

Participant Information

First Name * Middle Name Last Name *

Nickname Birth Date (mm/dd/yyyy) *

Address Type * <input type="text"/>		Address * <input type="text"/>	
City * <input type="text"/>	State * <input type="text"/>	Postal Code * <input type="text"/>	

Phone Type * <input type="text"/>	Phone * <input type="text"/>
-----------------------------------	------------------------------

Gender (select one) *

Female Male

Ethnicity (select one) *

Non Hispanic Hispanic

Race (select one) *

- American Indian/Alaskan Native Asian Black/African American Hispanic/Latino Hispanic/Latino & Asian Hispanic/Latino & Black
 Hispanic/Latino & White Hispanic/Latino & Native Hawaiian/Pacific Islander Hispanic/Latino: Other
 Multi-Racial: AmericanIndian/AlaskanNative & Black Multi-Racial: AmericanIndian/AlaskanNative & White Multi-Racial: Asian & Black
 Multi-Racial: Asian & White Multi-Racial: Black/African American & White Multi-Racial: Other Native American
 Native Hawaiian/Pacific Islander Other White

If your race is not listed above, please enter it here: <input type="text"/>	Other Race <input type="text"/>
--	---------------------------------

School Lunch Program (select one) *

- Yes
 No

Please provide shirt and pants size for your child.

T-Shirt Size (Youth S/M/L, Adult S/M/L, Other) * Pants Size (Youth S/M/L, Adult S/M/L, Other) *

If you were referred to us by an organization, please select the organization below.

Referring Organization (select one)

- Amerigroup Cooks Life Shelter/Salvation Army
 Other

Authorization to Walk Home

AuthorizedToWalkHome (select one) *

Yes No

AuthorizedToLeaveWithUnderAgeSibling (select one) *

Yes No

My Child May Walk Home At This Time Authorized To Walk Home Days

School Information

Please enter the grade your child is entering this school year (2017-18). Note the student ID is also referred to as the school lunch number.

School Year *	Grade Level *
School Name *	Student ID

Participant Medical Information

Are your child's immunizations current?
ImmunizationCurrent (select one) *
 Yes No

Please tell us about your child's medical problems or health concerns. If NONE, please enter NONE.

Medical Problems/Health Concerns - If NONE, enter NONE. *

Please list medications your child is taking below. If NONE, please enter none.

List Medications Here - If NONE, please enter NONE. *

Insurance Information

Has Insurance (select one)
 Yes No Unknown

Insurance Company _____

Physician Information

Physician Name * _____ Physician Phone * _____

Physician Address * _____

If you have a hospital preference, please select it from the options below.

Preferred Hospital _____

If your child has any allergies, please check the appropriate boxes below. If NONE, please check NONE.

Food (select all) *

- | | | |
|---------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Apples | <input type="checkbox"/> Carrots | <input type="checkbox"/> Cheese |
| <input type="checkbox"/> Chicken | <input type="checkbox"/> Cherries | <input type="checkbox"/> Corn Products |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Gluten | <input type="checkbox"/> Lactose Intolerant |
| <input type="checkbox"/> Milk | <input type="checkbox"/> Peanut | <input type="checkbox"/> Ranch Dressing |
| <input type="checkbox"/> Red Meat | <input type="checkbox"/> Seafood | <input type="checkbox"/> Soy |
| <input type="checkbox"/> Strawberries | <input type="checkbox"/> None | |

Insect Or Animals (select all) *

- | | | |
|-------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Bees | <input type="checkbox"/> Mosquitoes | <input type="checkbox"/> Cats |
| <input type="checkbox"/> Dogs | <input type="checkbox"/> None | |

Skin Or Environment (select all) *

- | | | |
|--|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Grass | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Sun | <input type="checkbox"/> Seasonal | <input type="checkbox"/> None |

Drug (select all) *

- | | | |
|---------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Motrin | <input type="checkbox"/> Ibuprofin | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Sulfa | <input type="checkbox"/> Blaxin | <input type="checkbox"/> Amoxicillin |
| <input type="checkbox"/> Anti-Seizure | <input type="checkbox"/> ASD/VSD | <input type="checkbox"/> Asprin |
| <input type="checkbox"/> Sulfur | <input type="checkbox"/> None | |

If your child has any allergies not listed above, please enter them into the space provided below. If NONE, please enter NONE.

Other Allergies Not Listed Above - If NONE, enter NONE, *

If your child has any disabilities, please check the appropriate boxes below.

Disabilities (select all)

- | | | |
|--|--|--|
| <input type="checkbox"/> A.D.D | <input type="checkbox"/> A.D.H.D. | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Asthma | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Bipolar disorder | <input type="checkbox"/> Blind | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Chronic Nose Bleed | <input type="checkbox"/> Deaf | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Dev. Delay | <input type="checkbox"/> Diabetic | <input type="checkbox"/> Down Syndrome |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Eczema | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Kidney Problems |
| <input type="checkbox"/> OCD | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Sickle Cell Disease |
| <input type="checkbox"/> Visual Impairment | | |

If your child has any has mental, physical, or behavioral disability not listed above, please enter them in to the space provided below. If NONE, please enter NONE.

