



Boys & Girls Club of Orchard Park **TEEN CLUB**

2016-2017 MEMBERSHIP APPLICATION

PLEASE DO NOT RETURN THIS TO THE SCHOOL
APPLICATION DEADLINE IS AT NOON ON September 1st TO START THE PROGRAM SEPTEMBER 6th

First Name: _____ Middle: _____ Last: _____

Nickname: _____

Gender: ___M ___F Ethnicity: _____ (for funding/grants use only) DOB: _____ (required)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Parent Cell Phone: _____

Parent Email: _____ ***** For our use only, pertinent information is distributed often through email. Please provide email address that is monitored often.*****

Child lives with: _____ Mom _____ Dad _____ Both _____ Other

School Information:

Current School: OPMS Grade: _____ Food Program: * _____

Please select:

- Semester 1- September 6, 2016-January 31, 2017 \$100.00
- Semester 2 - February 1, 2017-June 16, 2017 \$100.00

Dates for the end of school may change with changes to the school calendar through the year

Days Child Will Be Attending Club: Parents may choose the days of the week that their child will participate in the program.

If your child is going to miss a scheduled day, **please notify the Administrative Office at the Boys & Girls Club of Orchard Park and the School Office by NOON.**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Special information: _____

PLEASE NOTE: Teen Club does not run on Snow Days, Half-Days or during Vacations. Teen Club Members can participate as "Drop-In" members on half days.

Which number & person should be contacted first? _____

Contact Info: Persons Authorized to Pick Up Child

Fathers name: _____ Employer: _____ Phone #: _____

Mothers name: _____ Employer: _____ Phone#: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Additional Person: _____ Relationship: _____ Phone #: _____

Medical Information:

Doctor Name: _____ Doctor Phone: _____

Does your family have health and/or accident insurance: ___Yes ___No

Serious Health Problems: ___Yes ___No If Yes, explain: _____

Medications: ___Yes ___No If Yes, explain: _____

Report Card: For United Way Grant Reporting Purposes...we **MUST** obtain a copy of your child's report card for each reporting period; Copies can be made at the Club. Failure to comply will result in removal of your child from the program. We will need a copy of your Child's last report card from June 2016 to process this application. Please initial:_____

Permissions: I give my permission to have my child's pictures used in Boys & Girls Club publications, website, news articles, marketing materials, etc.: Yes No

Disclaimer: I, _____ do hereby give my son/daughter _____ permission to attend and participate in activities sponsored by the Boys & Girls Club of Orchard Park. I hereby release the Boys & Girls Club of Orchard Park, its employees, associates, and contributors from liability from any injury, loss or theft incurred by my child while participating. Furthermore, I hereby authorize medical examination and emergency treatment for my child by a qualified, licensed physician in the event of an accident.

My signature indicates that I completely understand the above statement.

Parents Signature: _____

BOYS & GIRLS CLUB CODE

- I **WILL** be respectful to staff, equipment, and other members.
- I **WILL** use polite language.
- I **WILL** talk to a staff person if I have a question or problem.
- I **WILL** remember the "Golden Rule" and treat others as I would like to be treated.

I have read and understand the Code of the Boys & Girls Club of Orchard Park. I understand that if I fail to abide by the Code while in the Club, I must face the consequences of my actions!

Student's Signature: _____

Mail application, payment and Report Card to: Boys & Girls Club of Orchard Park, Po Box 181, Orchard Park, NY 14127

Or email to Nherdic@bgclubop.org, please no faxes

Application will not be processed without Payment, Signed/initialed Attendance Policy Sheet and June 2016 Report Card!

****** PLEASE DO NOT RETURN TO SCHOOL, MAIL or Bring To The CLUB ******