

2017-2018 MEMBERSHIP APPLICATION
Boys & Girls Clubs of Lawrence County

First Name: _____ Middle: _____ Last: _____

Gender: M F School: _____ Grade: _____ Birth Date: _____ Age: _____

Address: _____

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

Ethnic Background: Caucasian African American Hispanic Asian Native American

Other _____

Membership Status: New Renewal Transfer from another location: _____

How did you hear about the Club? School Flyer Drive by Newspaper Friend:

Please Print Name

Medical Information:

Special Information: Allergies, etc _____
Does your child take any medications? _____

Member lives with: Mom & Dad Mom Only Dad Only Grandparent Other: _____

Annual	Less than:	_____ \$25,327	_____ \$44,641	
Household	_____ \$13,273	_____ \$26,845	_____ \$44,941	
Income:	_____ \$17,797	_____ \$31,765	_____ \$51,079	More than:
	_____ \$18,889	_____ \$35,893	_____ \$57,517	_____ \$63,966
	_____ \$22,321	_____ \$40,417	_____ \$63,955	

Number of Individuals Living in Household: _____

Is parent/guardian a member of the military? Yes No If yes, which branch: _____

School Lunch:

_____ Free Lunch _____ Reduced Lunch

I waive Ferpa rights and give the Boys & Girls Club of Lawrence County permission to talk to North Lawrence Community Schools and Mitchell School District regarding free/reduced lunch and academics and behavioral issues.

Emergency Contacts:

Mother/Guardian: _____ Phone #: _____ Phone #: _____

Father/Guardian: _____ Phone #: _____ Phone #: _____

E-mail address: _____

Additional contacts if parents/guardians cannot be reached: (Please indicate relationship to child.)

Name: _____ Phone #: _____ e-mail: _____

Name: _____ Phone #: _____ e-mail: _____

Authorized to pick up members from the Club:

Please note: Parents/guardians and additional contacts are automatically authorized to pick up children from the Club. Only list other people who may be picking up members.

Name: _____ Phone #: _____ e-mail: _____

Name: _____ Phone #: _____ e-mail: _____

I give consent for photographs & video in which my child may appear, to be used in any way the Club may care to use them.

I understand the Club has adopted a Safe Passage Policy that prohibits members from coming and going as they please. I understand that once a child has entered the building, they will not be allowed to leave until a parent/guardian/authorized adult arrives to retrieve them. I understand that the Club is not a licensed day care facility and that staff will not physically restrain children who insist on leaving without parent permission.

I have read and agree to abide by the policies stated in the Parent Handbook. I understand that failure to abide by the policies in the handbook may result in the removal of my child from Club programs.

I give permission for my child to participate in all Boys & Girls Clubs Programs. In consideration of said minor being permitted to enter any branch of the Boys & Girls Club of Lawrence County's (the "Club") for observation, use of facilities and/or equipment or participation in any program, I hereby:

Acknowledge that (i) I have read this document, (ii) I have inspected the facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended, and (iv) I voluntarily sign this document.

Release the Clubs, it directors, officers, employees, volunteers, governing board, agents, representatives (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or by any person associated directly or indirectly with the Club, its officers, directors, employees or volunteers or otherwise while my child is in or near any Club branch or participating in any Club activity.

Agree not to sue Releasees for any loss, damage, injury or death described above and indemnify and hold harmless Releasees and each of them from any injury to persons or property sustained by any person caused by any act, neglect, default, or omission of the undersigned or of any person associated directly or indirectly by him upon or in connection with this activity or whether caused by the negligence of the Releasees or otherwise, whether the said injury or damage occurs upon or adjacent to the property. The undersigned at his own cost, expense and risk shall defend any and all actions, suits or other legal proceedings that may be brought or instituted against the Club on any such claim or demand, and pay or satisfy any judgment that may be rendered against the Club in any such action, suit or legal proceedings or result thereof.

I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.

I do hereby authorize the Clubs as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the Indiana Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the Club is not responsible for costs incurred for medical care.

I intend this document to be as broad and inclusive as is permitted by the laws of the state of Indiana; if any portion hereof is held invalid, I agree that the balance shall continue in full force and effect.

Signature of Parent/Guardian: _____ **Date:** _____