

2012 Membership Application



BOYS & GIRLS CLUBS OF INDIAN RIVER COUNTY

Administrative Office
1729 17th Avenue
Vero Beach, FL 32960
Phone: 772-299-7449
www.BGCIRC.org



OFFICE USE ONLY

| | | | |
|---|---|-----------|------------|
| BGC Number Assigned | Club Location | | |
| Amount Rec'd | <input type="checkbox"/> Cash <input type="checkbox"/> Check/MO <input type="checkbox"/> Card | Check Num | Check Date |
| Accepted By | Date | | |
| Entered KidTrax By | Date | | |
| Birth Certificate on File <input type="checkbox"/> Yes <input type="checkbox"/> No | Promotional Mat. Signed <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Teen <input type="checkbox"/> Yes <input type="checkbox"/> No | Open Door <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

OFFICE
USE
ONLY
↓



Please print all applicable information.
Completion of application does not guarantee acceptance.

Personal Information

| | | | |
|--|------------------------------|---|----------|
| First Name | Middle Name | Last Name | Nickname |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth (M/D/Y) / / | Child's Social Security Number ----- -- -- | |
| Ethnicity <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Multi-Racial | | | |
| Street Address (Including Apartment Number) | | City, State, Zip | |
| Home Phone(s) w/Area Code | | Parent/Guardian Email Address | |

Member Name

School Information

| | | |
|--------------|--|---------------|
| Teacher Name | School ID Number ----- | Current Grade |
| School Name | School Lunch Program <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Ineligible | |

Contact Name

Medical Information

| | | |
|---|---|--|
| Doctor Name | Doctor Phone | Permission for Treatment by Doctor/Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Medical Insurance Carrier Name (if any) | Policy Number | Group Number |
| List Serious Health Problems and Allergies | Daily Medications (explain) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| List accommodations/assistance your child may need to succeed in our program. | | |

General

| | |
|--|---|
| Birth Certificate Provided <input type="checkbox"/> Yes <input type="checkbox"/> No | How did you hear about the Boys & Girls Clubs of Indian River County? |
|--|---|

Household Information: *Note: This information is for Grant writing purposes only*

| | | | | |
|---|--|---|--|---|
| Check All Those Living In Current Household | <input type="checkbox"/> Mother | <input type="checkbox"/> Step-Mother | <input type="checkbox"/> Grandparent | Housing Development |
| | <input type="checkbox"/> Father | <input type="checkbox"/> Step-Father | <input type="checkbox"/> Other _____ | |
| Annual Gross Household Income | | | | |
| | \$0- 5000 _____ | \$30,001 - \$35,000 _____ | \$60,001 - \$65,000 _____ | |
| | \$5001 - \$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+ _____ | |
| Number in Household | 65 or Over Household Member(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | Handicapped Household Member(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | Head of Household <input type="checkbox"/> Male <input type="checkbox"/> Female | Current single Parent <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please initial each of the following:

- ✓ I have read, understand and intend to review with my child the attached *Open Door Policy, Three Strike Policy and Transportation Agreement*. Yes No
- ✓ I have, with my child, read over the Parent Handbook and have attached the *Parent Commitment Form* with the appropriate signatures to this application. Yes No

As the parent or guardian of _____, I hereby give my permission for this child to become a member of the Boys & Girls Clubs of Indian River County.

The Parent agrees to allow his/her Child's name, quote, photograph, voice or artwork to be used by BGCIRC for use in BGCIRC communication or promotional mediums, without compensation and without prior notice. The Parent releases and holds BGCIRC harmless from any liability stemming from the use of child's name/quote/photograph, voice or artwork. The Parent must notify the Club Director, in writing, if Child should not take part in any promotional mediums, stating limitations of exposure. BGCIRC will not use Child's last name in any promotional mediums.

Parent/Guardian Signature _____ Date _____

I understand that precautions for his/her safety will be taken and that the Boys & Girls Clubs of Indian River County and its staff, board members, or agents will not be held liable for any injury, accident or loss sustained while participating in Boys & Girls Clubs programs and activities on or off premises.

In the event that I cannot be reached in an emergency, I hereby give permission to the attending physician at the nearest emergency facility selected by the director of the Boys & Girls Clubs of Indian River County, or his/her designated staff member, to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child named above.

