



BOYS & GIRLS CLUBS
OF METRO ATLANTA

YOUTH SERVED THROUGH COMMUNITY OUTREACH APPLICATION

This form is for youth who are not members of the BGCMA program but participate in outreach programs housed in the facility. Any family that wishes to register their children in the program will have to complete a membership application, pay the membership fee and/or summer camp fee when applicable.

| HOUSEHOLD INFORMATION (REQUIRED) | TRANSPORTATION: (Initials Required) |
|---|--|
| <p>Child's Name: _____</p> <p>Gender: _____ Race/Ethnicity: _____</p> <p>Child's Date of Birth: _____ Age: _____</p> <p>Address: _____</p> <p>Grade: _____ School: _____</p> <p>Primary Parent Name: _____</p> <p>Home Phone #: _____</p> <p>Cell Phone #: _____</p> <p>Work Phone #: _____</p> | <p>After School Travel: From School & Travel To Home/ When Applicable for Other Youth Served (If no space is available on van routes)</p> <p>_____ I authorize _____ to take my child from my child's school to the Club for the current school year. I understand that BGCMA reserves the right to remove _____ from the van service.</p> <p>_____ I authorize _____ to take my child from the Club to my home for the current school year. I understand that BGCMA reserves the right to remove my child from the van service.</p> |
| <p>COMPUTERS: (1 Initial Required)</p> <p>_____ My child CAN USE e-mail and the internet while at the Club as outlined in the Rules of Appropriate Use. As a user of the Club's computer network, my child and I agree to comply with the state and local laws and use the network in a constructive manner.</p> <p>_____ My child CAN USE the internet while at the Club as outlined in the Rules of Appropriate Use. As a user of the Club's computer network, my child and I agree to comply with the state and local laws and use the network in a constructive manner.</p> <p>NOTE: The "Rules of Appropriate Use" and "Parent Orientation guide" is available per document on our website and request at the front desk of each Club.</p> | <p>Field Trips/School Travel</p> <p>_____ I authorize _____ to take my child to any field trip or outing with BGCMA during the current SCHOOL YEAR AND/OR SUMMER PROGRAM. I understand that BGCMA reserves the right to remove my child from the field trip or outing.</p> <p>_____ I DO NOT authorize ANY travel with BGCMA. By selecting this option, your child CANNOT PARTICIPATE in ANY off site trips.</p> |
| <p>_____ I would prefer that my child NOT USE e-mail or the internet while at the Club.</p> | |
| <p>MEDICAL: (2 Initials Required)</p> <p>In the event of an emergency, the Club must have written consent to seek medical treatment for your child.</p> <p>_____ I authorize administration of basic first aid.</p> <p>_____ I DO NOT authorize the administration of basic first aid.</p> <p>_____ I give BGCMA permission to seek medical treatment for my child. I understand that treatment may include emergency transportation, x-rays or surgery in some circumstances for my child, and I agree to assume responsibility for charges associated with this or any other treatment given to my child.</p> <p>_____ I DO NOT give BGCMA permission to seek medical treatment for my child.</p> | <p>HOLD HARMLESS AND LIABILITY RELEASE:</p> <p>WAIVER AGREEMENT (Initials Required)</p> <p>_____ Activities at the Club may include, but are not limited to BGCMA SWIM, WEIGHT ROOM and other SPORTS/RECREATION ACTIVITIES, which at my discretion may choose to allow my child to participate in. I will hold harmless BGCMA from any claim by me or my child or any entity on behalf of myself or my child arising out of my child's participation in the program. I further state that I am of lawful age and legally competent to sign this agreement, and that my signing this agreement is my own free act. I also understand and agree that the terms herein are contractual, and they are not a mere recital or simply for information purposes. I have read, understood, and fully informed myself of the contents of this agreement. I assume responsibility for my child's physical condition and capability to perform under the program.</p> |
| <p>PARENT/GUARDIAN SIGNATURE IS REQUIRED</p> <p>Parent/Guardian Signature: _____</p> <p>Date: _____</p> | <p>Emergency Contact other than Parent/Guardian</p> <p>Name: _____</p> <p>Phone #: _____</p> |

