



New: \_\_\_\_\_  
Renewal: \_\_\_\_\_

Date: \_\_\_\_\_  
Member #: \_\_\_\_\_

**MEMBERSHIP ENROLLMENT FORM**  
**2017/2018**

*This form must be completed and signed by the parent or guardian of a student enrolling in the Club program.*

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
                    First                      Last                      MI                      Month/Day/Year

Sex:    Male            Female           Race/Ethnicity (optional): \_\_\_\_\_

Limited English Proficiency:  Yes  No                      Free/Reduced Lunch:  Yes  No

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

I allow the school to release, to the Boys & Girls Clubs of Harlem, information about my child's school performance, including, but not limited to, grades and test results.    Yes    No

**PARENT/GUARDIAN INFORMATION**

**Parent/Guardian #1**

_____	_____	_____	_____
First Name	Last Name	Relationship to Student	
( )	( )	( )	
Home Phone	Work Phone	Cell Phone	E-mail
Street Address		City	State      Zip

**Parent/Guardian #2**

_____	_____	_____	_____
First Name	Last Name	Relationship to Student	
( )	( )	( )	
Home Phone	Work Phone	Cell Phone	E-mail
Street Address		City	State      Zip

**EMERGENCY CONTACTS**

Please identify two persons who may be called between 3:00pm and 6:00pm if you are not available.

**Contact #1**

_____	_____	_____	_____
First Name	Last Name	Relationship to Student	
( )	( )	( )	
Home Phone	Work Phone	Cell Phone	E-mail
Street Address		City	State      Zip

**Contact #2**

First Name	Last Name	Relationship to Student	
( )	( )	( )	
Home Phone	Work Phone	Cell Phone	E-mail
Street Address	City	State	Zip

**RELEASE OF CHILD**

I give my child permission to walk home alone at dismissal.    Yes                       No

My child will be picked up at the Club by me or one of the following individuals:

Name	Relationship to Child	Telephone
Name	Relationship to Child	Telephone
Name	Relationship to Child	Telephone
Name	Relationship to Child	Telephone

**DO NOT RELEASE MY CHILD TO THE FOLLOWING PEOPLE:**

Name	Relationship to Child
Name	Relationship to Child

**INFORMATION ABOUT HOUSEHOLD**

**Family Income:**       Less than \$20,000    \$20,000 - \$34,999    \$35,000 - \$49,999

\$50,000 - \$79,999    \$80,000 and above

**Household Type:**  Both Parents    Mother Only    Father Only    Grandparent    Guardian/Other

**Family Setting:** # of Brothers \_\_\_\_\_ #of Sisters \_\_\_\_\_

**Check All That Apply:**  TANF    General Assistance    SDI    School Lunch    Medicaid    SSDI

Food Stamps    Veterans Compensation    Day Care Voucher

Military Household Member    Can Swim

**INFORMATION ABOUT CHILD**

Does your child have an Individualized Education Plan (IEP) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attached a current copy of your child's IEP

What are your child's interests/outside activities (i.e. scouts, sports team, dance troupe)? \_\_\_\_\_

Are there any particular areas on which you would like the program to focus (i.e. math, social skills, health awareness)? \_\_\_\_\_

**CONSENT: To be completed by the parent or guardian**

**PHOTO/VIDEO/INTERVIEW CONSENT**

I certify that I am the parent or legal guardian of \_\_\_\_\_, whose date of birth is \_\_\_\_\_.  
*name of child* *month/day/year*

I understand that this program features special events both in the Club and away from the Club. Media representatives, newspaper and television reporters, photographers, and public-relations personnel may be present at these special events to record them. In some cases they may interview and/or photograph children who participate in these events. These photographs, videos, and interviews will only be used to promote the Club program.

I give permission for my child to be photographed or otherwise recorded during Club events and activities, and for any and all such photographs to be displayed by the Boys & Girls Clubs of Harlem in any medium (books, newsletters, web sites, etc.), whether now or hereafter known or developed.

I **DO NOT** give permission for my child to be photographed or otherwise recorded during events and activities. As a result, my child may not be able to participate in these events and activities.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
Date

**MENTORING PROGRAM CONSENT**

I, the parent or legal guardian of \_\_\_\_\_, hereby give my permission for my child to participate in the Mentoring Program at the Boys & Girls Club of Harlem (BGCH).