Parent/Guardian Signature _____ Date _____

Child/Member Signature _____ Date _____



Contact Information

| Primary Contact | | |
|-------------------------|-----------|--|
| Name | | |
| Parent/ Guardian | Yes No | Emergency Contact: Y/N Authorized to Pick up: Y/N |
| Relationship to Member: | | |
| DOB: / / | SSN: - - | |
| Home Number: | | |
| Work Number: | | |
| Cell Number: | | |
| Email Address: | | |
| Occupation: | | |
| Employer: | | |
| Work Address: | | |

| Secondary Contact | | |
|-------------------------|-----------|---|
| Name | | |
| Parent/ Guardian | Yes No | Emergency Contact: Y/N Authorized to Pickup: Y/N |
| Relationship to Member: | | |
| DOB: / / | SSN: - - | |
| Home Number: | | |
| Work Number: | | |
| Cell Number: | | |
| Email Address: | | |
| Occupation: | | |
| Employer: | | |
| Work Address: | | |

| Emergency Contact | | |
|-------------------------|-----------|--|
| Name | | |
| Parent/ Guardian | Yes No | Emergency Contact: Y/N Authorized to Pickup/N |
| Relationship to Member: | | |
| DOB: / / | SSN: - - | |
| Home Number: | | |
| Work Number: | | |
| Cell Number: | | |
| Email Address: | | |
| Occupation: | | |
| Employer: | | |
| Work Address: | | |

| Emergency Contact | | |
|-------------------------|-----------|--|
| Name | | |
| Parent/ Guardian | Yes No | Emergency Contact: Y/N Authorized to Pickup/N |
| Relationship to Member: | | |
| DOB: / / | SSN: - - | |
| Home Number: | | |
| Work Number: | | |
| Cell Number: | | |
| Email Address: | | |
| Occupation: | | |
| Employer: | | |
| Work Address: | | |



BOYS & GIRLS CLUBS
OF INDIAN RIVER COUNTY

**OPEN DOOR
POLICY FOR
CHILDREN
16 YEARS & OLDER**

Dear Parents and Guardians,

Please understand that the Boys & Girls Clubs of Indian River County has an *open door policy for children 16 years and older*. That is, it offers a drop off program with a variety of scheduled activities to choose from. We are not a child/day care program. For your child's utmost enjoyment, we suggest that you plan your child's visits around the scheduled activities offered throughout the day.

We do not have a formal sign in or sign out procedure. We are counting on you as the parent/guardian to have a relationship with your child whereby your child respects your wishes and will stay at the Club for the hours you say so.

Again, we maintain an **open door policy for children 16 years and older**. It is understood and agreed that these members may come and go as they desire. The Boys & Girls Club of Indian River County will not be held responsible or liable for any member leaving the facility.

Open Door Policy Acknowledgement and Permission Slip

The Boys & Girls Clubs of Indian River County is not a licensed day care provider as defined by the state of Florida and operates under an *open door policy*, which means that members can come and go as he/she desires. The Boys & Girls Clubs of Indian River County will not be held responsible or liable for any member leaving the facility.

In order to carry through with your desires for your child's visits to the Club, we are willing to attempt to monitor whether your child leaves the grounds or not. We have created this permission slip to help us know which children are expected to stay at the Club and which ones have permission to come and go as they desire.

By signifying "YES" on this permission slip, you are stating that your child has permission to come and go to the Boys & Girls Club as they desire, no questions asked. You are also stating that you understand that your child is not being supervised during his/her time away from the Club.

By signing "NO" to this permission slip, you are stating that you do not want your child to leave the Club until you pick them up. You are stating that your child will stay at the club because you say so, not because we do. You are also stating that if your child tries to leave, you understand that we will encourage your child to stay, but we cannot force him/her to stay. You also understand that we cannot be held liable if your child does leave without your permission.

We will attempt to notify you if your child leaves without your permission.

YES, my child _____ is **16 years or older** and has permission to come and go to the Boys & Girls Club as he/she desires.

NO, my child _____ does not have my permission to come and go to the Boys & Girls Club as he/she desires.

Parent/Guardian Signature _____ **Date** _____



**MEMBER EXPECTATIONS AND
THREE STRIKE POLICY**

In an attempt to create a more positive atmosphere, the staff of the Club feels it is appropriate to review the rules of the Clubs with its members and guardians. It is the sincerest desire of the staff to provide a fun, safe, educational atmosphere in the Club. Please review the list of rules and the Three Strike Policy.

As a Boys & Girls Club Member, I agree that during my participation in the Boys & Girls Club I will abide by the following rules:

- I will respect my fellow Boys & Girls Club members, staff, and volunteers.
- I will not intentionally damage or destroy the property of others or Club property.
- I will at all times be in an area that is supervised by a staff member.
- I will not gossip or talk negatively about another Club member, staff, or volunteer.
- I will wear appropriate attire.
- I will not use my cell phone or any other wireless communication devices while I am at the Club.
- I will not discuss or participate in a discussion with sexual content.
- I will not use or discuss cigarettes, drugs, or alcohol.
- I will not touch another Club member.
- I will not hit, kick, or be physically or verbally abusive to another Club member.
- I will not take things that do not belong to me.
- I will have a positive attitude.
- I will play fairly and be honest.
- I will bring my Club Card every day.
- I will resolve disagreements in a positive way and turn to staff for help.
- I will not yell or run inside the Club.
- I will not use inappropriate language.

