



Boys & Girls Clubs of the Western Reserve

18/19 School Year Club Membership Application

Enrollment Session: Year _____ School Year Program Summer Program

Club Member: New Member Returning Member (last session attended: _____)

Location: Eller Club LeBron James Club Steve Wise Club

Member Information

Child's First Name	M.I.	Last Name	Preferred Name
Address		City	State Zip Code
Home Phone		Cell Phone	
E-mail Address		Date of Birth (mm/dd/yyyy)	Age
Grade just completed:	Current Grade or Grade going into this Fall:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	School:		
Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____			U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about the Boys & Girls Clubs? (check all that apply)			
<input type="checkbox"/> Event <input type="checkbox"/> Family/Friend <input type="checkbox"/> Flyer <input type="checkbox"/> Radio/TV <input type="checkbox"/> School <input type="checkbox"/> Website <input type="checkbox"/> Other: _____			

Parent/Guardian Information

Parent's/Guardian's Name	Relationship
Home Phone	Work Phone Cell Phone
Address <input type="checkbox"/> Same as Member	Email

Medical Information

Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify
Medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify
Medical Conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify

Family Information

Child lives with: (check all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Grand Parent(s) <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Other: _____
Do you receive Public Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes select one <input type="checkbox"/> Section 8 <input type="checkbox"/> Scattered Sites <input type="checkbox"/> HUD
Family Annual Income Level: (select one) <input type="checkbox"/> \$0 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$14,999 <input type="checkbox"/> \$15,000 - \$24,999 <input type="checkbox"/> \$25,000 - \$34,999 <input type="checkbox"/> \$35,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$74,999 <input type="checkbox"/> \$75,000 - \$99,999 <input type="checkbox"/> \$100,000 and up

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Consent

Please read the following and sign indicating agreement:

I hereby give permission for my child (or ward) to become a member of the Boys & Girls Clubs of the Western Reserve (the "Club") and to participate in all programs and activities, on and off site including field trips, swimming or special activities. I understand that the Club is NOT a daycare and that an open campus policy is in effect at all times. I further understand that the Club is NOT responsible for the time or manner in which my child (or ward) may arrive at or leave the facility and that licensing does not regulate the operation of the Club.

I understand and agree that the Club does not refund memberships and that my child (or ward) must obey all standards of conduct. I further understand that behavioral problems that cannot be resolved may result in my child (or ward) being suspended or expelled from the Club without monetary refund.

I am aware that occasionally my child/ward may be away from the facility for a special program, swimming or field trip. I understand and agree that the Club is not responsible or legally liable for any personal property losses or for any bodily injuries incurred and suffered by my child (or ward) on any Club property or in connection with any activities at any of its facilities, or while engaged in any Club activities away from the Club. I understand that these activities will be supervised by Club staff/volunteers but that supervision cannot guarantee my child's safety while s/he participates in such activities. I further understand that some of these activities are potentially dangerous and that the Club does not and cannot provide any assurance that my child will not be injured while participating.

In the event of an emergency I authorize Club staff to secure medical treatment for my child (or ward) and that I, as the legal guardian, will assume any and all responsibility for paying medical expenses associated with such treatment. I understand and agree that the Club does not provide medical insurance for my child (or ward). I understand and agree that the Club cannot and will not administer prescription or over the counter medications of any kind to my child (or ward).

Authorization of medical and/or surgical treatment. The authorization granted herein will be used only when absolutely necessary in case of a minor it will be used only after every attempt has been made to contact the parent. If my child (or ward) requires medical attention and I cannot be reached in a timely fashion, I give permission to the staff/designees of the Boys & Girls Clubs of the Western Reserve to transport, hospitalize, and secure any medical treatments they deem necessary including, but not limited to, X-rays, routine tests, injections, and surgery. I accept full financial responsibility for such treatments or medical attention.

Authorization: In case of emergency, I hereby authorize the doctor/hospital to which my child may be brought and whomever he/she may designate as their assistant to perform any emergency and/or operation to give treatment and the administration of anesthetics.

I give consent for my child's (or ward's) picture or any reproduction thereof (while he/she is engaged in Club activities) to be used for publicity/fundraising purposes. I give permission for the Club to use my child's (or ward's) name or any fictitious one for publicity/fundraising purposes.

I give consent for my children (or ward's) report card grades to be released to the Boys & Girls Clubs of Western Reserve for the current or most recent school year. I understand this information will help Boys & Girls Clubs to better plan services and evaluate programs for my child.

I affirm that I have received and will read the club's Parent/Member Orientation Handbook and understand that all fees are nonrefundable.

The undersigned represents that he/she is the parent and/or legal guardian of the minor named above, and represents that he/she has the legal authority to execute this consent and release. If the child/applicant is signing for himself or herself, the undersigned warrants that he/she has reached the age of legal majority according to the State of Ohio.

Parent/Guardian Signature:

Print Name**Signature****Date**

---- Office Use Below ----

Date Rcvd:	By:	Deposit Amount:
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Payment Method:	Receipt:	Orientation:
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Entered into database by:	Date:
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This institution is an equal opportunity provider.

