BOYS & GIRLS CLUBS OF MUNCIE

2020 Summer Membership Application
One Application Per Student

☐Kindergarten through 5th Grade ☐6th through 8th Grade Before School Care at the Buley Center: ☐ Yes ☐ No
☐ Free / Reduced Book Rental ☐ Full Price Book Rental

Morning Transport from Buley: ☐ Yes ☐ No Evening Transport to Buley: ☐ Yes ☐ No

First Name: _____ Middle: _____ Last Name: _____

Gender: ☐Male ☐Female ☐ Gender Neutral Birthday: _____ Age: _____

School: _____ Grade Just Left: _____ Shirt☐YS ☐YM ☐YL Size:☐AS ☐AM ☐AL ☐AXL

Address of Youth: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name #1: _____ Phone: _____

Parent/Guardian Name #2: _____ Phone: _____

Emergency Contact if Parent/Guardian cannot be reached: _____ Phone: _____

Parent Email: _____

| | |
|---|---|
| Food Allergies: | |
| Medication? If so, Please include dosage and times here. | |

**Ethnic Background:**
☐American Indian or Alaska Native ☐Two or More Races
☐Black or African American ☐Asian
☐Hispanic / Latino ☐White
☐Native Hawaiian ☐Other / Unknown

**Household Type:**
☐Single Parent
☐Both Parents
☐Grandparents
☐Guardian

**Child/Teen Lives With:**
☐Both Parents ☐Dad Only
☐Mom Only ☐Step Parents
☐Grandparents ☐Guardian
☐Foster Parents ☐Other _____

**Annual Household Income:** ☐< $16,240 ☐$16,241 - $29,699 ☐$29,700 - $36,405 ☐$36,406 - $60,749 ☐> $60,750

**Does your Child / Teen participate in the following:** ☐TANF ☐Food Stamps ☐HUD/Section 8 ☐Medicare/Hoosier Healthwise

Number of Individuals living in the household? _____ Guardian a member of the military? ☐Yes ☐No Branch: _____

**Authorized Pickup:**

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

**Authorization to Leave Premises Unescorted:**

☐My child is at least 12rs old and has my permission to check him/herself out of BGCM and walk home or catch MITS route home.

☐ My child is younger than 12 years old, but has my permission to leave the BGCM with: _____

Grade: _____ Relationship: ☐Brother ☐Sister ☐Cousin ☐Aunt/Uncle

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**Please initial for approval of each statement.**

_____ I give consent for photographs & video in which my child may appear, to be used in any way the BGCM may care to use them.

_____ I understand the BGCM has adopted a Safe Passage Policy that prohibits members from coming and going as they please. I understand that once a child has entered the building, they will not be allowed to leave until a parent/guardian/authorized adult arrives to retrieve them. I understand that the BGCM is not a licensed day care facility and that staff will not physically restrain children who insist on leaving without parent permission.

_____ Transportation Agreement - I confirm that my child is allowed to use transportation facilitated by the BGCM. Transportation may include BGCM owned/leased vehicles, MITS or other arranged transportation. I also confirm that I have discussed my expectations of proper behavior with my child and understand that any violation of these expectations may cause him/her to lose transportation privileges. I ALSO AGREE THAT ANY CHANGES TO TRANSPORTATION MUST BE MADE IN WRITING NO LATER THAN THE MORNING OF THE CHANGE.

_____ School Partnership Agreement – I AGREE to allow my child's school administration and teachers to communicate with BGCM regarding my child. This includes discussing grades, behavior, scholarship opportunities, program participation and other opportunity to benefit my child's membership at BGCM. I understand that BGCM may request information such as grades, behavior reports, and absenteeism, and may share with the school similar information. This release is valid until revoked at any time by contracting the school corporation or BGCM in writing.

_____ I give permission for my child to participate in all Boys & Girls Clubs Programs. In consideration of said minor being permitted to enter any branch of the Boys & Girls Club of Muncie's (the "Club") for observation, use of facilities and/or equipment or participation in any program, I hereby:

_____ Release the Clubs, it directors, officers, employees, volunteers, governing board, agents, representatives (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or by any person associated directly or indirectly with the Club, its officers, directors, employees or volunteers or otherwise while my child is in or near any Club branch or participating in any Club activity.

_____ Agree not to sue Releasees for any loss, damage, injury or death described above and indemnify and hold harmless Releasees and each of them from any injury to persons or property sustained by any person caused by any act, neglect, default, or omission of the undersigned or of any person associated directly or indirectly by him upon or in connection with this activity or whether caused by the negligence of the Releasees or otherwise, whether the said injury or damage occurs upon or adjacent to the property. The undersigned at his own cost, expense and risk shall defend any and all actions, suits or other legal proceedings that may be brought or instituted against the Club on any such claim or demand, and pay or satisfy any judgment that may be rendered against the Club in any such action, suit or legal proceedings or result thereof.

_____ I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releases or otherwise.

_____ I do hereby authorize the Clubs as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the Indiana Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the Club is not responsible for costs incurred for medical care.

_____ I intend this document to be as broad and inclusive as is permitted by the laws of the state of Indiana; if any portion hereof is held invalid, I agree that the balance shall continue in full force and effect.

Signature of Guardian: _____ Date: _____

**FOR OFFICE USE ONLY:**

Membership #: _____ Enrollment Fee Paid: $_____ Date:_____ Processed by: _____

| | Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | Week 6 | Week 7 |
|---|---|---|---|---|---|---|---|
| **Amount Paid** | | | | | | | |
| **Method** | | | | | | | |
| **Received by** | | | | | | | |
| **Date** | | | | | | | |