



**BOYS & GIRLS CLUBS
OF THE DANVILLE AREA**

956 Woodlawn Academy School Rd. | Chatham, VA 24531 | (434) 835-3490
123 Foster St. | Danville, VA 24541 | (434) 792-6617

All Fees Are Non Refundable

Office use only:

Receipt # _____

Date _____

Initials _____

Club Number _____

Scholarship _____

2017 Summer Membership Application

Foster Street Club Fee: \$75.00

Chatham Unit Fee: \$75.00

(Teen Membership 14-18 \$25.00)

Club Member Information

First Name: _____ Middle: _____ Last Name: _____

Gender: Female Male DOB: _____ Age: (must be 6-18): _____ Ethnicity: _____

Current School: _____ Current Grade Level: _____ Grade: _____

Allergies: none _____ Doctor Name: _____ Doctor Phone: _____

Medical Issues: none _____

Primary Parent/Guardian

First Name: _____ Last Name: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Employer: _____ Employer Address: _____ Work Phone: _____

Email Address: _____

Relationship to child: _____

Is this person a guardian? Yes No Is this person allowed to pick up/drop off the child? Yes No

Secondary Parent/Guardian or Other Contact

First Name: _____ Last Name: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Employer: _____ Employer Address: _____ Work Phone: _____

Email Address: _____

Relationship to child: _____

Is this person a guardian? Yes No Is this person allowed to pick up/drop off the child? Yes No

Emergency Contact (this is the first person we will call)

First Name: _____ Last Name: _____

Phone: _____ Relationship: _____

Is this person a guardian? Yes No Is this person allowed to pick up/drop off the child? Yes No

Other Contact

First Name: _____ Last Name: _____ Gender: _____

Cell Phone: _____ Other Phone: _____

Relationship to child: _____

Is this person a guardian? Yes Is this person allowed to pick up/drop off the child? Yes

Other Contact

First Name: _____ Last Name: _____ Gender: _____

Cell Phone: _____ Other Phone: _____

Relationship to child: _____

Is this person a guardian? Yes Is this person allowed to pick up/drop off the child? Yes

Household Information (used for statistical and grant purposes only)

Household Type: Both Parents Mother Father Alternate Custody Other Family
 Group Home Foster home Other

Number of siblings: _____ Total Household Size: _____ Military Family: Yes No

Please mark if any of the following apply:

Parent Incarcerated Medicaid/FAMIS Free or Reduced Lunch SSI
 Food Stamps/SNAP Public Housing TANF SSDI

Family Revenue: \$0 – 20,000 \$20,001 - \$40,000 \$40,001 - \$60,000 \$60,001 - \$80,000 \$80,001+

Language at Home: English Spanish

Child's Race: Caucasian African American Asian/Pacific Islander Latino/Hispanic Multi-Race
 Other _____

AGREEMENT BETWEEN PARENT AND BOYS & GIRLS CLUBS OF THE DANVILLE AREA

1. I hereby give my authorization to BGCDA to provide for emergency medical care when I cannot be located immediately.
2. BGCDA will notify me when my child becomes ill and I will arrange to have my child picked up as soon as possible.
3. If BGCDA decides to terminate the enrollment of my child, they will provide to me in writing the reason(s) for termination.
4. I understand that it is the Club's desire that members stay in the building, even though they are free to enter and leave the premises without permission or supervision. I will instruct my child as to whether or not they may leave the Club.
5. I hereby give my permission to BGCDA to photograph/video my child for public relations and/or educational purposes. Furthermore, it is understood that my child may be included in programs or news stories that are released to the local media.
6. I hereby give my authorization to BGCDA to transport my child to and from sanctioned BGC events or activities and participate in field trips.
7. I have read and understand the Club agreements and sanctions and I have discussed with my child.

Initials: **Parent/Guardian** _____ **Child** _____

Parent/Guardian Signature

Club Member Signature

Date

Optional Permission Forms

The following are optional permission forms for your child to participate in special programs at the Club.
For more information, please contact the Club/Unit Director.

Please sign and date below to indicate if you are giving permission.

Field Trips

Yes, I give permission for my child _____ to attend Club field trips. I understand that my child will be informed of appropriate behavior and is expected to obey the rules and procedures of the trip. Any unacceptable behavior may cause suspension from future field trips.

I authorize the Boys & Girls Clubs of the Danville Area as agents for the undersigned, to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general supervision of any physician and surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I waive all claims against the Boys & Girls Club of the Danville Area (or its agents, officers or employees) in the case of injury, accident or illness occurring during or by reason of the field trip or excursion.

Parent/Guardian Signature

Date

Lifestyle Programs

Yes, I give my child permission to participate in the Club's lifestyle programs. I understand that SMART Girls is designed for girls ages 8-12 and 13-15 and Passport to Manhood is designed for boys ages 8-12 and 13-15.

The programs will include discussion of tough issues such as self-esteem, peer pressure, drugs, sex, school, parents, teachers, brothers, and sisters (anything members need/want to talk about). Age will determine how far topic will be discussed.

Parent/Guardian Signature

Date