



**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: \$50.00       Chatham Unit Fee: \$30.00

### 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 BGCDA to provide for emergency medical care when I cannot be located immediately.
2. BGCDA will notify me when my child becomes ill and I will arrange to have my child picked up as soon as possible.
3. If BGCDA 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 BGCDA 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 BGCDA 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