

PARENTS PERMISSION AND SIGNATURE:

I HEREBY APPROVE OF THIS APPLICATION AND GIVE PERMISSION FOR MY SON/DAUGHTER TO JOIN THE COMMUNITY BOYS & GIRLS CLUB, AND TO PARTICIPATE IN CLUB EVENTS. THIS INCLUDES EVENTS ON CLUB PROPERTY AND ALSO ANY FIELD TRIP OFF CLUB PROPERTY. I DO WAIVER, RELEASE AND HOLD FREE OF ANY CLAIM AND ALL LIABILITY, THE COMMUNITY BOYS AND GIRLS CLUB OF WILMINGTON, NC, INC. FROM ANY CLAIM AS A RESULT FROM PARTICIPATING IN OR TRAVELING TO THESE EVENTS. IN THE EVENT I CANNOT BE REACHED IN CASES OF EMERGENCY, I HEREBY AUTHORIZE ANY MEDICAL AND/OR SURGICAL CARE, INCLUDING DIAGNOSTIC AND TREATMENT, TO BE RENDERED TO MY CHILD BY ANY LICENSED PHYSICIAN OR SURGEON, OR BY ANY LICENSED HOSPITAL, WHEN ACCOMPANIED BY AN ADULT LEADER OF THE COMMUNITY BOYS & GIRLS CLUB OF WILMINGTON, NC, INC. I ASSUME FULL FINANCIAL RESPONSIBILTY FOR SUCH CARE, INCLUDING PRESCRIBED MEDICATIONS AND TRANSPORTATION BY AMBULANCE AND AGREE TO MAKE FULL PAYMENT FOR SAME UPON RECEIPT OF STATEMENT OF FEES.

I AGREE TO ASSIST THE CLUB STAFF IN TEACHING AND ENFORCING THE "BASIC PRIVILEGES". FURTHERMORE, I WILL ALLOW CLUB PHOTOGRAPHS WHICH INVOLVES MY CHILD TO BE USED FOR PUBLICITY MATERIALS FOR THE COMMUNITY BOYS & GIRLS CLUB OF WILMINGTON, NC, INC. I ALSO PROMISE TO BE PROMPT IN PICKING UP MY CHILD BEFORE THE END OF THE CLUB'S PROGRAM HOURS OF OPERATION.

* PROOF OF AGE MAY REQUIRED *** SUMMER REGISTRATION FEE IS NON-REFUNDABLE *

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

BOYS & GIRLS CLUB REPRESENTATIVE: _____ DATE: _____

PERMISSION TO WALK HOME

I give permission for my child _____ to sign his/herself out of the Community Boys & Girls Club of Wilmington and to walk home to his/her house located at

(address)

I understand that my child will no longer be the responsibility of the Community Boys & Girls Club of Wilmington once he/she has signed out.

Signed: _____
Parent Signature Date



Summer Camp Application

FIRST NAME: _____ MIDDLE: _____ LAST: _____

NICKNAME: _____

GENDER: ___M ___F ETHNICITY: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

SCHOOL INFORMATION
CURRENT TEACHER _____
SCHOOL: _____ GRADES: _____ FEE _____
LEVEL: _____

PARENTS INFORMATION
MOTHER'S NAME: _____
PHONE NUMBER: _____ HOME _____ WORK _____ CELL _____
FATHER'S NAME: _____
PHONE NUMBER: _____ HOME _____ WORK _____ CELL _____
EMERGENCY CONTACTS/AUTHORIZED TO PICK UP:
NAME: _____ # _____ RELATIONSHIP: _____
NAME: _____ # _____ RELATIONSHIP: _____
NAME: _____ # _____ RELATIONSHIP: _____
NAME: _____ # _____ RELATIONSHIP: _____

SHOTS						
POX	HEPATITIS	MMR	HIB	POLIO	DTP SHOT	CHICKEN
1ST SHOT	_____	_____	_____	_____	_____	_____
2 ND SHOT	_____	_____	_____	_____	_____	_____
3 RD SHOT	_____	_____	_____	_____	_____	_____
4 TH SHOT	_____	_____	_____	_____	_____	_____
5 TH SHOT	_____	_____	_____	_____	_____	_____

DO YOU BELONG TO OTHER GROUPS

___ BOYS SCOUTS OR GIRLS SCOUTS ___ SCHOOL CLUB ___ YMCA OR YWCA

___ CHURCH GROUP ___ OTHER: _____

REASONS FOR JOINING: ___ FUN ___ LEARNING ___ SPORTS ___ OTHERS: _____

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 INCOME LEVEL	\$0 - \$5000 ___	\$30,001 - \$35,000 ___	\$60,001 - \$65,000 ___
	\$5,001 - \$10,000 ___	\$35,001 - \$40,000 ___	\$65,001 - \$70,000 ___
	\$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 SINGLE PARENT: ___ YES ___ NO			
AT SCHOOL, DOES CLUB MEMBER RECEIVE FREE LUNCH: ___ YES ___ NO			

MEMBER MAY PARTICIPATE IN ALL CLUB ACTIVITIES IN OR ADJACENT TO THE CLUB BUILDING:

___ YES ___ NO

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: _____	

THE COMMUNITY BOYS & GIRLS CLUB ALLOWS ME THE PRIVILEGE TO:

- DEMONSTRATE MY INTELLIGENCE BY REFRAINING FROM USING PROFANITY AND CORRECTING THOSE WHO USE PROFANITY. SOLVE CONFLICTS WITH FELLOW MEMBERS BY REPORTING THE PROBLEM TO A STAFF MEMBER AND KEEPING MY HANDS TO MYSELF.
- REFRAIN FROM BRINGING CIGARETTES AND OTHER TOBACCO PRODUCTS ON CLUB PROPERTY AND SAFEGUARD MY FELLOW CLUB MEMBER'S PROPERTY.
- MAKE A TELEPHONE CALL HOME FOR THE PURPOSE OF EMERGENCIES ONLY. CALL EVERYONE BY HIS OR HER REAL NAME.
- TAKE PRIDE IN MY CLUB BY KEEPING THE AREAS NEAT AND CLEAN INSIDE AND OUT. RUN, JUMP, AND SHOUT WHEN I PARTICIPATE IN OUTSIDE ACTIVITIES AND HELP KEEP THE INSIDE ACTIVITIES AT A MORE QUIET LEVEL.
- REPRESENT MYSELF, FAMILY, CLUB AND COMMUNITY IN A POSITIVE MANNER WHEN ON FIELD TRIPS. ALWAYS ASSIST CLUB STAFF WHEN THEY ARE IN NEED OF HELP TO MAKE THE CLUB A BETTER PLACE. HAVE FUN AND CONTINUE TO COME TO THE CLUB IF I FOLLOW THESE "BASIC PRIVILEGES".

MEMBERSHIP OATH:

I WISH TO PARTICIPATE IN THE PROGRAMS OF THE COMMUNITY BOYS & GIRLS CLUB.
 I WILL GLADLY FOLLOW THE "BASIC PRIVILEGES" AND TREAT OTHERS WITH RESPECT.
 I WILL MEET THE CHALLENGE OF REACHING MY FULL POTENTIAL THROUGH MY FAMILY, SCHOOL, BOYS & GIRLS CLUB AND COMMUNITY.
 I PROMISE TO MAKE PROPER USE OF ALL CLUB PROPERTY AND WILL NOT PERMIT ANY BOYS/GIRLS TO USE MY MEMBERSHIP CARD FOR ANY PURPOSE WHATSOEVER.

MEMBER'S SIGNATURE: _____ DATE: _____