I fully understand that the program involves mentors, who shall be selected from the community and will be screened (including a criminal background check) and trained before beginning in the program. A mentor will be expected to spend a minimum of one hour per week with my child on-site at BGCH. The mentor is not allowed to take or meet my child beyond the Club facility.

I understand that my child will participate in an orientation session at the Club in which the program will be explained. The program is planned to last one year and continuation may then be discussed.

I understand that during the course of the mentoring program there may be special group events (incorporating multiple mentors and youth) and family events planned. I understand that the staff of the Club will provide ongoing monitoring of the mentoring activities.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
Date

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## Health Record

(To be completed by the parent or guardian) *This information will remain confidential*

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### 1. Please provide your child's medical history.

CONDITION	YES (if yes, write approx. date)	NO
Asthma	<input type="checkbox"/> _____	<input type="checkbox"/>
Convulsions/Seizures	<input type="checkbox"/> _____	<input type="checkbox"/>
Diabetes	<input type="checkbox"/> _____	<input type="checkbox"/>
Ear Infections	<input type="checkbox"/> _____	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/> _____	<input type="checkbox"/>
Measles	<input type="checkbox"/> _____	<input type="checkbox"/>
German Measles	<input type="checkbox"/> _____	<input type="checkbox"/>
Rheumatic Fever	<input type="checkbox"/> _____	<input type="checkbox"/>
Mumps	<input type="checkbox"/> _____	<input type="checkbox"/>
Corrective Device (glasses, hearing aid, etc.)	<input type="checkbox"/> _____	<input type="checkbox"/>
Does your child use an inhaler?	<input type="checkbox"/> _____	<input type="checkbox"/>

ALLERGY	YES	NO
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>
Insect Stings	<input type="checkbox"/>	<input type="checkbox"/>
Foods	<input type="checkbox"/>	<input type="checkbox"/>
Plants	<input type="checkbox"/>	<input type="checkbox"/>
Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>
Topical ointments	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
If "yes" to any of the above, please specify allergy and describe reaction.		

### 2. List significant illnesses or surgeries. Provide the date and any instructions.


### 3. Special situations or needs that program staff should be aware of:

<input type="checkbox"/> Child has behavioral/emotional difficulties
<input type="checkbox"/> Child has physical disabilities
<input type="checkbox"/> Other (describe)

### 4. Special Health Care Needs

Does your child have special health care needs that require treatment and/or medication?  YES  NO

If yes, describe below. If your child requires treatment and/or medication during Club hours, complete the *Health Care Plan for a Child with Special Health Care Needs* form.

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### 5. Medication

Does your child take medication for any condition or illness?  YES  NO If yes, describe below.

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### 6. Activities to be encouraged:

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### 7. Activities your child cannot participate in:

--

\_\_\_\_\_

8 . Parent/Guardian Signature

Date

**EMERGENCY MEDICAL CARE**  
(To be completed by the parent or guardian)

Student's  
Name: \_\_\_\_\_

Date of  
Birth: \_\_\_\_\_

- 1. If my child requires emergency medical care and I cannot be reached, I give my consent to the above Club to obtain the necessary medical care for my child. I agree to pay all of the costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided.*
- 2. This information is strictly confidential and will not be shared with anyone without my written consent or in the case of emergency medical care.*
- 3. Following emergency medical care, my child may be released to the following people:*

Name: _____	Relationship to Child: _____
Address: _____	Employer: _____
Home Phone: _____	Work Phone: _____

Name: _____	Relationship to Child: _____
Address: _____	Employer: _____
Home Phone: _____	Work Phone: _____

Name: _____	Relationship to Child: _____
Address: _____	Employer: _____
Home Phone: _____	Work Phone: _____

Name: _____	Relationship to Child: _____
Address: _____	Employer: _____
Home Phone: _____	Work Phone: _____

**4. Health/Insurance Information:**

Student's Doctor: _____	Insurance Company: _____
Phone: _____	Policy Holder's ID: _____
Allergies: _____	Religious Preference: (optional) _____
Last Tetanus: _____	MEDICATION(S) BEING TAKEN: _____
Address (student's doctor): _____	

**Additional Comments:** \_\_\_\_\_

- 5. I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in Club programming.*

Parent/Guardian Signature

Date

**Technology Use Policy**

*This section must be signed by a parent or guardian for all members under the age of 18.*

\_\_\_\_\_ I have read The Boys & Girls Club of Harlem Technology Use Policy.

