



Membership Application

Boys & Girls Clubs of Oklahoma County

Summer 2K17

Date: _____

First Name: _____ Middle: _____ Last: _____

Gender: M F Ethnicity: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

School Information:

School: _____ Grade Level: _____ Current GPA: _____

Transportation (\$10 per month for family): Yes / No Free/Reduced Lunch: Yes No

Medical Information:

Doctor Name: _____ Doctor Phone: _____

Date of last medical exam: _____

Permission for Treatment by Doctor/Hospital: Yes No Medicaid: Yes No

Does your family have health and/or accidental insurance: Yes No

Insurance Carrier: _____ Insurance Phone: _____

Policy #: _____ Group #: _____

Serious Health Problems: Yes No If yes, explain: _____

Medications: Yes No **If Yes**, please fill out medical consent form available at the front desk.

Allergies/Special Diet: Yes No If Yes, please provide a doctors note stating all special requests. (i.e. peanut allergies, shellfish, lactose intolerant)

General:

Member has permission to be used in public relations materials: Yes No

Member may participate in all Club activities in or adjacent to the club building: Yes No

Member must check out at the front desk daily Yes No

Parents/Guardians understand that they are responsible for picking up their child no later than 7:00pm and speaking with their child about staying in the club, once they are signed into the member tracking system. If a child is left at the club after 7:00pm then staff will call the contact numbers and emergency contact numbers. The numbers will be redialed every 15 minutes until 7:45pm. If no contact is made then the child is considered abandoned and the Boys & Girls Club staff will call the Department of Human Services or the local police department and they will help to assist the abandoned child.

Parents who pick up their children after 7:00pm, will be charged \$5.00 for the first 15 minutes and \$1.00 per minute thereafter.

Printed Name **Signature** **Date**



Household:

Note: This information is collected for Grant writing purposes only

Member lives with: ___ Mom ___ Step Mom ___ Dad ___ Step Dad ___ Grandparent ___ Foster Parents
___ Other: _____

Housing Development: _____

Annual Income Level:	\$0—\$5,000 ___	\$30,001—\$35,000 ___	\$60,001—\$65,000 ___
	\$5,001—\$10,000 ___	\$35,001—\$40,000 ___	\$65,001—\$70,000 ___
	\$10,001—\$15,000 ___	\$40,001—\$45,000 ___	\$70,001—\$75,000 ___
	\$15,001—\$20,000 ___	\$45,001—\$50,000 ___	\$75,001—\$80,000 ___
	\$20,001—\$25,000 ___	\$50,001—\$55,000 ___	\$80,001—\$85,000 ___
	\$25,001—\$30,000 ___	\$55,001—\$60,000 ___	\$85,001—\$90,000+ ___

Physical:

Eye Color: _____ Hair Color: _____ Skin Color/Features: _____
Height: _____ Weight: _____

Club Closings:

If the Boys & Girls Club is closed for any reason such as inclement weather, holidays, staff training, emergencies, etc. the Boys & Girls Club of Oklahoma county will notify our members and their families via RainedOut our informational text service, our website, Boys & Girls Club social media, voicemail (405-521-9292), and local news channels.

PLEASE TEXT 73118 TO 84483 TO RECEIVE TEXT ALERTS FROM MEMORIAL PARK BOYS & GIRLS CLUB

Disclaimer:

I, _____, do hereby give my son/daughter _____ permission to attend and participate in activities sponsored by the Boys & Girls Clubs of Oklahoma County. I hereby release the Boys & Girls Club of Oklahoma County, its employees, associates and contributors from liability from any injury or loss of theft incurred by my son/daughter while participating. Furthermore, I hereby authorize medical examination and emergency treatment for my son/daughter by a qualified licensed physician in the event of an accident. My signature indicates that I completely understand the above statements and have received/reviewed the parent handbook.

Printed Name

Signature

Date

Household:

Boys & Girls Club of Oklahoma County's open door policy allows members to enter the club at any time during the regular club hours. We expect parents and members to agree upon clear attendance expectations (length of stay, transportation, frequency of attendance.) Members who choose to leave the club premises without a parent or guardian will **NOT** be allowed to re-enter the club on the same day.

I have read and understand the above statement: _____

Parent/Guardian Signature

Pick up and Contact Information:

Parent/Guardian: _____ Employer: _____ Address: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian: _____ Employer: _____ Address: _____

Cell Phone: _____ Work Phone: _____

The following people are allowed to pick up my child on a regular basis:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Consent for disclosure of minor Student's educational records:

I give my permission to the Boys & Girls Club of Oklahoma County to request and obtain educational records belonging to the minor child listed on this form for research purposes. I understand that this information may be shared with Boys & Girls Club of America in order to analyze effectiveness of club programs. Information that will be disclosed to BGCA may include information provide on the membership application form, information provided by the minor child's school district, and other information collected by Boys & Girls Club of Oklahoma County, including data collected via surveys or questionnaires. Furthermore, I also give my consent to the Boys & Girls Club of Oklahoma County to request information from the minor child's school district. All information provided to the Boys & Girls Clubs will be kept confidential.

Childs Name (Printed)

Parent/Guardian's Name (Printed)

Parent/Guardian's Signature

Date