Boys and Girls Clubs of the Western Reserve

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Release To / Emergency Contact / Walker Form

Child's First Name	M.I.	Last Name	Preferred Name
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Members will only be released to those indicated as a "Release To" person. Only those indicated as an "Emergency Contact" will be contacted in case of an emergency. You may indicate that a person is either or both a "Release To" and "Emergency Contact." A Sibling from another Club picking up the member must also be listed. **Those picking up the member MUST SHOW A PICTURE ID.**

Release To / Emergency Contact: *Parent/Guardian must be listed on this page!*

PARENT Name: _____	<input type="checkbox"/> Release To	<input type="checkbox"/> Emergency Contact	
Relationship: _____	Phone: _____	Phone: _____	
Address: _____			
City: _____	State: _____	Zip: _____	

Name: _____	<input type="checkbox"/> Release To	<input type="checkbox"/> Emergency Contact	
Relationship: _____	Phone: _____	Phone: _____	
Address: _____			
City: _____	State: _____	Zip: _____	

Name: _____	<input type="checkbox"/> Release To	<input type="checkbox"/> Emergency Contact	
Relationship: _____	Phone: _____	Phone: _____	
Address: _____			
City: _____	State: _____	Zip: _____	

Name: _____	<input type="checkbox"/> Release To	<input type="checkbox"/> Emergency Contact	
Relationship: _____	Phone: _____	Phone: _____	
Address: _____			
City: _____	State: _____	Zip: _____	

Name: _____	<input type="checkbox"/> Release To	<input type="checkbox"/> Emergency Contact	
Relationship: _____	Phone: _____	Phone: _____	
Address: _____			
City: _____	State: _____	Zip: _____	

Walkers:

Members may walk home from the Club, or leave the Club program space in a shared facility, as long as they are at least 10 years old or with a sibling that is at least 10 years old and they both attend the same Club. A Sibling from another Club that is picking up a member must be listed above and show a picture ID.

_____ I consent for my child (ward) to walk home from the Club or leave the Club program space in a shared facility. *This line must be initialed for the member to be released to walk.*
 (Initials)

Parent/Guardian Signature:

_____ **Print Name**

_____ **Signature**

_____ **Date**

Use other side if additional Release To and Emergency Contact space is needed.

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Additional Names:

Release To / Emergency Contact:	
Name: _____	<input type="checkbox"/> Release To <input type="checkbox"/> Emergency Contact
Relationship: _____	Phone: _____
Address: _____	
City: _____	State: _____ Zip: _____
Name: _____	<input type="checkbox"/> Release To <input type="checkbox"/> Emergency Contact
Relationship: _____	Phone: _____
Address: _____	
City: _____	State: _____ Zip: _____
Name: _____	<input type="checkbox"/> Release To <input type="checkbox"/> Emergency Contact
Relationship: _____	Phone: _____
Address: _____	
City: _____	State: _____ Zip: _____
Name: _____	<input type="checkbox"/> Release To <input type="checkbox"/> Emergency Contact
Relationship: _____	Phone: _____
Address: _____	
City: _____	State: _____ Zip: _____
Name: _____	<input type="checkbox"/> Release To <input type="checkbox"/> Emergency Contact
Relationship: _____	Phone: _____
Address: _____	
City: _____	State: _____ Zip: _____
Name: _____	<input type="checkbox"/> Release To <input type="checkbox"/> Emergency Contact
Relationship: _____	Phone: _____
Address: _____	
City: _____	State: _____ Zip: _____

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Parent/Guardian Consent Form – Release of Student Records

The Boys & Girls Clubs of the Western Reserve (BGCWR) is partnering with the Akron Public Schools and Summit Education Initiative to promote the success and academic achievement of students in Summit County. Summit Education Initiative (SEI) is a nonprofit organization located in Akron, Ohio, dedicated to increasing educational attainment in Summit County, Ohio. In this work, SEI provides secure data access between Akron Public Schools and the BGCWR.

The Family Education Rights and Privacy Act (FERPA) protects students and parents by prohibiting most third parties from accessing student records, information, or data without clear permission from a parent or guardian if the student is under 18.

This form requests your consent to allow the BGCWR to share the name, grade level, date of birth, student ID number and school of your child with SEI. Additionally, you are consenting to allow SEI to provide the BGCWR access to your child's Akron Public Schools data, including test scores, grades, attendance records, and results of student surveys. Your consent allows data to be shared in two directions: from the BGCWR to Akron Public Schools; and from Akron Public Schools to the BGCWR. SEI is acting on behalf of both parties to match the information provided by the BGCWR with your child's school information, and to conduct research to determine the effectiveness of programs on student success and achievement.

Accessing or sharing records, information, or data will be done to promote and support your student's academic success and achievement, and to evaluate services being offered. **No records, information, or data will be used for any other purpose, and will not be shared with any party other than those listed in this release.**

PARENT/GUARDIAN CONSENT

INITIAL HERE

I give consent for Summit Education Initiative to provide secure sharing of my child's personally-identifiable information between the BGCWR and the Akron Public Schools. I understand the following information will be shared:

- Student Name, grade level and date of birth, student ID number
- School district name and school building name
- Course grades and Grade Point Average
- National and state test results
- Attendance records (classroom and school absence totals, both excused and unexcused)
- Results of surveys administered at the building and/or district level

I understand that my child's information will only be shared between Summit Education Initiative, the BGCWR and the Akron Public Schools, and that this consent may be terminated at any time by my written request as the parent/guardian listed below. It is also my understanding that this consent will last until my child is 18 years old, unless it is revoked by me in writing, or unless my child is no longer affiliated with the BGCWR or registered as a student in Akron Public Schools. As a parent or guardian, I have the right to revoke consent at any time. I also have the right to obtain copies of any information about my child that is shared because of this form.

Parent/Guardian Name (print)

Date of Consent

Parent/Guardian Signature

Child's Name (print)

Child's School District

Date of Birth (MM/DD/YYYY)

Child's School Building

Child's School Student Number -
This is also the student's Lunch Number