



**BOYS & GIRLS CLUB
OF STAMFORD**

REGISTRATION CHECKLIST

Here is a checklist to ensure that you have all of the necessary paper in order to register your child. ALL OF THESE THINGS ARE NECESSARY IN ORDER TO REGISTER. NO EXCEPTION CAN BE MADE

Child's Name: _____

Parent/Guardian's Name: _____

_____ COMPLETED APPLICATION

_____ CLUB HEALTH FORM

_____ BIRTH CERTIFICATE

_____ JUNE 2009 REPORT CARD

_____ \$100.00 PAYMENT (payment can be made by cash, credit card,

money order or bank check) NO PERSONAL CHECKS WILL BE

ACCEPTED

Date of Registration: _____ Staff initials: _____

Interviewed by: _____

Membership #: _____

MEMBERSHIP APPLICATION

Boys & Girls Club of Stamford



First Name: _____ Middle: _____ Last: _____

Nickname: _____

Gender: M F Ethnicity: _____ DOB: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

School Information:

Current Teacher: _____ Guidance Counselor _____

School: _____ Grade: _____

Medical Information:

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#: _____

Date Health Info Received: _____

Serious Health Problems: Yes No If Yes, explain: _____

Medications: Yes No If Yes, explain: _____

Date Medical Info Received: _____

General:

Birth Certificate on File: Yes No Birth City: _____ Birth State/Country: _____

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

Club Member Since: _____ Religion: _____

Household:

NOTE: This information is collected for Grant writing purposes ONLY

Member lives with: ___ Mom ___ Step Mom ___ Dad ___ Step Dad ___ Grandparent ___ Other: _____

Housing Development: _____

Annual	\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
Income	\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
Level:	\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
	\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	\$75,001 - \$80,000 _____
	\$20,001 - \$25,000 _____	\$50,001 - \$55,000 _____	\$80,001 - \$85,000 _____
	\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	\$85,001 - \$90,000+ _____

Number in Household: _____

Is there a Member of the Household 65 years old or Older: ___ Yes ___ No

Is there a Member of the Household Handicapped: ___ Yes ___ No

Current Head of Household: ___ Female ___ Male

Current Single Parent: ___ Yes ___ No

Physical:

Eye Color: _____ Hair Color: _____ Skin Color/Features: _____

Height: _____ Weight: _____

T-shirt size: youth ___ S, ___ M, ___ L adult ___ S, ___ M, ___ L, ___ XL

Do you belong to other groups?

___ Boys Scouts or Girl Scouts ___ School Club ___ YMCA or YWCA ___ Church Group

___ Other: _____

Reason(s) for joining: ___ Fun ___ Learning ___ Sports ___ Other: _____

Walker's Release:

I hereby give my permission to permit my child to walk home at the end of the program day. I fully approve of this dismissal procedure and by signing this release, I hereby release and hold harmless the Boys & Girls Club of Stamford of any and all responsibility with my child walking home.

Parent/Guardian Signature _____ Date _____

Disclaimer:

I give my permission for my child _____ to attend the After School program of the Boys & Girls Club and to participate in all activities. I understand that the program is not responsible for the personal property of participants. I authorize the Boys & Girls Club to use photographs of my child to the purpose of telling the program story and promoting the message of the program. In case of emergency, I understand every effort will be made to reach the parent or guardian or participants. In case I cannot be reached, I give permission to the physician selected by the Boys & Girls Club to hospitalize, secure proper treatment (order injections, anesthesia or surgery) for my child/ward as named above.

Parent/Guardian Signature _____ Date _____

Academic Release:

I, _____, have agreed to give the Program Coordinator permission to have access to my child's academic records. The Program Coordinator will have access throughout the entire school year for the purpose of monitoring my child's academic progress. I give the Program Coordinator permission to meet with the guidance counselor or any school official regarding my child. The Program Coordinator will contact me prior to any such meeting to inform me of any need for such meeting. The Program Coordinator will submit to me in writing the results of all meetings held with my child's guidance counselor or school officials.

