



Official Use Only

Grand View Boys' and Girls' Club After-School Program



Membership Card - ALL INFORMATION IS CONFIDENTIAL

CLUB MEMBER INFORMATION

**** Start date is August 14th ****

**** Grades 1 – 8 only ****

First Name _____ MI _____ Last Name _____

Address _____ City _____ State _____ Zip _____

DOB _____ Age _____ Gender Male / Female Home Phone (_____) _____

Ethnicity: African American / Asian / Hispanic / Latino / Native American / Caucasian / Other Single Parent Household: Y / N

Current Teacher _____ Current School _____ School Grade _____

PARENT/GUARDIAN INFORMATION

Relationship _____ First Name _____ Last Name _____

Employer _____ Work # _____ Cell # _____

Relationship _____ First Name _____ Last Name _____

Employer _____ Work # _____ Cell # _____

***EMERGENCY CONTACT**

Relationship _____ First, Last Name _____ Home/Work/Cell _____

Relationship _____ First, Last Name _____ Home/Work/Cell _____

* Please include emergency contact other than yourself.

Which Hospital do you use? Tahlequah City Hastings

DISCLAIMER

I GRANT PERMISSION FOR:

The child listed on this card to become a member of the Boys & Girls Club. If necessary, the Boys & Girls Club and/or employees may administer first-aid or emergency treatment procedures to my child, which may include admission to a hospital. _____

(Please Initial)

I UNDERSTAND THAT:

Parents / Guardians are responsible for dropping off and / or picking up their child promptly, according to the hours of operation. The Boys & Girls Club of Grand View nor Grand View Public Schools is responsible for loss or theft of personal property. _____

(Please Initial)

I UNDERSTAND THAT:

Parents/Guardians are responsible for paying the enrollment/ registration fee for my student(s) at the following rate prior to participation, this is a **1 time registration fee** for Monday through Friday Boys' and Girls' Club: 1 child = \$15, 2 children = \$25, 3 or more children = \$30, The fee remains the same regardless of the number of days a student stays. Students will be unable to stay if the fee is not paid. Continual discipline problems could result in removal from the program with no monthly refund. _____

(Please Initial)

Registration Fee

\$15 – 1 child

\$25 – 2 children of same family

\$30 - 3 or more of same family

ADDITIONAL INFORMATION

My child has permission to be used in public material (after-school program only) Y / N

My child has permission to release his/her grades to the program director (for after-school tutor purposes) Y/ N

My child may participate in all club activities in or around the facilities (after-school program only) Y / N

PARENT/GUARDIAN SIGNATURE _____ DATE _____

**Boys & Girls Club of Grand View
Program Participants**

RELEASE OF LIABILITY

The undersigned releases and agrees to hold harmless the Board of Directors, the staff, the funders, Grand View Public Schools, the National Boys & Girls Clubs of America with whom the Boys & Girls Club of Tahlequah is affiliated, and the Southwestern Regional Office of Boys & Girls Clubs of America, from any liability, injury, damages, loss, accidents, delay or irregularity related to the undersigned individuals planned participation or involvement in the following project:

BEFORE /AFTER SCHOOL PROGRAMS

This release covers all rights and actions of every kind, nature and description, which the undersigned ever had or will have. This release includes the undersigned, his heirs, representatives and assignees.

(Child's) Participant's Signature: _____

Parent/Legal Guardian's Signature: _____

Date: _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Revised: August, 2017