\_\_\_\_\_ I hereby release The Boys & Girls Club of Harlem, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, The Boys & Girls Club of Harlem's Internet and Technology Systems, including, but not limited to claims that may arise from the unauthorized use of the Internet and Technology Systems to purchase products or services.

\_\_\_\_\_ I understand that access to The Boys & Girls Club of Harlem Network and the Internet is designed for educational purposes and that The Boys & Girls Club of Harlem has taken available precautions to educate students on appropriate educational materials. However, it is understood that, no matter how much supervision and monitoring the Club can utilize, there will always be the possibility of my child coming into contact with inappropriate material, and I will not hold The Boys & Girls Club of Harlem responsible for materials acquired on the Network.

\_\_\_\_\_ I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in The Boys & Girls Club of Harlem Technology Use Policy. I will emphasize the importance of following the rules for personal safety.

\_\_\_\_\_ I give permission for my child to utilize The Boys & Girls Club of Harlem Technology Program, including, but not limited to Computer Lab computers, printers, computer software, Internet access, network access, database access, and audio-visual equipment and to issue an account for my child and certify that the information contained in this form is correct.

\_\_\_\_\_ No, I do not wish to give permission for my child to use the Clubs' Technology Programs.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

**PARENT/GUARDIAN RELEASE FORM**  
(To be completed by the parent or guardian)

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Harlem and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

- *Medical Treatment: I give permission to the Boys & Girls Club of Harlem to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.*
- *School Information: I give my permission to the Boys & Girls Club of Harlem and NYC Department of Education to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting either party in writing.*
- *Surveys and Questionnaires: I, the parent/guardian of the minor child listed on this application, give permission for Boys & Girls Club of Harlem to survey my child about his or her Club experience, behaviors, skills and attitudes using Boys & Girls Clubs of America's National Outcomes Survey or other survey instruments.*
- *Technology: As a member of the Boys & Girls Club, your child will have access to the Internet. While precautions are being taken, it is possible who s/he may access inappropriate sites. The Boys & Girls Club will have rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access.*

Miscellaneous:

*I understand the Boys & Girls Club is not responsible for lost or stolen items. Parents and Club members are responsible for their own transportation to and from the Club. As a drop-in facility, we are not responsible for Club members' whereabouts.*

*I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the Boys & Girls Club and its activities. I also understand the Club is not, nor does it claim to be, a licensed day care center. I have read the completed application and this form, understand the rules of the Boys & Girls Club and request my child be admitted into membership.*

*I give my permission to the Boys & Girls Club of Harlem to share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) and/or all grant funders for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA and/or grant funders may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by Boys & Girls Club of Harlem, including data collected via surveys or questionnaires. All information provided will be kept confidential.*

\_\_\_\_\_  
Parent / Guardian Signature

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## YOUTH FUN FACTS FORM

How many brothers and sisters do you have? \_\_\_\_\_ Their ages are: \_\_\_\_\_

My favorite kind of music is \_\_\_\_\_ My favorite television show is \_\_\_\_\_

My favorite sport is \_\_\_\_\_ My favorite book is \_\_\_\_\_

My best subject in school is \_\_\_\_\_ My worst subject in school is \_\_\_\_\_

Are you a Boys & Girls Club member? Yes \_\_\_\_\_ No \_\_\_\_\_ Since(year) \_\_\_\_\_

Do you have any after-school responsibilities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what are they? \_\_\_\_\_

Describe your special interests and hobbies (e.g. sports, arts & crafts, computers, music, reading, cooking, games, career interests, foreign languages, painting, reading, etc.)

\_\_\_\_\_

What clubs or groups do you belong to? \_\_\_\_\_

What do you like to do most with your free time? \_\_\_\_\_

\_\_\_\_\_

How could a mentor/BGCH staff member help you?

\_\_\_\_\_

\_\_\_\_\_

What do you hope to get out of your mentoring relationship? \_\_\_\_\_

\_\_\_\_\_

Is there anything that you would like to share with your mentor/BGCH staff member?

\_\_\_\_\_

\_\_\_\_\_

What would you like to do with your mentor/BGCH staff member?

\_\_\_\_\_

\_\_\_\_\_

Why are you interested in participating in this program? \_\_\_\_\_

\_\_\_\_\_

I agree that I will meet with my mentor/BGCH staff member at the Boys & Girls Club of Harlem. I also agree to notify the Club if I am unable to make a weekly meeting.

\_\_\_\_\_  
(Signature of Youth)

\_\_\_\_\_  
(Date)