



**DON MOYER
BOYS & GIRLS CLUB**

Club Membership Form

Rantoul Site

2017-2018

INSTRUCTIONS TO PARENTS/GUARDIANS

For your child's well-being, the information you provide must be complete and accurate. The information is necessary to maintain funding, state compliance and records for Boys & Girls Club service. All confidential information requested is for our records and for funding our organization receives. The answers you provide will be kept confidential. Your cooperation in providing this information is both appreciated and necessary. **The membership form will NOT be accepted without all forms completed and additional items received.** Please check off each box below as you complete each section.

Club Membership Application

Code of Conduct Agreement

FOR OFFICE USE ONLY

New Member: _____

Renewing Member: _____

Fee Required \$ _____

Fee Paid \$ _____

Staff Receiving Application _____

Date: _____

Program Director Signature _____

Date: _____

Date Application Entered _____

Member ID#: _____

Club Member Information (please print)

First Name: _____ **Middle:** _____ **Last:** _____

Birth Date: _____ **Age:** _____

School: _____ **Grade:** _____ (Entering Academic School Year)

Gender: (Check One) Male Female

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Mobile number:** _____

Emergency Contact: _____ **Emergency Phone:** _____

Primary Parent/Guardian Contact Information (please print)

First Name: _____ **Last Name:** _____ **Gender:** _____

You can contact me through the following methods (check all that apply) Phone Email Text Mail

Work Phone: _____ **Home Phone:** _____

Cell Number: _____

Parent's Email Address: _____

Secondary Parent/Guardian Contact Information (please print)

First Name: _____ **Last Name:** _____ **Gender:** _____

You can contact through the following methods (check all that apply) Phone Email Text Mail

Work Phone: _____ **Home Phone:** _____

Cell Number: _____

Parent's Email Address: _____

Are you or any member of your household on active military duty? (Check One) Yes No

Are you or any member of your household a Club alumni? (Check One) Yes No

Demographic Information (Check One)

Ethnicity:

American Indian/Alaskan Native Asian Black/African-American
 Native Hawaii/Other Pacific Islander White Black/African-American & White
 Other Multi-Racial (not included above in bold) Hispanic

Household Information

How many members are in your household, including yourself? _____

Family Setting:

1 Parent 2 Parents Foster Family 1 Parent Only Foster Family 2 Parents Only

Annual Household Income:

Less than \$9,999 \$10,000-14,999 \$15,000-22,999 \$23,000-33,999
 \$34,000-49,999 \$50,000-74,999 \$75,000 or more

School Lunch Program Eligibility: (Check One)

Free Reduced Not Eligible Unknown

Please check services you receive:

SSI TANF Food Stamps General Assistance SSID
 Veteran's Compensation Compensation Day Care Voucher

Do you have an Individual Education Plan (IEP)? Yes No

If yes, please provide a copy: Copy provided: Yes No

Can your child swim? Yes No

Member Medical Information

Name of Doctor/Medical Facility _____

Address _____ **Phone** _____

Insurance Policy Holder Name _____

Prescription or over the counter medications (check one) No Yes If yes, please list all _____

Special Medical Conditions (check one) No Yes If Yes, please check all applicable

ADD/ADHD Asthma Diabetes Cerebral Palsy/Motor Condition
 Emotional/Behavior Disorder Epilepsy/Seizure disorder Gastrointestinal or feeding concerns

Other medical conditions/reasons that would inhibit the member from taking part in certain physical activities _____

Does the member have any allergies or dietary restrictions? (Check One) ___ No ___ Yes

If Yes, please check all applicable:

___ Beef ___ Pork ___ Fish/shellfish ___ Milk/Dairy Products ___ Peanuts/Peanut Butter
Wheat/Gluten Other _____

Pick-Up Authorization

All members **MUST** be signed out by the parent/guardian or identified and authorized person. Please indicate below who is authorized to sign out your child.

My child is authorized to be picked up by:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Members that are 13 years old and older can sign themselves out of the Club with signed parent permission. If your child is 13 or older and you would like for them to have permission to walk home please sign the release below.

I, parent/guardian of _____ give permission for him/her to walk home from the Don Moyer Boys & Girls Club.

Signature of parent/guardian: _____ Date: _____

I understand that it is my responsibility to monitor my child's participation in Club activities based on any physical or medical limitations that my child has that would inhibit his/her participation. I understand that Don Moyer Boys & Girls Club operates under an open door policy, therefore, it is my responsibility to monitor and provide transportation for my child to and from the Club. In the event of injury or should emergency care be required, I authorize Club staff to arrange for emergency medical attention for my child, only if I can't be reached immediately.

