

BOYS & GIRLS CLUBS OF SOUTH CENTRAL TEXAS
400 UHLAND ROAD – SAN MARCOS, TX – (512) 805-3000
CEO: MARK A. TERRY

ANNUAL YOUTH MEMBERSHIP APPLICATION

*****FOR STAFF USE ONLY*****

MEMBERSHIP # _____ CONTROL LOG DATE: _____ NEW RENEWAL CARD ISSUED: Y N

CHILD'S NAME: _____

GENDER: M F (FIRST) RACE: AFRICAN AMERICAN (MIDDLE) CAUCASIAN (LAST) ASIAN HISPANIC MULTI-RACIAL

DATE OF BIRTH ___/___/___ AGE: ___

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ E-MAIL: _____

I LIVE WITH MY: Mother & Father Grandparent Other _____
 Mother (Single Parent - Y N) Father (Single Parent - Y N)

SCHOOL:

PRESENT SCHOOL: _____ GRADE: _____

FAMILY INFORMATION:

FATHER / GUARDIAN'S NAME: _____ FATHER / GUARDIAN LIVING IN HOME? Y N

MOTHER / GUARDIAN'S NAME: _____ MOTHER / GUARDIAN LIVING IN HOME? Y N

FATHER / GUARDIAN'S EMPLOYER: _____ WORK #: _____

MOTHER / GUARDIAN'S EMPLOYER: _____ WORK #: _____

* How many brothers does member have? _____ What are their ages? _____

* How many sisters does member have? _____ What are their ages? _____

* How many people live in your house **INCLUDING** applicant? _____

Combined household income is: under \$20,000 under \$50,000 over \$70,000
 under \$30,000 under \$60,000
 under \$40,000 under \$70,000

Does your child receive FREE lunches at school? Y N if not FREE, Do they receive REDUCED price lunch? Y N

PLEASE LIST ADDITIONAL RELATIVES AND/OR FRIENDS TO CONTACT IN CASE OF AN EMERGENCY AND PARENTS CANNOT IMMEDIATELY BE REACHED.

NAME: _____ RELATION: _____ PHONE: _____

NAME: _____ RELATION: _____ PHONE: _____

NAME: _____ RELATION: _____ PHONE: _____

HEALTH:

ARE YOUR IMMUNIZATIONS UP-TO-DATE? (Check only if YES) Measles Mumps Rubella Polio D-P-T

* DOES YOUR FAMILY HAVE ACCIDENT INSURANCE? Y N HOSPITAL / DOCTOR YOU USE: _____

* IF NOT, DOES YOUR FAMILY HAVE MEDICAID? Y N IF YES, WHAT PROGRAM ARE THEY IN? _____

*DO YOU HAVE ANY SERIOUS MEDICAL PROBLEMS / CONDITIONS OR HANDICAPS? Y N IF YES, EXPLAIN IN DETAIL: _____

MILITARY:

IS EITHER PARENT IN THE MILITARY OR RETIRED MILITARY? Y N

IF YES, ARE THEY: (PLEASE CHECK ALL THAT APPLY)

- Army Navy Air Force Marines Coast Guard
- Active Duty Reserve National Guard Retired Civil Service

Acceptable Use Policy For Technology

It is the general policy of BGCSCCT that all club computers and internet services are to be used in a responsible, efficient, ethical, and legal manner in accordance with the mission of the Club. Use of Club computers and/or internet services is a privilege, not a right. Failure to adhere to the policy and administrative procedures may result in suspension or revocation of the privilege. Willful or intentional misuse/damage could lead to disciplinary action or criminal penalties under applicable state and federal laws. I will limit my BGCSCCT technology equipment and internet service use to those specific activities for which I have received permission from the lab instructor in advance. I will not retrieve or send unethical, obscene, harassing, illegal, immoral, or simply inappropriate or unacceptable information of any type; I will not use the telecommunications access provide by BGCSCCT for illegal purposes of any kind. I will not share my home address, phone number, email address, or password with another user for any purpose. I understand that I am not to access my personal e-mail account or engage in any online chat, unless given express permission by Club staff; nor am I to use any other person's account. Use of any/all personal items on Club computers (hardware or software) without advance permission from the BGCSCCT lab instructor is prohibited. I understand that information received online is private property and/or copyrighted, unless specified. I will not plagiarize information in any form. I will not attempt to bypass the security built into any level of the computer system, and I recognize that doing so will result in immediate cancellation of my privileges. I will not damage any computer or steal any pieces of the lab equipment. I understand that I will be responsible for replacement and/or repair costs beyond fair wear and tear use. By signing this Waiver and Consent, I understand and agree that BGCSCCT will not be held responsible if I participate in such activities and such participation will result in disciplinary action. I will adhere to the BGCSCCT Acceptable Use Policy for Technology at all times. I understand my responsibility as a user of BGCSCCT computer lab equipment. I have read the above rules and realize that any infraction will cancel my user privileges and may result in further disciplinary action. I will immediately report anyone I observe breaking this policy to the BGCSCCT computer lab instructor.

