



Boys & Girls Clubs of Ada
915 S. Hickory, 580-332-3717

Registration Form / 2015-2016 School Year Membership

The Club of Ada is here to serve youth between 7 – 12 grade. There is currently no membership fee for this age group.

Name of Student:

(first) _____ (middle) _____ (last) _____

Birthdate: _____ Age: _____ Gender: Male _____ Female _____

Ethnicity: (circle one) *African American, Asian, Caucasian, Hispanic, Native American, Multi Racial, Other:* _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Member lives with? Please check all that apply:

Both Parents, Mother, Stepmother, Father, Stepfather, Grandparents, Any member of Household 65+ Other

PARENT/GUARDIAN INFORMATION:

Mother/Stepmother/Guardian

Name: _____

Address: _____ City: _____ State: _____

Place of Work: _____ WK Phone: _____

Email: _____ Cell Phone: _____

Father/Stepfather/Guardian

Name: _____

Address: _____ City: _____ State: _____

Place of Work: _____ WK Phone: _____ Best time to call: _____

Email: _____ Cell Phone: _____

Emergency Contacts other than Parent/Guardian: (Please list two contacts)

Name: _____ Relationship to Member: _____

Cell Phone: _____ Alternate Phone: _____

Name: _____ Relationship to Member: _____

Cell Phone: _____ Alternate Phone: _____

Persons Authorized to pick up student:

Name	Relationship	Phone Number
------	--------------	--------------

1.
2.
3.
4.

Custody dispute? No _____ Yes _____ Name of parent/spouse who cannot pick up student _____

School Information:

School: _____ Grade: _____

Medical Information:

Doctor Name: _____ Doctor Phone: _____

Medical:

List any medical or physical limitations that would limit your child's participation in the program or that we should know about- (be specific)

Medication:

If student needs to take medication during Club hours a "medication release" form must be filled out.

Allergies:

Does your child have any known allergies (such as dust, drugs, plants, animals, food, etc.) No _____ Yes _____

If yes, what are they allergic to? _____

Behavior:

Does your child have any specific behavior conditions? (This does not restrict you from enrolling).

ADD _____ ADHD _____ SLD _____ EH _____ Other _____

TRANSPORTATION PERMISSION

I hereby give my permission for my child to participate in the activities and programs of the Boys & Girls Club that necessitate transportation in vehicles. I understand that often local day trips will be unannounced. Out of town trips will be posted in advance. I understand that all trips will be under the supervision of the Boys & Girls Club Staff. I will not hold the Boys & Girls Club responsible in case of an accident. Notice of all trips will always be available at the administrative office.

Parent/Guardian Initials: _____

COMPUTER USE PERMISSION

I hereby give my permission for my child to participate in the activities and programs of the Boys & Girls Club that use the internet. I understand that all computer use will be under the supervision of the Boys & Girls Club Staff. I understand my child may only go to internet sites that are pre-approved by the Boys & Girls Club Staff. *Any inappropriate use of the computer will result in suspension and may result in my child's membership to be revoked.*

Parent/Guardian Initials: _____

SCHOOL INFORMATION

I give permission to the Boys & Girls Club of Ada and The Ada Public School District to exchange information regarding the minor student listed on this application. The purpose of the exchange is to help both organizations to do a better job of helping the student be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting Ada Public Schools or the Boys & Girls Club of Ada in writing.

Parent/Guardian Initials: _____

SURVEYS & QUESTIONNAIRES

I, the parent/guardian of the minor student listed in this application, give permission for the Boys & Girls Club of Ada to Survey my child about his or her Club experience, behaviors, skills and attitudes using Boys & Girls Clubs of America's National Outcomes Survey or other survey instruments.

Parent/Guardian Initials _____

BOYS & GIRLS CLUB OF AMERICA

I give permission to the Boys & Girls Club of Ada to share information about the minor student listed on this application with the Boys & Girls Club of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor student's school or school data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential. **Parent/Guardian Initials** _____

Photo Waiver:

The Boys & Girls Club of Ada will submit articles in the newspaper, our weekly newsletter, brochures, websites, etc. for usage of advertising and public relations, where we use photos of staff and members. This is the only purpose your child's photo will be used for. Please indicate your instructions:

I give permission for the Boys and girls Club to publish my child's picture _____ Yes _____ No

Liability Release: I am 18 years or older and the legal parent/guardian of _____. I understand and assume all risk of participation, including transportation to and from activities. For myself, my heirs, and assigns, I agree to waive, release and forever discharge any claim for injury or damage and hold harmless the Boys and Girls Club of Ada, their officers, agents and employees against any claim, loss, liability, or expense, including attorney fees, resulting directly or indirectly from participation in this program, except for claims arising out of sole negligence of the sponsors.

Parent/Guardian Signature: _____ **Date:** _____