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**2019-2020 Membership Application**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Date** |  | | | | | | | | | | | | | | | | |  | | | | | | | | **Member Type** | | | | | | | | | | | | | | | New Member  Renewing Member | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **PRIMARY CONTACT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Role in Household** | | | | | | | | Mother  Father  Step-Parent | | | | | | | | | | | | Aunt/Uncle  Sister | | | | | | | | | | | | | | Brother  Cousin | | | | | | | Grandparent  Foster Parent | | | | | | | | | | Guardian  Other Relative | | |
| **First Name** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Last Name** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer / Organization** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email Address** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Home / Cell Phone** | | | | | | | | | | | ( ) - ( ) - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OK to Text** | | | | | | | | | | | Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **City, State, Zip** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Military Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current / Former Military** | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | **Branch** | | | | | | | | Air Force  Army  Coast Guard  Marine Corps | | | | | | | | | | | National Guard  Navy  Veteran | | | | |
| **Dept. of Defense ID Number** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | **Currently Deployed**  (or deployed within the next 6 months) | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | |
| **Additional Household Contact** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Role in Household** | | | | | | | | | Mother  Father  Step-Parent | | | | | | | | | | | | Aunt/Uncle  Sister | | | | | | | | | | | | | Brother  Cousin | | | | | | | Grandparent  Foster Parent | | | | | | | | | | Guardian  Other Relative | | |
| **First Name** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Last Name** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer / Organization** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email Address** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Home Phone / Cell** | | | | | | | | | | | | ( ) - ( ) - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OK to Text** | | | | | | | | | | | Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **City, State, Zip** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Military Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current / Former Military** | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | **Branch** | | | | | | | | Air Force  Army  Coast Guard  Marine Corps | | | | | | | | | | | National Guard  Navy  Veteran | | | | |
| **Dept. of Defense ID Number** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | **Currently Deployed**  (or deployed within the next 6 months) | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| **Additional Household Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Household Support** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Primary language spoken in the home** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Number of adults in household** | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | **Number of youths in household** | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Household Composition** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Self (emancipated / 18)** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Single Adult Household** | | | | | | | | | | | | | | | | | | | Mother Only  Father Only  Grandparent  Legal Guardian | | | | | | | | | | | | | | | | | | | | | Foster Care  Joint Custody  Other Relative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| **Two + Adult Household** | | | | | | | | | | | | | | | | | | | Parents  Grandparents  Legal Guardians | | | | | | | | | | | | | | | | | | | | | Foster Care  Joint Custody  Other Relative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
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| **Housing Type** | | | | | | | Foster Family  Group Home  Homeless | | | | | | | | | | | | | | | | | | | | | | Permanent (Own or Rent)  Public Housing  Transitional Housing | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Household Income Range** | | ☐ $0 - 10,000  ☐ $10,001 – 15,000  ☐ $15,001 – 20,000  ☐ $20,001 – 25,000 | | | | | | | | | | | | | | | ☐ $25,001 – 30,000  ☐ $30,001 – 35,000  ☐ $35,001 – 40,000  ☐ $40,001 – 45,000 | | | | | | | | | | | | | | | | | | | ☐ $45,001 – 50,000  ☐ $50,001 – 55,000  ☐ $55,001 – 60,000  ☐ $60,001 – 65,000 | | | | | | | | | | | | ☐ $65,001 – 70,000  ☐ $70,001 – 75,000  ☐ $75,001 – 80,000  ☐ $80,001 and above | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Assistance Programs** | Childcare Assistance  Food Stamps/SNAP  HEAP (Heating Energy Assistance Program)  Housing Assistance  Veteran’s Compensation  Other (please explain below) | | | | | | | | | | | | | | | | | | | | | | | | Medicaid  Medicare  OWF (Ohio Works First)  SSDI (Social Security Disability Insurance)  SSI (Supplemental Security Income)  WIC (Women, Infants, and Children)  TANF | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please describe other income sources:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **MEMBER DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Member Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Total past years of membership with Boys & Girls Clubs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **First Name** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Middle Name** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Last Name** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Suffix** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **City, State, Zip** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Primary Club** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Birthdate** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Gender** | | | | | Female  Male  Other/Unknown | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | |
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| **Racial / Ethnic Identity** | | | | | American Indian or Alaska Native  Asian  Bi-racial  Black or African American | | | | | | | | | | | | | | | | | | | | | | | Choose Not to Answer  Hispanic or Latino  Middle Eastern or  North African  Multi-Racial | | | | | | | | | | | | | | | | | Native Hawaiian or other Pacific Islander  White  Other | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Foster Care** | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Tribal Affiliation** | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School Lunch** | | | | | Free/Reduced  Paid, Not Eligible for Free/Reduced | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Grade** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School Name** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Homeroom Teacher** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Expected Graduation Year** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Allergies** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Food Allergies** | | | | | | | | | | Dairy/Lactose  Eggs  Gluten | | | | | | | | | | | | | | Peanuts  Seafood/Shellfish  Soy | | | | | | | | | | | | | | | | | | Tree Nuts  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Environmental Allergies** | | | | | | | | | | Bee Stings  Dust | | | | | | | | | | | | | | Grass  Mold | | | | | | | | | | | | | | | Pollen  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **Medicine Allergies** | | | | | | | | | | Amoxicillin  Aspirin | | | | | | | | | | | | | | Penicillin  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other Allergies** | | | | | | | | | | Latex  Lotions | | | | | | | | | | | | | | Perfumes/Colognes  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medical Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Does the member use an inhaler?** | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | |  | | | | | | **Does the member use insulin?** | | | | | | | | | | | | | | | | | | | Yes  No | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does the member use an EpiPen?** | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | |  | | | | | | **Does the member self-administer medication?**  *Please note: Boys & Girls Clubs of Northeast Ohio does not permit staff to administer medication. If your member needs medication during club hours, he/she will be required to self-administer, except in the case of an emergency.* | | | | | | | | | | | | | | | | | | | Yes  No | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does the member receive additional support in the school/community?** | | | | | | | | | | | | | | | | | | | | | | | 504 (accommodation)  Individualized Education Plan  Meets with school or private counselor  Speech Coach  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please list any other physical, mental or medical limitations.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please list any additional support the member may need to thrive at our Boys & Girls Clubs.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EMERGENCY CONTACTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Emergency Contact 1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Emergency Contact 2** | | | | | | | | | | | | | | | | | | | | | |
| **First Name** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **First Name** | | | | | | | | | | | |  | | | | | | | | | |
| **Last Name** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Last Name** | | | | | | | | | | | |  | | | | | | | | | |
| **Email Address** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Email Address** | | | | | | | | | | | |  | | | | | | | | | |
| **Phone** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Phone** | | | | | | | | | | | |  | | | | | | | | | |
| **OK to Text** | | | | **Yes No** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **OK to Text** | | | | | | | | | | | | **Yes No** | | | | | | | | | |
| **Address** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Address** | | | | | | | | | | | |  | | | | | | | | | |
| **City, State, Zip** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **City, State, Zip** | | | | | | | | | | | |  | | | | | | | | | |
| **Emergency Contact’s Role** | | | | Relative  Colleague  Friend  Grandparent  Parent  Emergency Contact  Acquaintance  Child  Grandchild  Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Emergency Contact’s Role** | | | | | | | | | | | | Relative  Colleague  Friend  Grandparent  Parent  Emergency Contact  Acquaintance  Child  Grandchild  Other | | | | | | | | | |
| **WAIVERS & RELEASES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Northeast Ohio (BGCNEO), and the Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff and/or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from the use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from said facilities. I also agree to the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Data Collection** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I give my permission to BGCNEO to collect information via paper or online surveys, questionnaires, interviews, and/or focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential and the minor’s name will never be used in the reporting of any such data. These data collections may be shared with Club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness, demonstrate the impact of our programs on our members, and/or improve our programs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medical** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I give permission to BGCNEO to seek emergency medical treatment for the minor listed on this application if I cannot first be reached by phone. I will be responsible for any and all costs of medical attention and treatment. I will not hold the BGCNEO, or any person associated with them, responsible for any medical claim arising from such treatment/medical attention. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Technology** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| While every preventative measure is taken to ensure the well-being of the Club’s members while using the internet, it is possible they may be exposed to inappropriate images, content, and/or websites. While we strictly enforce the rules and consequences that accompany the misuse of the Internet, BGCNEO is not responsible for damages done to a minor as a result of viewing/using such content. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I give permission to BGCNEO and the Local School District to exchange information such as test scores, school attendance, I.E.P/504 Plans and other information regarding the minor listed on this application. The purpose of the exchange is to better equip the student for success in school, in the Club, and in life and to prepare our staff to have the greatest positive impact on your child. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Data Sharing** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I give permission for BGCNEO to take pictures and or videos of the minor applicant during the Club’s programs and activities, for the sole purpose of promoting the effectiveness of BGCNEO to its funders, partners, the community, BGCA, and Staff without any further authorization or any reimbursement. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Open Door Policy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I understand that BGCNEO operates under an Open Door Policy and is not responsible for the welfare or whereabouts of my child before they sign-in or arrive, and after they sign-out or leave, Club. Further, BGC staff cannot force my child to remain at Club. Should my child decide to leave Club without permission, all contacts listed on this application will be immediately informed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Travel / Miscellaneous** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I will not hold BGCNEO, or any person associated with them, responsible for any injury or death that may result from accidents or misfortunes while traveling to and from Club. Further, BGCNEO is not responsible for lost or stolen items. Any items found by staff will be put in Lost and Found. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***By signing below, you agree to all waivers and release statements above. You also confirm that the information on this application is correct to the best of your knowledge.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Parent/Guardian Signature** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | **Date** | | | | | | | | | | |