

**BOYS & GIRLS CLUBS  
OF THE DANVILLE AREA**

115 S. Main St | Chatham, VA 24531 | (434) 432-3115 x2

123 Foster St | Danville, VA 24541 | (434) 792-6617

**All Fees Are Non Refundable***Office use only:*

Receipt # \_\_\_\_\_

Date \_\_\_\_\_

Initials \_\_\_\_\_

Club Number \_\_\_\_\_

Scholarship Amount \_\_\_\_\_

**2016-2017 School Year Membership Application**☐ **Foster Street Club Fee: \$75.00**☐ **Chatham Unit Fee: \$50.00****Club Member Information**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: ☐ Female ☐ Male DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: ☐ none \_\_\_\_\_ Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_Medical Issues: ☐ none \_\_\_\_\_**Primary Parent/Guardian**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Is this person a guardian? ☐ Yes ☐ No Is this person allowed to pick up/drop off the child? ☐ Yes ☐ No**Secondary Parent/Guardian or Other Contact**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Is this person a guardian? ☐ Yes ☐ No Is this person allowed to pick up/drop off the child? ☐ Yes ☐ No**Emergency Contact** (this is the first person we will call)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is this person a guardian? ☐ Yes ☐ No Is this person allowed to pick up/drop off the child? ☐ Yes ☐ No

### Other Contact

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Is this person a guardian? ☐ Yes Is this person allowed to pick up/drop off the child? ☐ Yes

### Other Contact

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Is this person a guardian? ☐ Yes Is this person allowed to pick up/drop off the child? ☐ Yes

### Household Information (used for statistical and grant purposes only)

Household Type: ☐ Both Parents ☐ Mother ☐ Father ☐ Alternate Custody ☐ Other Family  
☐ Group Home ☐ Foster home ☐ Other

Number of siblings: \_\_\_\_\_ Total Household Size: \_\_\_\_\_ Military Family: ☐ Yes ☐ No

Please mark if any of the following apply:

☐ Parent Incarcerated ☐ Medicaid/FAMIS ☐ Free or ☐ Reduced Lunch ☐ SSI  
☐ Food Stamps/SNAP ☐ Public Housing ☐ TANF ☐ SSDI

Family Revenue: ☐ \$0 – 20,000 ☐ \$20,001 - \$40,000 ☐ \$40,001 - \$60,000 ☐ \$60,001 - \$80,000 ☐ \$80,001+

Language at Home: ☐ English ☐ Spanish

Child's Race: ☐ Caucasian ☐ African American ☐ Asian/Pacific Islander ☐ Latino/Hispanic ☐ Multi-Race  
☐ Other \_\_\_\_\_

### AGREEMENT BETWEEN PARENT AND BOYS & GIRLS CLUBS OF THE DANVILLE AREA

1. I hereby give my authorization to BGCD A to provide for emergency medical care when I cannot be located immediately.
2. BGCD A will notify me when my child becomes ill and I will arrange to have my child picked up as soon as possible.
3. If BGCD A decides to terminate the enrollment of my child, they will provide to me in writing the reason(s) for termination.
4. I understand that it is the Club's desire that members stay in the building, even though they are free to enter and leave the premises without permission or supervision. I will instruct my child as to whether or not they may leave the Club.
5. I hereby give my permission to BGCD A to photograph/video my child for public relations and/or educational purposes. Furthermore, it is understood that my child may be included in programs or news stories that are released to the local media.
6. I hereby give my authorization to BGCD A to transport my child to and from sanctioned BGC events or activities and participate in field trips.
7. I have read and understand the Club agreements and sanctions and I have discussed with my child.

Initials: **Parent/Guardian** \_\_\_\_\_ **Child** \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Club Member Signature

\_\_\_\_\_  
Date

## Optional Permission Forms

The following are optional permission forms for your child to participate in special programs at the Club.  
For more information, please contact the Club/Unit Director.

Please sign and date below to indicate if you are giving permission.

### **Field Trips**

Yes, I give permission for my child \_\_\_\_\_ to attend Club field trips. I understand that my child will be informed of appropriate behavior and is expected to obey the rules and procedures of the trip. Any unacceptable behavior may cause suspension from future field trips.

I authorize the Boys & Girls Clubs of the Danville Area as agents for the undersigned, to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general supervision of any physician and surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I waive all claims against the Boys & Girls Club of the Danville Area (or its agents, officers or employees) in the case of injury, accident or illness occurring during or by reason of the field trip or excursion.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### **Accessing School Records**

Yes, I give permission for the Boys & Girls Clubs of the Danville Area to access my child's school records to help them with their educational goals and homework while at the Club.

Homeroom Teacher's Name: \_\_\_\_\_

Parent Portal: (optional) Username: \_\_\_\_\_ Password: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### **Lifestyle Programs (SMART Moves Curriculum)**

Yes, I give my child permission to participate in the Club's lifestyle programs (SMART Moves Curriculum). I understand that SMART Moves is designed for children of all ages and the program will include appropriate discussion of issues such as self-esteem, peer pressure, drugs, sex, school, parents, teachers, brothers, and sisters (anything members need want to talk about). Age will determine how far topics will be discussed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date