

2025 - 2026 School Year Application

CHILD INFORMATION						
First Name					Last Name	
Suffix					Informal Name	
					<u> </u>	
Foster Care	Circle	YES	OR	NO	Racial/Ethnic Identity	
Gender					Birthdate	
School Name					Grade	
Address					City	
State					Zip	
				AL	LERGIES	
Does your child have any known allergies:	Circle	YES	OR	NO	If so, explain:	
Does the child use an EpiPen?	Circle	YES	OR	NO		
				MEDICAL	INFORMATION	
Diagnosed Medical Conditions	Circle	YES	OR	NO	If so, explain:	
Other Physical, Mental or Medical Limitations	Circle	YES	OR	NO	If so, explain:	
Does the Member Receive Additional Support in School/Community?	Circle	YES	OR	NO	If so, explain:	
Does the Member use an Inhaler?	Circle	YES	OR	NO	Does the Member Circle YES OR NO Self-Administer Medication?	
Does the Member use Insulin?	Circle	YES	OR	NO		
			INS	URANC	E INFORMATION	
Insurance Carrier					Member/Policy	
Group Number					Number	_
Group Number						
	P	RIMAF	RY GU	ARDIAN	I CONTACT INFORMATION	
First Name					Last Name	
Relationship to Child					Mobile Phone	
Alternate Phone					Email	

ADDITIONAL GUARDIAN CONTACT INFORMATION									
First Name					Last Name				
Relationship to Child					Mobile Phone				
Alternate Phone					Email Address				
				MEDGENC	/ CONTACTS				
EMERGENCY CONTACTS									
EMERGENCY CONTACT 1				EMERGENCY CONTACT 2					
First Name					First Name				
Last Name					Last Name				
Mobile Phone					Mobile Phone				
Alternate Phone					Alternate Phone				
Relationship					Relationship				
Authorized for Pickup	Circle	YES	OR	NO	Authorized for Pickup	Circle	YES	OR	NO
HOUSEHOLD SUPPORT INFORMATION									
Primary Language Spoken in the Home					Member Lives With:				
Number of Adults in Household					Number of Youth in Household				
Other Relatives in Household	Circle	YES	OR	NO	If so, explain:				
Approx Annual Household Income									
			NOT	AUTHORIZ	ED TO PICK UP				
	(list any	individ			authorized to pick up your child)				
First Name					First Name				
Last Name					Last Name				
Relationship					Relationship				

Inital Here	Disclaimer & Waivers						
	I, do hereby give my son/daughter permission to attend and participate in activities sponsored by the Boys and Girls Club of Lake Shore. I hereby release the Boys and Girls Club of Lake Shore, its employees, associates, and contributors from liability from any injury, loss or theft incurred by my child while participating. Furthermore, I hereby authorize medical examination and emergency treatment for my child by a qualified, licensed physician in the event of an accident. I further understand that the Boys and Girls Club of Lake Shore has an "open door" policy for all youth, which means that my child may come and go at will. My signature below indicates that I completely understand the above statement.						
	Administering First Aid Products In the situation of the occasional scrape, bee sting, sunburn or prevention of sunburns we sometimes need to administer basic first aid. This would include using products like antibacterial cream, sunscreen, aloe/burn cream, anti-itch cream, bee sting ointment, alcohol wipes and hydrogen peroxide, the situation of the occasional scrape, bee sting, sunburn or prevention of sunburns we sometimes need to administer basic first aid.						
	Code of Conduct for Members I WILL be respectful to staff, equipment, and other members, including using polite language. I WILL talk to a staff person if I have a question or problem. I WILL remember the "Golden Rule" and treat others as I would like to be treated.						
	Text Messaging Waiver I certify that I am the subscriber to the provided cellular number. To stay informed and receive the best service, I authorize the Boys & Girls Club and its representatives and agents to contact me regarding my member at any current and future numbers that I provide for my cellular telephone using automatic dialing systems, artificial or prerecorded messages, and/or SMS text messages. I understand that standard message and data rates may be charged by my service provider(s).						
	Walker Policy Parent/Guardian must call the clubhouse and advise to staff that they are releasing the child and allowing them to walk home. A note may also be sent with the child. The note must include the time you would like your child to start walking. Phone calls and/ or notes from Emergency Contacts will not be accepted.						
	Photo Relese I agree my child's picture may be used in Boys & Girls Club publications, and marketing materials						
	Safety At the Boys & Girls Club of Eden-Lake Shore, Child Safety is always our number one priority. Ensuring child safety is fundamental to the mission of our organization I have read and understand the Boys & Girls of Lake Shore Safety Policies found at https://bgcedenlakeshore.org/safety-policy						
	Holiday Adoption At holiday time The Boys & Girls Club is fortunate to have donors adopt families who are in need. Check this box if your family would be interested in becoming adopted if the opportunity presents itself. ALL information will remain confidential.						
(Signature of Parent)		Date					
(F	Print Name)						