Other Disabilities - if NONE, please enter NONE. *

Participant Release and Waivers

General Program Participation Release

The Boys & Girls Club of Arlington offers program which enhance learning in Character & Leadership, Academic Success, and Health Lifestyle skills. During Program Hours youth will be asked to participate in program activities. Some activities consist of but not limited to:

- Games & High Yield Learning activities
- Age appropriate Academic and Life skill mentoring
- Field Trips ** Additional charges may apply (not applicable during the school year)
- Program participation may include transporting your child to another Boys & Girls Clubs of Arlington facility for a program during our hours of operation.
- Member may participate in all Club activities in or adjacent to the Club building.

I give my permission for my child to participate in the program activities mentioned above and announced throughout the year. This release begins on June 1 of the current year and ends on May 31st of the following year. I understand that I can relinquish my permission at any time in writing. I, as the guardian/parent, understand and consent for my child to participate in the program activities and groups.

Movie Use Agreement

I hereby give consent for my child/children, to view family movies that are rated "G" or "PG" that is provided by the Boys & Girls Clubs of Arlington for specific programming. I hereby give consent for my teen (13+yr old) child/children, to view movies rated PG-13 that is provided by the Boys & Girls Clubs of Arlington for specific programming.

Technology Use Agreement

I give permission for my child to use the Boys & Girls Clubs of Arlington, Technology Program; including but not limited to computers, printers, software, the Internet, database access, and audio-visual equipment/game systems. By signing below, I will discuss with my child the importance of following the rules and will accept responsibility for the repair/replacement costs due to my child's negligence or destructive behavior.

General Media Release

The Boys & Girls Club of Arlington as well as Boys & Girls Clubs of America frequently use information from photos, videos, testimonies, surveys, and quotes from the members. I give my permission to the Club to share information about minor child listed on this application with the Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the programs' effectiveness or to publicize programs on the www.bgcarlington.org website. Information that will be disclosed to BGCA may include the information provided on school and other information collected by the Club including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

School Information Release

I am giving The Boys & Girls Clubs of Arlington Representatives the ability to review my child's six- week evaluation. This also grants The Boys & Girls Clubs Representatives the option to view, record, and copy any of my child's records necessary to assist my child by developing an academic assistance program specific to them, including contacting the school and working with school personnel. The Report Card and Records of my child will only be used in connection with the academic mentoring program targeting the development of my child.

Transportation Liability and Release

I give permission for my child to ride the Boys & Girls Clubs of Arlington's bus transportation for necessary travel to Club activities. I understand that all precautions will be taken for the safety of my child and I will not hold the Boys & Girls Clubs of Arlington, its officers, or volunteers responsible for any accident occurring during travel. I authorize the staff in charge to approve medical treatment for my child in the event of an emergency.

Late Pick Up and Fees

The Boys & Girls Club of Arlington have varying hours of operation throughout the year due to holidays, school changes, professional training, inclement weather, etc. It is the responsibility of each parent to be aware of the hours of operation and have transportation arranged accordingly. If late pick-ups are continuous a parent conference will be required for the Club member(s) parent or guardian to attend before the youth may return to our program. Repeated tardiness will result in termination of care. All payments will be non-refundable.

If a member is not picked up by closing time, a staff member must stay with him/her to ensure his/her safety. The following rates will be charged to the parent/guardian and must be paid in full before the member(s) is allowed to return to the Club or participate in Club programs or activities.

Late Fees

- 6:31-6:44 minutes = \$10.00
- 6:45-6:59 minutes = \$25.00
- After 7:00pm = \$30.00

If my child has not been picked up by 7:00pm and all attempts to contact me and all of my emergency contacts fail, BGC of Arlington is obligated to contact Family Protection Services and Police.

Financial Responsibility Agreement

I acknowledge that this program is a fee-based program. Payment will be submitted monthly. A late fee of \$20.00 per month will be added to each month if payment is not submitted by the 10th of the month. Your child's enrollment in the program will be inactivated due to non-payment.

Parent/Guardian Release

Your signature below verifies that you have read, understand, and completed all the information for your child's registration with the Boys & Girls Clubs of Arlington. Your signature also verifies that you have received a Parent Handbook/Information Packet. By signing below, you acknowledge this must occur before your child can start in the Boys & Girls Clubs of Arlington Program. If you have any question, please ask to schedule a meeting with an Area Director.

I, as the parent/guardian of named minor, do hereby release The Boys & Girls Clubs of Arlington from all liability to me, my child, and my child's personal representatives, assigns the heirs for all claims and damages which my child or I may have against the Club and/or its sponsors resulting from participation in or

connections to a Club-related activity. I hereby authorize the Club, to secure medical care and to transport the child for emergency medical treatment as is deemed necessary. I will, on behalf said minor, assume and pay all expenses associated with such treatment in the event of accident, illness, or other capacity.

I have read the rules/code of conduct and handbook, and I understand the policies and procedures of the Boys & Girls Clubs of Arlington as it relates to my child's attendance/ participation in the program. I understand that my child and I must abide by these rules and will accept the consequences of non-compliance. My signature below certifies my agreement.

By typing your name below, you agree to all waivers, releases, and agreements above. I, as the parent/guardian, understand that if I do not agree with a particular waiver, release, or agreement above, I will need to provide written documentation to the Area Director. The document should state that I, as the parent/guardian, do not give permission or consent for my child to participate in said waiver, release, or agreement.

All Waivers Signature *

All Waivers Signature Date *