Three Strike Policy

Pre-Strike: Staff member will inform Club member that he/ she is breaking a rule and will provide an example of alternative behavior.

First Strike: Staff member tells Club member that he/she has continued breaking rules. Member will be “written up” and guardian will be informed of the situation. Guardian and member will also be informed that if member does not start abiding by rules, next strike will result in a 2- day suspension.

Second Strike: Staff member will remind Club member that he/ she will be suspended for 2 days. Guardian will be informed of suspension and situation causing suspension. Re-entry into Club will be allowed with written letter of apology to Club members and staff. Staff, guardian, and member will then sit down and determine a “strategy” to prevent member from reaching Strike Three.

Third Strike: Member and guardian will be informed of the situation and member will be suspended from Club and not permitted on Club property for two weeks. Re-entry into Club will be allowed only with a meeting of staff, guardian, and member discussing the problems that resulted in the suspension. A corrective plan will be developed and agreed to by staff, guardian, and member before re-entry is permitted. Information on self-control, anger management, and conflict resolution will be provided to the member.

Irrespective of the Three Strike Policy, Club staff may take any action deemed appropriate, including immediate and permanent dismissal of an offending member, to ensure the safety of members and staff, to protect property, and/ or to ensure orderly conduction of Club activities.

I have read and will abide by the Member Rules and Expectations and understand the Three Strike Policy:

Parent Signature

Member Signature

Date

Date



BOYS & GIRLS CLUBS
OF INDIAN RIVER COUNTY

Transportation Agreement

Transportation is a vital resource of the Club. It allows your children to be bused from their school to the Club and allows for field trips throughout the year. Behavior must always be at the highest level to ensure safety for both the driver and fellow riders. With this in mind please review the following with your child:

Bus Policy

99% of club members arrive at the Club through the generous, and free, service of the Department of Transportation and School District. If behavioral issues occur on the bus the consequences will be the following, but not limited to:

- Verbal warning from the bus driver
- Written referral to your child's school
- Suspension of bus privileges
- Removal of transportation route from school to Club PERMANENTLY

Bus Behavior Expectations

- Will follow Bus Driver's instructions at ALL times
- Will remain seated until destination has been reached and approval to get up by the Bus Driver
- Refrain from using inappropriate language and behavior
- Will not damage or write on bus seats and/or equipment

By signing below you are agreeing to the above conditions and expectations. You also understand the consequences should your child not follow these:

Parent/Guardian Signature

Date

Club Member Signature

Date



BOYS & GIRLS CLUBS
OF INDIAN RIVER COUNTY

Too Good For Drugs & Violence

SMART Girls

Passport to Manhood

Parents/Guardians Notice and Consent Form

Participant's Name: _____
(Last) (First) (Middle)

Address: _____ City, State Zip: _____

Club Card Number: _____

My child has permission to participate in the **Too Good For Drugs & Violence, SMART Girls or Passport to Manhood** programs. These programs help prevent or delay the onset of drug and alcohol use and early sexual activity.

I am aware that these programs are not sex education programs and that they do not teach contraceptive use or discuss abortion.

Signature of Parent or Legal Guardian

Date



BOYS & GIRLS CLUBS
OF INDIAN RIVER COUNTY

Special Authorization for Access to Student Education Records through eSembler

As an effort to better serve your child's needs in improving their academic performance and behavior, we are requesting that you grant permission for our organization to analyze their school records.

Instead of waiting for every Progress or Quarterly Report, by providing their Student ID number we will be able to immediately serve their needs. This information will be kept strictly confidential among the Boys & Girls Clubs of Indian River County and their individual student data will not be released publicly.

By my signature below, I consent to releasing information protected by the Family Educational Rights and Privacy Act of 1974 (FERPA, as amended in 1988).

I give authorization to The Boys & Girls Club of Indian River County to obtain the following information concerning:

Name of Student

- Average Grades from School Year (list subject and average)
- Standardized Test Scores (FCAT, SAT & ACT Scores)
- Number of Days absent from School
- Number of Behavioral Problems
- Position of school staff person providing information

This authorization is for the exclusive use of the Boys & Girls Club of Indian River County, Project Learn Program.

Print Parents/Legal Guardian Name

Date

Parent/Legal Guardian Signature

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Student Id

Should you have any questions with regard to this authorization form, program, or any other matter please feel free to contact our office at 772-299-7449.

Thank you for your cooperation and support!

I do NOT agree to allow my child's academic data to be accessed