



Membership Application

Boys & Girls Clubs of Oklahoma County

NEW / Renew

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

Medical Information

Permission for Treatment by Doctor/Hospital: Yes No

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

Medications: Yes No **If Yes**, please fill out the 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, etc.)

Household

*Note: The information in this section is collected for **Grant writing purposes only.***

Member lives with: Mom Step Mom Dad Step Dad Grandparent Foster Parents

Other: _____

Military Family: Branch of Military _____ Active Retired

Annual Income Level: \$0—\$25,000 \$25,001—\$50,000 \$50,001—Above

Free/Reduced Lunch: Yes No

General Information

Member has permission to be used in public relations materials i.e website, photos, media, print publications: Yes No

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

Parents/Guardians understand that the Memorial Park Club closes at 7:00 pm. If a member remains at the club after 7:00pm, the parent/guardian will be charged \$1.00 per minute after 7:05. An invoice will be given to the parent at pickup and will need to be paid before the child returns to club. If no contact can be reached and the member remains at the club, the member may be considered abandoned after 30 mins and the Boys & Girls Club staff may call the Department of Human Services or the local police department to assist the abandoned child. Members are not allowed to stand outside the club on their own.

If the parent/guardian who is picking up the club member appears to be impaired by drugs or alcohol, staff will contact another adult on the Pick-Up Authorization Form. The club member may not be released to a parent/guardian under the influence of drugs or alcohol. The club member will remain in a staff's care until the arrival of an authorized adult, who is capable of taking responsibility for the club member's release.

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Emergency Contact Information

Parent/Guardian: _____ Employer: _____ Address: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian: _____ Employer: _____ Address: _____

Cell Phone: _____ Work Phone: _____

Other (Relationship): _____ Employer: _____ Address: _____

Cell Phone: _____ Work Phone: _____

Other (Relationship): _____ Employer: _____ Address: _____

Cell Phone: _____ Work Phone: _____

Club Closings

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

Participation:

Boys & Girls Clubs of Oklahoma County's open door policy allows members to enter the club at any time during regular club hours. 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

Disclaimer/Consent:

I, _____, do hereby give my son/daughter _____ permission to become a member of the Boys & Girls Clubs of Oklahoma County and to participate in activities and programs. I hereby release the Boys & Girls Clubs of Oklahoma County, including its employees, associates and contributors, from liability from any injury or loss or theft incurred by my son/daughter while participating. Furthermore, I hereby authorize medical examination and emergency treatment for my son/daughter by a medical professional 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

FOR BGCOKC STAFF USE ONLY:

Membership Dues:

Amount Paid: _____ Received by: _____

Form of Payment: _____ Date Received: _____ Entered into Record: _____