



BOYS & GIRLS CLUBS
OF DELAWARE COUNTY

2017-18 Enrollment Form

Unit: Oaks Mission

CHILD INFORMATION (All Answers Required)

First Name: _____ Middle: _____ Last: _____
Nickname: _____ DOB: _____ Age: _____
Gender: ___M ___F Ethnicity: _____ If Native American, Tribe _____
School _____ Grade _____

PARENT/GUARDIAN INFORMATION

Parents/Parent, Guardian Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Physical Address: _____
Phone: _____ Cell: _____ Work: _____
Email: _____ Employer: _____
Member lives with: ___ Mom ___ Step Mom ___ Dad ___ Step Dad ___ Grandparent ___ Other: _____
Current Head of Household: ___ Female ___ Male Single Parent ___ Yes ___ No
Total Residents In Household: _____ Annual Household Income: \$ _____

EMERGENCY CONTACTS / MEDICAL INFORMATION

Name: _____ Phone # _____
Doctor Name: _____ Doctor Phone: _____
Permission for Treatment by Doctor/Hospital: ___ Yes ___ No Medicaid: ___ Yes ___ No
Does your family have health and/or accident insurance: ___ Yes ___ No
Insurance Carrier: _____ Policy #: _____
Group#: _____
Special Medical Conditions: ___ Yes ___ No If Yes, explain: _____
Medications: ___ Yes ___ No If Yes, explain: _____

CHILD RELEASE AUTHORIZATION

Authorized To Pick Up Child: _____

DO NOT Allow Child To Go With: _____

GENERAL INFORMATION

Member/Contacts Understood Signed Insurance Disclaimer and Permission Statement: ____Yes ____No

Member has permission to be used in public relations materials: ____Yes ____No

Member may participate in all Club activities in or adjacent to the club building: ____Yes ____No

DISCLAIMER

The Boys & Girls Clubs of Delaware County, and its affiliates, are not responsible or liable in any way in the event of harm or injury occurring to the member. It is agreed that the parent or guardian will not hold Boys & Girls Clubs of Delaware County responsible for the welfare or whereabouts of the member. If the Parent or Guardian does file a complaint against the Club the Parent or Guardian agrees to pay for Boys & Girls Club of Delaware County's legal fees.

MEDICAL RELEASE

I give the Boys & Girls Clubs of Delaware County my release to secure medical attention for my child as necessary, including transportation to medical facilities. If an emergency arises, I understand that Club personnel will try to contact me and my alternate contacts, but I release this right to them in the event of my being unreachable. I understand and approve of the procedures the Club has set for emergencies, and wish for them to take necessary action to maintain my child's health.

AGREEMENTS

I understand that:

- The Club provides a snack only, not meals.
- If I bring my child to the Club, I will need to sign them in. If my child arrives on their own, they must sign themselves in.
- My child should be signed out by an adult in order to leave the Club. Once my child has signed out, the Club is no longer responsible for my child.
- Youth are not allowed to use the Club phone to make "visiting", overnight, or other arrangements, as this can lead to confusion on the part of the parents as to the location of their child.
- I am taking full responsibility for any damage that my child may be responsible for - full or in part - and that I will be held financially accountable for those damages.

I approve this application for membership in the Boys & Girls Clubs of Delaware County and will abide by the rules and agreements of the Organization.

Parent/Guardian Signature: _____

Member's Signature: _____

Parent & Member Handbook Acknowledgement Form

***Form must be completed and returned before membership is activated.*

I have received the Parent & Member Handbook packet, toured the facility, and completed a membership form. By enrolling my child as a member of the Boys & Girls Clubs of Delaware County, I agree to adhere to and abide by the policies of the Club as stated in the Parent & Member Handbook.

Parent/Guardian Signature

Date

Child's Name

Child's Name

Child's Name

Child's Name

GREAT FUTURES START HERE.