



**EXTENDED PROGRAM 2010
MEMBERSHIP APPLICATION
BLACKSTONE VALLEY BOYS AND GIRLS CLUB**

LOCKER # _____
SHARE: _____

First Name: _____ MI: _____ Last Name: _____
Address: _____ Mailing address: _____
City: _____ State: _____ Zip: _____ Telephone: _____
Date of Birth: _____ Email: _____ Age at Admission: _____ Grade Entering: _____

Physical:

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____
Identifying Marks: _____ Skin Color: _____ (optional) Male _____ Female _____
Race: Caucasian _____ Hispanic _____ Native American _____ Asian _____ African American _____ Other _____
Household Income: \$12k - \$25k _____ \$26k - \$40k _____ \$40k - \$60k _____ \$60k & Higher _____

Guardian/Parent 1

Name: _____
Relationship: _____
Home Address: _____
Home Phone: _____
Employer: _____
Occupation: _____
Work Address: _____
Work Phone: _____ Ext: _____
Hours at Work: _____
Cell Phone: _____

Guardian/Parent 2

Name: _____
Relationship: _____
Home Address: _____
Home Phone: _____
Employer: _____
Occupation: _____
Work Address: _____
Work Phone: _____ Ext: _____
Hours at Work: _____
Cell Phone: _____

Emergency Contacts (In order to be contacted)

1. **Name:** _____ **Address:** _____
Relationship to Child: _____ **Phone #1:** _____ **Phone #2:** _____
Do you give permission for the child to be released to this person? Yes No
2. **Name:** _____ **Address:** _____
Relationship to Child: _____ **Phone #1:** _____ **Phone #2:** _____
Do you give permission for the child to be released to this person? Yes No
3. **Name:** _____ **Address:** _____
Relationship to Child: _____ **Phone #1:** _____ **Phone #2:** _____
Do you give permission for the child to be released to this person? Yes No

I give permission for my son/daughter to sign themselves out of the park, circle Yes or No

If yes, circle days: M T W R F Time of release: _____ Parent/Guardian Initials: _____

I give my permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day: **(Include Parent/Guardian Names):**

| | |
|------------------------------|------------------------------|
| Name: _____ | Name: _____ |
| Relationship to Child: _____ | Relationship to Child: _____ |
| Name: _____ | Name: _____ |
| Relationship to Child: _____ | Relationship to Child: _____ |
| Name: _____ | Name: _____ |
| Relationship to Child: _____ | Relationship to Child: _____ |

Activities

I, the undersigned being the parent/guardian of _____ hereby give permission for my child to participate in the following activities that take place during the summer program. I understand the risks involved in my child's participation in these activities.

_____ Fishing _____ Dance _____ Swim Lessons _____ Theatre _____ Karate _____ Tumbling _____ Skate Park *

** NO member will be allowed in the skate park without proper gear (helmet, knee and elbow pads). There will be no exceptions to this policy and violating it will result in the loss of skate park privileges. All children using the skate park must use their own equipment.

Medical Information:

- Child's Physician/Clinic: _____ Physician Phone: (____) _____
Physician/Clinic Address: _____
- Does your family have health and/or accident insurance: Yes ___ No ___ Insurance Carrier: _____
Subscriber: _____ Policy #: _____ Group #: _____
- Does your child have any allergies? Yes ___ No ___ No Known Allergies ___
If yes, please explain on *Member Health History Form*.
- Are there any Club activities from which the member should be exempted for health reasons? Yes ___ No ___
If yes, please explain on *Member Health History Form*.
- Has your child received medical treatment in the past? Yes ___ No ___
If yes, please list on *Member Health History Form*.
- Is your child taking any current medications prescribed and/or over-the-counter? Yes ___ No ___
If yes, please list on *Member Health History Form*.
- Does your child have any Serious Health Problems and/or Restrictions? Yes ___ No ___
If yes, please explain on *Member Health History Form*.
- Special Limitations (physical, mental, psychological) that require medication, treatment, or special restrictions or considerations while at the Club: Yes ___ No ___
If yes, please explain on *Member Health History Form*.

Parent/Guardian Authorization for Health Care:

All information on the Blackstone Valley Boys and Girls Club Summer Program Registration Form and Member Health History Form is correct and accurately reflects the health status of the member. The member has permission to participate in all Club activities except as noted by me and/or an examining physician. I give permission to the physician selected by the Club to order x-rays, routine tests, and treatment related to the health of the member for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for the member. I understand the information on this form will be shared on a "need to know" basis with program staff. I give permission to photocopy this form. In addition, the program has permission to obtain a copy of the member's health record from providers who treat the member and these providers may talk with the program's staff about the member's health status.

I authorize staff in the summer care program who are trained in the basics of first aid to give my child first aid when appropriate, routine health care, dispense medication and seek emergency medical treatment when needed. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to secure necessary medical treatment for my child.

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

Acceptance of Policy and Procedure Manual

I, being the parent/guardian of the above understand and accept the policy manual that was given to me upon registration of my child into the 2010 Summer Program. I understand that the below rules are strictly enforced by staff and repeated disciplinary actions may result in expulsion from the park.

1. No IPODS, video games, CD players, radios, two way radios, cell phones, (anything electronic) or trading cards are allowed in the Club and will be confiscated by staff with disciplinary action taken.
2. No sandals of any kind will be permitted in the park except for the pool area. Children must have appropriate athletic shoes.
3. I understand that it is my responsibility to review with my child all aspects of the policies and procedures for their safety and protection.

I hereby give permission to my son/daughter to become a member of the Blackstone Valley Boys & Girls Club and participate in the summer program at Tupper Park. I understand that the town of Blackstone, the BVBGC, and the club personnel are not responsible for personal injury or loss of property. I hereby give permission to have my child examined by a doctor, if program staff deems it necessary. I give my consent for any photographs in which my child may appear to be used by the club in their literature or publicity. I also understand that there will be no refunds under any circumstances after the start of the program and that transferring of memberships is also not allowed. I have read the Blackstone Valley Boys & Girls Club policy and procedure manual for the summer program and agree that my child must follow all procedures accordingly.

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