



Does your child use and epipen? Yes _____ No _____

Does your child use insulin? Yes _____ No _____

AUTHORIZATION FOR MEDICAL TREATMENT (Please Initial)

_____ In the event that the Boys & Girls Clubs of Annapolis & Anne Arundel County (BGCAA) is unable to reach me, or is on a field trip when my child has been injured or needs emergency medical treatment, I authorize the Boys & Girls Clubs of Annapolis & Anne Arundel County to obtain medical or hospital care on an emergency basis, and I will be financially responsible for such care.

_____ In the event that my child becomes ill or injured and the emergency contact is unavailable, and BGCAA is unable to provide the necessary care, I hereby give permission to the medical personnel selected by the BGCAA to order X-rays, routine tests, or treatment; to release any records necessary for insurance purposes; to provide or arrange necessary transportation; and to the physician selected by BGCAA to secure and administer treatment, including hospitalization.

_____ I acknowledge that I have read and understand all documents regarding participation and have had the opportunity to discuss and questions or concerns regarding this application. Any/all information provided to BGCAA is complete and accurate.

Parent/Guardian Signature

_____/_____/_____
Date

PARENT/GUARDIAN (filling out form)

Relationship to Member (circle):

Mother Father Step-Parent Aunt/Uncle Sister
Brother Cousin Grandparent Foster Parent

Name: _____

Address: _____

City: _____ Zip Code: _____

Cell Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____

Home Phone: (_____) _____ - _____

Email: _____

Employer: _____

PARENT/GUARDIAN 2

Relationship to Member (circle):

Mother Father Step-Parent Aunt/Uncle Sister
Brother Cousin Grandparent Foster Parent

Name: _____

Address: _____

City: _____ Zip Code: _____

Cell Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____

Home Phone: (_____) _____ - _____

Email: _____

Employer: _____

EMERGENCY CONTACT INFORMATION (Please list additional contact(s) other than those above)

Name: _____

Relationship to Member: _____

Cell Phone: (_____) _____ - _____

Home Phone: (_____) _____ - _____

Name: _____

Relationship to Member: _____

Cell Phone: (_____) _____ - _____

Home Phone: (_____) _____ - _____



PICK UP AUTHORIZATION

The following individuals (other than parent or legal guardian) are authorized to pick up my child/children:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Is there anyone who is not legally authorized to pick up your child? Yes _____ No _____

If yes, please state Name _____ Relationship _____

(COPIES OF COURT-ORDERED DOCUMENTS MUST BE PROVIDED TO BGCAA)

AUTHORIZATION TO LEAVE CLUB (Only for members 11 years of age or older)

I/We give consent for my child/children to leave the Club at dismissal to either walk/ drive or use public transportation. I am aware that BGCAA is unable to provide staff to walk members home during or after Club hours. Once a club member has left the Club they will not be permitted back into the Club until the following day.

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

HOUSEHOLD COMPOSITION

Single Adult Household

_____ Mother Only

_____ Father Only

_____ Grandparent

_____ Other relative

_____ Legal Guardian

_____ Foster Care

_____ Joint Custody

Two + adult Household

_____ Parents

_____ Grandparents

_____ Other relative

_____ Legal Guardian

_____ Foster Care

_____ Parent and other adult(s)

Is this a military family? Yes _____ No _____

If Yes, please list branch and status: _____ -

Housing Type

_____ Permanent (Own, rent, etc.) _____ Public Housing _____ Foster Care _____ Group Home _____ Homeless



Please check all assistance programs you receive:

☐ Food Stamps/SNAP
☐ Medicaid
☐ Social Security
☐ SSI (Supplemental Security Income)
☐ SSDI (Social Security Disability Insurance)
☐ Housing (Section 7, Section 8)

Please indicate your total household income by placing a checkmark in the appropriate box.