I understand that my child may receive non-invasive physical exams and/or other types of assessments as a benefit of his or her membership. I give permission for my child to participate in surveys, discussion groups or other activities that help determine the success of Don Moyer Boys & Girls Club programs. I authorize Don Moyer Boys & Girls Club to obtain or share data related to my child for the purpose of program assessment. I authorize release of information from school about my child so the Clubs can best serve its members. I grant permission for photographs, audiotapes and records of my child to be used by the Club and its agents for public relations and/or program evaluation purposes on behalf of Don Moyer Boys & Girls Club. Don Moyer Boys & Girls Club has permission to receive and share information (for use of identifying program and opportunity needs) with agencies serving our members such as: United Way, Rantoul School District.

Signature _____

Print Name _____

Date _____

Parental/Guardian Field Trip Permission

Occasionally, members of the Don Moyer Boys & Girls Club are asked to participate in field trips. In order for proper planning, it is necessary for the club to obtain parental permission. All precautions of safety and every consideration for your child's welfare will be carefully exercised, although the Don Moyer Boys & Girls Club assumes no liability in connection with these field trips. If you want your child to participate in these trips throughout the membership, please express that desire by signing your name in the black provided. **Notification will be sent prior to each scheduled field trip.**

Parent/Guardian Signature

Date

Movie Authorization

Ages 6-11:

Viewing Movies: Don Moyer Boys & Girls Club has my permission to allow my child to view children's movies that are rated PG. These movies will be watched in advance by staff. (Examples would be: Harry Potter, X-men, etc.)

YES NO

Ages 12-17:

Viewing Movies: Don Moyer Boys & Girls Club has my permission to allow my child to view children's movies that are rated PG-13. These movies will be watched in advance by staff. (Examples: Despicable Me; Up; How to Tame Your Dragon)

YES NO



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Parent Release of Information

As the legal parent/guardian of _____, I authorize the
_____ School District and/or educational
institution my child attends to release the following information to the Don Moyer Boys & Girls Club:

- Grade Point Averages
- Report Cards
- Progress Reports
- School Attendance
- Behavioral Issues
- Grade Advancement and Graduation Information
- Communication between school staff (teacher, principal, social worker, etc.) and authorized Don Moyer Boys & Girls Club staff

Photocopies of this form shall be considered a valid release for all information indicated above. The data collected from the schools is intended for several grant and Boys & Girls Club of America requirements to assist in achieving academic success and to ensure that we are working closely with families, school and community. Current grants include: TeenREACH, ICJIA, Community Matters and OJP Mentoring. Other grants: _____

Parent/Guardian Signature: _____ Date: _____



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**2016-2017
School Transportation Form**

Dear Parent/Guardian,

Welcome to another exciting school year! This form is required for your child to be transported from his/her school to the Don Moyer Boys & Girls Club. Your child's school will inform your child which school bus to board to bring them to the Club.

Thank you for your continued cooperation,

Don Moyer Boys & Girls Club Staff

Club Member's Name:

Last

First

Club Member's School:

Parent/Guardian Signature: _____



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Administration of Medication

As the parent/guardian of _____, I hereby give permission for my child to take the below listed medications. I understand that the staff of the Don Moyer Boys & Girls Club is not responsible for dispensing and medications to my child. My child may self-administer medication, while under the supervision of the Don Moyer Boys & Girls Staff.

Parent/Guardian Signature

Date

Bottom Portion is to be filed out by the Club Member's Physician

Physician's name (Please Print): _____

As the Physician of _____, I hereby give permission for him/her to take the following medication(s) at the Don Moyer Boys & Girls Club.

Medication: _____

Dosage/Time: _____

Effective Dates: _____

Physician's Signature

Date



DON MOYER BOYS & GIRLS CLUB

Code of Conduct

The code of conduct is as follows:

- I will honor the DMBGC member code of conduct when I participate in all Club activities.
- I will be a law-abiding citizen.
- I will respect myself, fellow members, employees, and the facilities.
- I will have my coat, hat and book bag in the designated Club location.
- I will remain drug, alcohol and tobacco free at the Club.
- I will be responsible for all my personal belongings, including electronic devices. I agree that my electronic devices will not interfere with programming and will be used in a productive and positive way relative to my Club policies.
- I will use words that are respectful.
- I will report uncomfortable or dangerous behavior or touching.
- I will cooperate with all directions and requests by DMBGC employees.
- I will eat or drink only in designated areas and dispose of garbage properly.
- I will refrain from inappropriately touching other Club members.
- I will use only assigned Enter or Exit ways to enter or exit DMBGC.
- I will enter the club, and remain free of weapons including those that resemble real weapons with peaceful intentions.
- I will refrain from intimate behavior.

Exceptions to this Code of Conduct may be allowed based on the type of programming or specific rules of the Club.

Please sign as acknowledgement and receipt of the Don Moyer Boys & Girls Club Code of Conduct. I understand that I am responsible for reviewing the Code of Conduct with my child and will assist Don Moyer Boys & Girls Club in adhering to the principles of the Code of Conduct.

Parent/Guardian Signature: _____

Date: _____