

**FOR OFFICE USE ONLY:** Form and Payment Received by (staff initials): \_\_\_\_\_ Date: \_\_\_\_\_ Unit Location: \_\_\_\_\_  
 Member #: \_\_\_\_\_ New: \_\_\_\_\_ Renewal: \_\_\_\_\_ Start Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Fee: \_\_\_\_\_ Check/CC/MO#: \_\_\_\_\_ Cash: \_\_\_\_\_ Entered by (staff initials): \_\_\_\_\_ Date: \_\_\_\_\_

## MEMBER INFORMATION

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Gender:  M  F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ T-Shirt size: YOUTH: S M L XL ADULT: S M L XL

Ethnicity:  American Indian/Alaska Native  Asian  Black  Hispanic  White  
 Two or more Races – please specify: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### School Details:

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Does your child receive free/reduced price lunch?  Yes  No

### Medical Details:

Serious Health Problems:  Yes  No If Yes, explain: \_\_\_\_\_

Medications:  Yes  No If Yes, explain: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

First: \_\_\_\_\_ Last: \_\_\_\_\_

Relationship to Member:  Mom  Dad  Step Mom  Step Dad  Grandparent  Foster Parent  
 Other – please specify: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Phone: \_\_\_\_\_  Cell  Work  Home

Phone: \_\_\_\_\_  Cell  Work  Home Pick up Authorization

Email: \_\_\_\_\_  Home  Work Password: \_\_\_\_\_

## HOUSEHOLD INFORMATION

Member lives with:  Mom  Dad  Step Mom  Step Dad  Grandparent(s)  Foster Parent(s)  
 Other – please specify: \_\_\_\_\_

Total Number in Household: \_\_\_\_\_

Current Head of Household:  Female  Male  Both

Current Single Parent:  Yes  No

Military Connection in Household – Active Duty, National Guard, Reserve, Veteran:  Yes  No  
 If Yes, Branch: \_\_\_\_\_

Annual Household Income Level – please select one

*NOTE: We collect this information for grant writing purposes only*

- |  |  |   |
|--|--|---|
| \$0 - \$5,000 <input type="checkbox"/>       | \$30,001 - \$35,000 <input type="checkbox"/> | \$60,001 - \$65,000 <input type="checkbox"/>  |
| \$5,001 - \$10,000 <input type="checkbox"/>  | \$35,001 - \$40,000 <input type="checkbox"/> | \$65,001 - \$70,000 <input type="checkbox"/>  |
| \$10,001 - \$15,000 <input type="checkbox"/> | \$40,001 - \$45,000 <input type="checkbox"/> | \$70,001 - \$75,000 <input type="checkbox"/>  |
| \$15,001 - \$20,000 <input type="checkbox"/> | \$45,001 - \$50,000 <input type="checkbox"/> | \$75,001 - \$80,000 <input type="checkbox"/>  |
| \$20,001 - \$25,000 <input type="checkbox"/> | \$50,001 - \$55,000 <input type="checkbox"/> | \$80,001 - \$85,000 <input type="checkbox"/>  |
| \$25,001 - \$30,000 <input type="checkbox"/> | \$55,001 - \$60,000 <input type="checkbox"/> | \$85,001 - \$90,000+ <input type="checkbox"/> |

**EMERGENCY CONTACTS and/or AUTHORIZED TO PICK UP MEMBER INFORMATION**

First: \_\_\_\_\_ Last: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Phone: \_\_\_\_\_  Cell  Work  Home

Phone: \_\_\_\_\_  Cell  Work  Home

First: \_\_\_\_\_ Last: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Phone: \_\_\_\_\_  Cell  Work  Home

Phone: \_\_\_\_\_  Cell  Work  Home

First: \_\_\_\_\_ Last: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Phone: \_\_\_\_\_  Cell  Work  Home

Phone: \_\_\_\_\_  Cell  Work  Home

**POLICIES, RELEASES, DISCLAIMERS – Initial Next To Each Item**

\_\_\_ EMERGENCY MEDICAL RELEASE

In the event that I cannot be readily reached in an emergency, I hereby authorize the staff of Boys & Girls Club of Washington County to consent to medical, surgical or dental examination or treatment. I authorize treatment and/or care at any hospital or by licensed medical personnel. I will be responsible for any/all costs of medical attention and treatment.

\_\_\_ PRESCRIBED OR OVER-THE-COUNTER MEDICINE

I am aware that Boys & Girls Club of Washington County does not allow prescribed or over-the-counter medicine on its premises. If I need Boys & Girls Club of Washington County to provide my child with such medicine, I will request and sign the required release forms.

\_\_\_ MARKETING POLICY

I give my permission for occasional photos and videos to be taken of my child for Boys & Girls Club of Washington County's promotional efforts.

\_\_\_ ACADEMIC SUPPORT POLICY

I give my permission for Boys & Girls Club of Washington County and Brenham ISD and/or Burton ISD to exchange information regarding my child. Boys & Girls Club of Washington County has my permission to copy and/or view my child's report cards. I understand that any data collected will remain confidential, and all of the information collected will be for the purpose of helping both organizations support my child's academic and social progress in school and the Club.

\_\_\_ GENERAL DISCLAIMER

Boys & Girls Club of Washington County is not responsible for the loss or damage of personal property. Boys & Girls Club of Washington County is not responsible or liable in any way in the event of harm or injury occurring to the member. It is agreed that the parent or guardian will not hold Boys & Girls Club of Washington County responsible for the welfare or whereabouts of the member. If the parent or guardian does file a complaint against the Club the parent or guardian agrees to pay for Boys & Girls Club of Washington County's legal fees.

\_\_\_ FEES

All registration fees and/or activity fees are NON-REFUNDABLE.

\_\_\_ PARENT/MEMBER HANDBOOK

I have read and understand the policies and procedures stated in the Boys & Girls Club of Washington County Parent/Member Handbook.

\_\_\_ TRANSPORTATION

I understand that any time I sign my child up to attend an activity or field trip occurring away from the Club, I give my permission for Boys & Girls Club of Washington County to transport my child to and from those activities.

**OPEN CAMPUS POLICY**

\_\_\_ Boys & Girls Club of Washington County is an **OPEN CAMPUS**. This policy allows members to come and go at any time during the Club's operating hours.

\_\_\_ Staff members, under normal circumstances, are not allowed to prohibit a member from leaving the facility per the regulations of the Texas Department of Protective & Regulatory Services that govern facilities and/or programs exempt from licensure as a child care facility. Thus, it is the responsibility of the child AND parent or guardian to determine, understand and enforce whatever arrival and departure methods they see fit.

\_\_\_ Please note that youth are not allowed on the Club's grounds during operational hours unless they are signed in and participating in Club activities. Members should NOT be dropped off prior to the opening of our facility, as the Club cannot be held responsible for the supervision of such youth.

**PARENT/GUARDIAN AUTHORIZATION**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_