



**BOYS & GIRLS CLUB
OF OAK RIDGE**

Membership Application

The Boys and Girls Club of Oak Ridge is part of a nationwide and local effort *“to enable all young people, especially those who need us most, to reach their full potential as productive, caring, and responsible citizens.”*

General Information – please print CLEARLY

Full Name (first, middle, last): _____

Address: _____ Gender: _____
Street and/or Apt. #

_____ County: _____
City, State, Zip

Birthday: _____ Ethnicity: African American Caucasian Bi-Racial
 Asian Hispanic Other

School: _____

Grade: _____ Age: _____ Membership: New Renewal

Medical Information

Does your child have any allergies (food, etc.)? _____

Does your child take any medications? _____

I authorize the staff of the Boys and Girls Club of Oak Ridge to administer first aid or seek emergency medical care for my child in the event of an emergency: Yes No

Emergency Contacts

Guardian #1 Name (first/last): _____ Relationship: _____

Guardian #1 Phone #: () _____ Email: _____

Guardian #2 Name (first/last): _____ Relationship: _____

Guardian #2 Phone #: () _____ Email: _____

Additional Contacts

Contact #1 Name (first/last): _____ Relationship: _____

Contact #1 Phone #: () _____ Email: _____

Contact #2 Name (first/last): _____ Relationship: _____

Contact #2 Phone #: (____) _____ Email: _____

Additional people (not listed above) that are authorized to pick up member from the Club: _____

Please read, initial, and sign below:

____ I understand that the Boys and Girls Club of Oak Ridge is not a licensed daycare facility and operates as a 501(c)(3) non-profit organization.

____ I understand that the Club prohibits members from coming and going from the Club as they please. I recognize that the staff will not physically restrain children who insist on leaving the Club without permission and that the authorities will be called if a child leaves the facility without written permission from a parent/guardian ON FILE.

____ I understand that my child must be signed in/out by an authorized parent/guardian daily. Phone authorization will not be accepted. Written consent must be given in person or emailed to CEO.

____ I understand and agree that my child's grades, TCAP results, and discipline records may be accessed online and/or retrieved by the Boys and Girls Club of Oak Ridge. I understand this data will remain confidential.

____ I give consent for photographs in which my child appears to be used by the Club in any way they choose.

____ I have reviewed and discussed the discipline policy with my child and agree to abide by the expectations listed.

____ I have reviewed the policies and expectations for both members and families outlined in the Club Handbook and the Parent/Guardian Code of Conduct. I agree to abide by all policies listed and understand that failure to do so may result in the removal of my child, or any adult responsible for my child, from the Club and all associated programs at the Club. Ability for readmission will be contingent on CEO and/or Club Director approval.

Parent/Guardian Signature

Date