



# Registration Form: 2017-2018

<i>For Office Use Only</i>		MC	ATB	PL	SC
Paid:	CK# _____	CC	Cash	_____	
Club #:	_____	Date:	_____		
	New	Renew	ETO:	_____	
Orientation:	_____	Card:	_____		

## ADDITIONAL CHILD APPLICATION

*(For siblings living in the same household, with the same parent and demographic information.)*

Please PRINT all information and answer all questions. Only complete forms will be processed!  
All information provided remains confidential and is used for both safety and funding purposes, to keep costs affordable.

### MEMBER INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Street Address \_\_\_\_\_ Apt./Suite (if applicable) \_\_\_\_\_

Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

If a renewing member, in what year did you first join the Club? \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

### SCHOOL INFORMATION

School Name \_\_\_\_\_

Type of School (circle one): Charter Home Parochial Private Public

Current Grade Level \_\_\_\_\_ Did your child progress to the next grade on time? (circle one) Yes No

Teacher's Name \_\_\_\_\_ Anticipated High School Graduation Year \_\_\_\_\_

### MEDICAL INFORMATION

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Medical, Physical, Social Disabilities (check all that apply):

<input type="checkbox"/> ADD	<input type="checkbox"/> Autism/Aspergers	<input type="checkbox"/> Mobility Impaired
<input type="checkbox"/> ADHD	<input type="checkbox"/> Diabetes	<input type="checkbox"/> None
<input type="checkbox"/> Allergies	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Other
<input type="checkbox"/> Asthma	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Visually impaired

Explain any medical, physical or social challenges: \_\_\_\_\_

I authorize the Boys & Girls Club staff that are trained in the basics of first aid and/or CPR to give my child(ren) first aid when appropriate and I give permission to the James L. McKeown Boys & Girls Club of Woburn to seek emergency medical treatment for my child(ren) if I cannot be reached. I will be responsible for any and/or all costs of medical attention and treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### Parent/Guardian Consent & Release Information \_\_\_\_\_

Please initial after each statement:

- *I hereby release, waive, acquit and forever discharge the James L. McKeown Boys & Girls Club of Woburn, their representatives, successors, insurers, assigns or any other person or entity associated with the above organization such as staff, directors, volunteers from all liability, claims, demands, or causes of action for any and all loss, damage, or injury and any claim of damages resulting from use of facilities owned or controlled by the above organization, or participation in activities either at or away from the Club. X \_\_\_\_\_*
- *My child has permission to be used in public relation materials for the James L. McKeown Boys & Girls Club of Woburn. Examples of these materials include photographs, videos, literature, web pages, and new releases in both traditional and electronic media. X \_\_\_\_\_*
- *I understand that my child may be asked to complete surveys and/or assessments relative to programming. This information is used to improve Club services, and is always kept confidential. I understand that the James L. McKeown Boys & Girls Club of Woburn may share information about my child with Boys & Girls Clubs of America for research purposes and/or to evaluate the program's effectiveness. X \_\_\_\_\_*
- *I give my permission for my child to participate in mentoring activities as a member of the James L. McKeown Boys & Girls Club of Woburn. X \_\_\_\_\_*
- *I give my permission to the James L. McKeown Boys & Girls Club of Woburn and \_\_\_\_\_ School to exchange information regarding my child \_\_\_\_\_. The purpose of the exchange is to help both organizations do a better job of helping my child be successful in school, at the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting my child's school or the Boys & Girls Club in writing. X \_\_\_\_\_*
- *I understand that my child will have access to the internet while at the Club and that he/she will be instructed on the proper use of a computer, including appropriate websites. I will not hold the James L. McKeown Boys & Girls Club of Woburn, its staff, directors, or volunteers responsible for any of my child's inappropriate access. X \_\_\_\_\_*
- *I understand that my child and I are responsible for information presented in the Parent Handbook (available at the front desk and online at [www.bgcwoburn.org](http://www.bgcwoburn.org)). I understand that failure to comply with the rules and regulations of the Club may result in cancellation of membership with no refunds of fees. X \_\_\_\_\_*
- *I understand that the Main Street Clubhouse Drop-In Program is not a licensed childcare facility and that it maintains an OPEN-DOOR or DROP-IN policy and that supervision is provided INSIDE the Club's facility at all times. Occasionally, supervised outdoor programming also occurs on the Club's property. I understand that my child is able to come and go at will. X \_\_\_\_\_ (This does not include After the Bell, Project Learn, Vacation Clubs or Summer Camp.)*

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date