Household Size	HOUSEHOLD INCOME			
1	<input type="checkbox"/> \$19,950 or less	<input type="checkbox"/> \$19,951 - \$33,250	<input type="checkbox"/> \$33,251 - \$50,350	<input type="checkbox"/> \$50,351 or more
2	<input type="checkbox"/> \$22,800 or less	<input type="checkbox"/> \$22,801 - \$38,000	<input type="checkbox"/> \$38,001 - \$57,550	<input type="checkbox"/> \$57,551 or more
3	<input type="checkbox"/> \$25,650 or less	<input type="checkbox"/> \$25,651 - \$42,750	<input type="checkbox"/> \$42,751 - \$64,750	<input type="checkbox"/> \$64,751 or more
4	<input type="checkbox"/> \$28,450 or less	<input type="checkbox"/> \$28,451 - \$47,450	<input type="checkbox"/> \$47,451 - \$71,900	<input type="checkbox"/> \$71,901 or more
5	<input type="checkbox"/> \$30,750 or less	<input type="checkbox"/> \$30,751 - \$51,250	<input type="checkbox"/> \$51,251 - \$77,700	<input type="checkbox"/> \$77,701 or more
6	<input type="checkbox"/> \$33,050 or less	<input type="checkbox"/> \$33,051 - \$55,050	<input type="checkbox"/> \$55,051 - \$83,450	<input type="checkbox"/> \$83,451 or more
7	<input type="checkbox"/> \$35,300 or less	<input type="checkbox"/> \$35,301 - \$58,850	<input type="checkbox"/> \$58,851 - \$89,200	<input type="checkbox"/> \$89,201 or more
8 +	<input type="checkbox"/> \$37,600 or less	<input type="checkbox"/> \$37,601 - \$62,650	<input type="checkbox"/> \$62,651 - \$94,950	<input type="checkbox"/> \$94,951 or more

Please Initial

(PRINT CHILD'S NAME)

_____ I/We, the Parent(s)/Guardian(s) of _____, understand that the Boys & Girls Clubs of Annapolis & Anne Arundel County (BGCAA), make available recreational and educational activities for its members. I/We understand that there are always dangers and risks connected with participation in such activities (particularly sports) and, as Parent(s)/Guardian(s) of the member named above, I/We hereby give my/our approval of his/her participation in all the activities of the Club. I/We understand that the Club consents to his/her participation only upon the condition of my/our acceptance of responsibility for any and all such risks and dangers (including any risks associated with transportation to or from the Club or any Club activity) and I/We do hereby release, indemnify and hold harmless the Boys & Girls Clubs of Annapolis & Anne Arundel County (BGCAA), the organizers, sponsors, Board of Trustees, supervisors, staff and contractors of all its activities, from any and all liability in connection with any injury (including any injury caused by their own negligence) to the member named above. I/We likewise release and hold harmless from liability any person transporting him/her to or from any Club activity.

_____ I/We as a parent/guardian understand that BGCAA staff reserve the right, at their sole discretion, to withdraw any participant whose influence or actions are deemed unsatisfactory or who will not abide with rules and policies as designated. BGCAA reserves the right to terminate a membership contract to include but not limited to, inaccurate information or behavioral issues. The membership will be no refund of the membership fee.

_____ I/We understand that the BGCAA will provide necessary equipment to participate in activities and all personal items utilized by a participant are done so at their own risk. BGCAA and Released Parties will not be held responsible for lost, damaged or stolen items.



_____I/We hereby grant the Boys & Girls Clubs of Annapolis & Anne Arundel County(BGCAA), its subsidiaries, successors, assignees and licensees the absolute right and permission to copyright, use, publish and distribute all photographs or videotape in which my child, named above, may be included for editorial, advertising, art, broadcast or promotion, without restriction. This release shall inure to benefit BGCAA and shall be binding on my heirs, successors and executors. I further state that BGCAA are authorized to use my child/ward's name and any photographs or videotape of my child/ward for promotional purposes in furtherance of BGCAA objectives without the need to compensate me and/or my child/ward.

_____I/We understand a late fee will be charged as for any member left after the club closes, the fee will be according to the late fee policy. This must be paid before a member can return to the Club. I am aware that I will be contacted if my child is at the club without late fee payment.

_____I/We give my permission to BGCAA to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, Boys & Girls Club of America (BGCA), funders and other community stakeholders to evidence program effectiveness and/or Club impact on our members. Information that will be disclosed to BGCAA 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 BGCAA, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Parent/Guardian Signature

____/____/_____
Date

Boys & Girls Clubs of Annapolis & Anne Arundel County Policy & Procedure Commitment

I have received and read the entire Boys & Girls Clubs of Annapolis & Anne Arundel County program policies and procedures included in this Parent Handbook and understand my commitment to the program. I commit to having my child/children read or I will read the handbook to him/her. He/she understands the policies and procedures. We both understand that failure to follow the procedures and policies may result in termination of membership. We have agreed to accept the policies detailed in the Parent Handbook.

(Parent/Guardian Signature)

(Date)

(Parent/Guardian Printed Name)

(Name of Club Member)