



BOYS & GIRLS CLUBS
OF WASHINGTON COUNTY
wcbgc.org
(262)334-3732, (262)334-0043 (fax)

FOR OFFICE USE

Member Status: ☐ New, ☐ Renewing, ☐ Paid, ☐ Scholarship, ☐ Promotional

Date: Rec'd _____ Entered _____ ID Issued _____

Comment: _____

Revised 6/13

Initials: _____

Member ID

Community Participant

Please Print

First Name _____		Middle Name _____	Last Name _____	
Home Address _____		City _____	State _____	Zip _____
Gender: <input type="radio"/> Female, <input type="radio"/> Male	Birth date: _____			
School: _____	Grade: _____			
Nationality <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian (white) <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American Other: _____		Household _____ Number of children under 18 years old.		
Who does the member live with? (circle one) 1. Both Parents who are married. 2. Both Parents who are divorced. 3. Single Parent: Father or Mother 4. Other: _____				

Please specify the main contact for the member by checking one of the boxes below:

Main Contact <input type="checkbox"/>	Emergency Contact 1 <input type="checkbox"/>	Emergency Contact 2 <input type="checkbox"/>
Name (first then last) _____	Name (first then last) _____	Name (first then last) _____
Relationship to Member _____	Relationship to Member _____	Relationship to Member _____
Cell Phone _____	Cell Phone _____	Cell Phone _____
Other Phone _____	Other Phone _____	Other Phone _____
Email Address _____	Email Address _____	Email Address _____

Confidential & Required: The following information is necessary for our records and the funding our Organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is appreciated and necessary for grant funding.

Estimated Annual Income: \$ _____	Military Father or Mother? _____ Branch: _____ <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran <input type="checkbox"/> National Guard <input type="checkbox"/> No Affiliation	Check all that apply: <input type="checkbox"/> SSDI <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> SSI <input type="checkbox"/> General Assistance <input type="checkbox"/> TANF <input type="checkbox"/> Vet. Compensation <input type="checkbox"/> Food Stamps <input type="checkbox"/> School Lunch
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Expectations: Take care of all equipment, returning it to its proper place. Clean up after yourself. The adult in charge of the activity will settle any dispute that might occur. Respect yourself, fellow members, staff, equipment and the building. Breaking the law or acting otherwise in a way that brings discredit to you and/or the Boys & Girls Clubs of Washington County may be grounds for suspension or revocation of member privileges.

Parent/Guardian:

- Medical Treatment: I give permission to the Boys & Girls Club of Washington County to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.
- Data Collection: I give my permission to the Boys & Girls Clubs of Washington County to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential.
- School Information: I give my permission to the Boys & Girls Clubs of Washington County and the member's school district to exchange information regarding the minor child listed on this application.
- Data Sharing: I understand that the Boys & Girls Clubs of Washington County may share information about the minor child listed on this application with the Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate program effectiveness. All information provided to BGCA will be kept confidential.
- Technology: As a member of the Boys & Girls Clubs of Washington County, your child will have access to the Internet. While precautions are being taken, it is possible s/he may access inappropriate sites. The Club will have rules and consequences for such behavior, however, we will not be responsible for the consequences of such access.
- Image Sharing: I give permission for my child's picture, moving pictures, or any other graphic depiction of likeness, to be used by the Boys & Girls Club for promotional materials.
- Miscellaneous: I understand that the Boys & Girls Clubs of Washington County is not responsible for lost or stolen items. Parents and Club members are responsible for their own transportation to and from the Club. As a drop-in facility, we are not responsible for Club members' whereabouts. I understand that the Club is not, nor does it claim to be, a licensed day care center.
- I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Washington County and the Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages, resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organization either at or away from the Club.
- I have read the completed application, understand the rules of the Boys & Girls Clubs of Washington County, and request that my child be admitted into membership.

☐ I have completed all sections of the participant form.

Parent or Guardian's Signature _____

Date _____



A Fact Sheet for **Athletes/Parents**

To download the coaches fact sheet in Spanish, please visit www.cdc.gov/ConcussionInYouthSports

Para descargar la hoja informativa para los entrenadores en español, por favor visite:

www.cdc.gov/ConcussionInYouthSports

THE FACTS

- A concussion is a **brain injury**.
- All concussions are **serious**.
- Most concussions occur **without** loss of consciousness.
- Concussions can occur **in any sport**.
- Recognition and proper management of concussions when they **first occur** can help prevent further injury or even death.

WHAT IS A CONCUSSION?

Concussion, a type of traumatic brain injury is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head or brain to move quickly back and forth – causing the brain to bounce or twist within the skull. This sudden movement of the brain can cause stretching and tearing of brain cells, damaging the cells and creating chemical changes in the brain.

SIGNS OBSERVED BY STAFF

Appears dazed or stunned - Is confused about assignment or position - Forgets an instruction - Is unsure of game, score, or opponent - Moves clumsily - Answers questions slowly - Loses consciousness (even briefly) - Shows mood, behavior, or personality changes - Can't recall events prior to hit or fall - Can't recall events after hit or fall

SYMPTOMS REPORTED BY ATHLETE

Headache or "pressure" in head - Nausea or vomiting - Balance problems or dizziness - Double or blurry vision - Sensitivity to light - Sensitivity to noise - Feeling sluggish, hazy, foggy, or groggy - Concentration or memory problems - Confusion Just "not feeling right" or "feeling down"

ACTION PLAN

WHAT SHOULD I DO WHEN A CONCUSSION IS SUSPECTED?

To help you know how to respond, follow the Athlete Heads Up four-step action plan:

- 1. REMOVE THE ATHLETE FROM PLAY:** Look for signs and symptoms of a concussion.
- 2. ENSURE THAT THE ATHLETE IS EVALUATED BY AN APPROPRIATE HEALTH CARE PROFESSIONAL:**
Do not try to judge the severity of the injury yourself
- 3. INFORM THE ATHLETE'S PARENTS OF GUARDIANS:** Let them know about the possible concussion.
- 4. KEEP THE ATHLETE OUT OF PLAY:** An athlete should be removed from play the day of and until an appropriate health care professional says they are symptom-free and OK to return to play.

If an athlete has a concussion, his/her brain needs time to heal. Rest is key to helping an athlete recover from a concussion. While an athlete's brain is still healing he/she is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover.

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussion.

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent/Legal Guardian Printed

Parent/Legal Guardian Signature

Date