand that the Club will fully supervise members in all activities but cannot physically restrain a child who is attempting to leave the property against the will of a Club staff member. The Club will not be responsible for a child choosing to disregard staff and leave the Boys & Girls Club premises without permission, however in this situation, parents and/or appropriate authorities will be notified immediately.

\_\_\_\_\_ I understand and agree that my child must be picked up by closing time or a late fee may be charged by Club stall. A fee of \$5.00 will be charged if the parent is more than 10 minutes late for pick up. An additional fee of \$5.00 will be added every 15 minutes up to one hour late. After one hour the Club will be forced to contact local Police for assistance. All late fees must be paid before members can return to the Club programs.

\_\_\_\_\_ **No refunds will be issued!** A \$25 service fee will be charged for all returned checks. Delinquent payment of dues may result in suspension of Club membership until payment is current.

\_\_\_\_\_ As parent or guardian of the above child, I approve his/her joining the Boys & Girls Clubs of Dumplin Valley and agree not to hold the Boys & Girls Clubs of Dumplin Valley, its Board of Directors, Officers, Staff, or Volunteers responsible and/or liable, and hereby **RELEASE** them from liability or **losses of any personal property and or any injuries or accidents suffered by my child at the Boys & Girls Club facilities or in connection with membership or participation in any Boys & Girls Club activities.**

\_\_\_\_\_ In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Boys & Girls Club staff member in charge of the activity to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child/children as named above. The expenses for all actions will be borne by the parent or guardian.

*I understand and agree to abide by all statements and procedures contained herein.*

Signature of Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

I have received, read and had an opportunity to discuss with a staff member a summary of membership requirements, a parent letter regarding child abuse and the Parent's Information Booklet and I have had a pre-placement visit.

Yes  No  Signature: \_\_\_\_\_ Date: \_\_\_\_\_