I understand that my child will have access to club computer equipment and internet use and they will be held accountable for violation of the above rules. I understand and will follow the above rules as stated.

PARENT/LEGAL GUARDIAN NAME PRINTED: _____ DATE: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____ MEMBER'S SIGNATURE: _____

SWIMMING PERMISSION FORM / RELEASE OF LIABILITY

I, the parent/guardian of the member understand that swimming is a hazardous activity. I recognize there are risks inherent in the activity of swimming, including but not limited to paralyzing injuries and death. The parent/guardian of the member hereby agrees to allow said member to participate in swimming activities at the Boys & Girls Clubs of South Central Texas and hereby agrees to indemnify and hold harmless the BGCSCCT, its directors, employees and volunteers against any liability resulting from any injury that may occur to the member while participating in Club activities including swimming. The parent/guardian also agrees to indemnify BGCSCCT for any damages incurred arising from any claims, demand, action or cause of action by the member. Further, the parent/guardian agrees to pay all costs associated with medical care.

I have read the above swimming liability release and sign it with full knowledge of its content and significance.

PARENT GUARDIAN SIGNATURE: _____ DATE: _____

*******PARENT PERMISSION*******

My child is joining Boys & Girls Clubs of South Central Texas with my permission. I understand the club is an open-campus and not responsible for the time or manner in which he/she may arrive at or leave the club, and that BGCSCCT is not responsible for injury, medical expense, or loss of personal property while this member is participating in club activities. If, in the opinion of BGCSCCT staff, my child has a medical emergency, I give my permission for him/her to be examined/treated by licensed medical personnel at my expense. An ambulance may be called if deemed necessary for transportation. I give my express permission for my child to be transported to BGCSCCT events by club or private transportation. By signing below, I also give my express permission for my child to be videotapes or photographed for publicity purposes. I agree to be financially responsible for any/all club equipment checked to by my child and not returned to the club in a timely manner. I agree to furnish transportation for my child to leave the club before the posted closing time or any given club day (or) to have a signed PARENTAL PERMISSION TO LEAVE OUTSIDE AT CLOSING form on file with club director. In understand the the BGCSCCT has a late fee of \$1.00 per minute and after a youth has been left for 15 minutes after closing time, the proper authorities will be contacted unless there is a PARENTAL PERMISSION TO LEAVE OUTSIDE form on file. I understand that BGCSCCT is a drug/alcohol free zone and that persons who violate this policy will be dealt with sternly. **I understand the Club may charge additional activity fees including additional fees for summer participation. BGCSCCT IS NOT A LICESNED DAYCARE.** I have received a copy of the club rules sheet and will cover them with my child. If my child is suspended for any reason, I will not expect the return of any dues/fees that I have paid to the Club.

*****PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

FOR SUMMER 2008 PARTICIPANTS ONLY:							
\$35.00 Non-Refundable Registration & Weekly Activity Fee: Members: \$30.00 Non Members: \$60.00 Friday only:\$15.00							
	Attending?			Friday Only Session		Attending?	
June 9 th – 13 th	YES	or	NO	June 13 th	YES	or	NO
June 16 th – 20 th	YES	or	NO	June 20 th	YES	or	NO
June 23 rd – 27 th	YES	or	NO	June 27 th	YES	or	NO
June 30 th – July 3 rd	YES	or	NO	July 3 rd	YES	or	NO
July 7 th – 11 th	YES	or	NO	July 11 th	YES	or	NO
July 14 th – 18 th	YES	or	NO	July 18 th	YES	or	NO