Parent/Guardian Signature _____ Date _____

Membership Agreement:

As a member of the Boys & Girls Club of Stamford I agree to bring my membership card every time I come to the Club and show it to the staff person at the front desk. I will bring it whether I'm coming to the Club for a game, class, practice or open gym. I am aware that there will be a \$5.00 charge to replace a lost card. I will treat all staff, members and parents with respect. I will care for all equipment as if it were my own. I understand that if I am caught swearing, stealing, fighting, disrespecting other members or staff, damaging equipment or property, lying or being involved in any action that the Club staff deems inappropriate, I can be removed from the Club for the day, evening, and depending on the seriousness of the offense, I may be suspended for a period of time.

Member Signature _____ Date _____

For Office Use Only:

Payment Method:

____ Cash _____ Check (Payable to the **Boys & Girls Club of Stamford**)
____ Credit Card
Credit Card (Check One) ___ Visa ___ MasterCard ___ American Express ___ Discover
Name On Credit Card _____
Signature _____

***** A \$20 Fee will be charged for NSF*****

Programs	Cost	Check/Cash/Credit	Employee Initials	Date

Membership #: _____

Entry Date: _____ Expiration Date: _____ Status: _____

Type: _____ New/Renewal Member: _____ Processed by: _____

YOUTH CAMP/ AFTERSCHOOL HEALTH EXAM/RECORD
 FOR CAMPERS AND STAFF
 Physical Exams Are Valid for 3 Years
 From Date of Last Examination

Please Return Completed Form to the Camp

- Campers
 Staff

Name _____ Date of Birth _____ Phone _____
 Guardian _____ Address _____
 Emergency Contact _____ Telephone _____
 Date of Arrival at Camp: _____ Departure Date: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam ____/____/____

_____ May participate in all camp activities
 _____ May Participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription or over the counter medication(s)? YES NO if yes Indicate names of medication _____
 Does the individual have allergies? YES NO Explain: _____
 Is the individual on a special diet? YES NO Explain: _____
 Does the individual have special needs? YES NO Explain: _____

This Camper/Staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunizations Practices:

	Yes	NO		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus					

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town _____ ST _____ Zip Code _____

Signature of Physician, APRN or PA

Date Form Signed

Telephone Number

MEMBERSHIP APPLICATION - CONTACTS
Boys & Girls Club of Stamford

Member's Name: _____

<p>PRIMARY CONTACT</p> <p>Relationship to Member: _____</p> <p>Parent/Guardian: ____ Emergency: ____</p> <p>Person Authorized to Pickup Member: ____</p> <p>Name: _____</p> <p>DOB: _____</p> <p>Occupation: _____</p> <p>Address H: _____</p> <p>Employer: _____</p> <p>Address W: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Email: _____</p>	<p>Relationship to Member: _____</p> <p>Parent/Guardian: ____ Emergency: ____</p> <p>Person Authorized to Pickup Member: ____</p> <p>Name: _____</p> <p>DOB: _____</p> <p>Occupation: _____</p> <p>Address H: _____</p> <p>Employer: _____</p> <p>Address W: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Email: _____</p>
<p>Relationship to Member: _____</p> <p>Parent/Guardian: ____ Emergency: ____</p> <p>Person Authorized to Pickup Member: ____</p> <p>Name: _____</p> <p>DOB: _____</p> <p>Occupation: _____</p> <p>Address H: _____</p> <p>Employer: _____</p> <p>Address W: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Email: _____</p>	<p>Relationship to Member: _____</p> <p>Parent/Guardian: ____ Emergency: ____</p> <p>Person Authorized to Pickup Member: ____</p> <p>Name: _____</p> <p>DOB: _____</p> <p>Occupation: _____</p> <p>Address H: _____</p> <p>Employer: _____</p> <p>Address W: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Email: _____</p>
<p>Relationship to Member: _____</p> <p>Parent/Guardian: ____ Emergency: ____</p> <p>Person Authorized to Pickup Member: ____</p> <p>Name: _____</p> <p>DOB: _____</p> <p>Occupation: _____</p> <p>Address H: _____</p> <p>Employer: _____</p> <p>Address W: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Email: _____</p>	<p>Relationship to Member: _____</p> <p>Parent/Guardian: ____ Emergency: ____</p> <p>Person Authorized to Pickup Member: ____</p> <p>Name: _____</p> <p>DOB: _____</p> <p>Occupation: _____</p> <p>Address H: _____</p> <p>Employer: _____</p> <p>Address W: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Email: _____</p>