

Membership Information Form

Unit Information For Office Use Only



Branch Name <input style="width: 90%;" type="text"/>	Member ID <input style="width: 90%;" type="text"/>	Data Entry Rec'd: <input style="width: 80%;" type="text"/> Entered: <input style="width: 80%;" type="text"/> ID Issued: <input style="width: 80%;" type="text"/>
Member Status <input type="checkbox"/> New <input type="checkbox"/> Renewing <input type="checkbox"/> Former	Active <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Membership Dates Service: <input style="width: 80%;" type="text"/> Termination: <input style="width: 80%;" type="text"/> Initial: <input style="width: 80%;" type="text"/> Renewal: <input style="width: 80%;" type="text"/>
Comment: _____ _____ _____		

Member Information

First Name: <input style="width: 95%;" type="text"/>	Middle Name: <input style="width: 95%;" type="text"/>	Last Name: <input style="width: 95%;" type="text"/>								
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity:									
<table style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">African American</td> <td style="width: 25%;">Asian American</td> <td style="width: 25%;">Caucasian</td> <td style="width: 25%;">Haitian</td> </tr> <tr> <td>Hispanic</td> <td>Native American</td> <td>Multi Racial</td> <td>Other</td> </tr> </table>			African American	Asian American	Caucasian	Haitian	Hispanic	Native American	Multi Racial	Other
African American	Asian American	Caucasian	Haitian							
Hispanic	Native American	Multi Racial	Other							
Date of Birth: <input style="width: 80%;" type="text"/>										
Address: <input style="width: 95%;" type="text"/>	City: <input style="width: 80%;" type="text"/>	State: <input style="width: 80%;" type="text"/>								
ZIP: <input style="width: 80%;" type="text"/>	Phone: <input style="width: 80%;" type="text"/>	Email: <input style="width: 95%;" type="text"/>								

School Information

School: <input style="width: 95%;" type="text"/>	Grade: <input style="width: 95%;" type="text"/>	Student ID Number: <input style="width: 95%;" type="text"/>
Fee Level (School Lunch): Free _____ None _____ Reduced _____		

Contacts:

Primary Contact: _____ **Relationship:** _____

Father's First Name: <input style="width: 95%;" type="text"/>	Father's Last Name: <input style="width: 95%;" type="text"/>	Father's Work Phone & Ext: <input style="width: 95%;" type="text"/>
Father's Employer: <input style="width: 95%;" type="text"/>	Father's Occupation: <input style="width: 95%;" type="text"/>	Father's Cell Phone: <input style="width: 95%;" type="text"/>
Mother's First Name: <input style="width: 95%;" type="text"/>	Mother's Last Name: <input style="width: 95%;" type="text"/>	Mother's Work Phone & Ext: <input style="width: 95%;" type="text"/>
Mother's Employer: <input style="width: 95%;" type="text"/>	Mother's Occupation: <input style="width: 95%;" type="text"/>	Mother's Cell Phone: <input style="width: 95%;" type="text"/>
Other: First Name: <input style="width: 95%;" type="text"/>	Last Name: <input style="width: 95%;" type="text"/>	Work Phone & Ext: <input style="width: 95%;" type="text"/>
Employer: <input style="width: 95%;" type="text"/>	Occupation: <input style="width: 95%;" type="text"/>	Cell Phone: <input style="width: 95%;" type="text"/>



AUTHORIZATION TO LEAVE THE CLUB UNESCORTED

- My child is 12 years or older and has my permission to check him/herself out of the Club.
- My child is 12 years or older but DOES NOT have my permission to check him/herself out of the Club.
- My child is younger than 12 years old but has my permission to leave the Club with the following relative(s) that are 12 years or older and are Club members:

Name: _____ Age: _____
 Relationship: Brother Sister Cousin Other: _____

Name: _____ Age: _____
 Relationship: Brother Sister Cousin Other: _____

Name: _____ Age: _____
 Relationship: Brother Sister Cousin Other: _____

Name: _____ Age: _____
 Relationship: Brother Sister Cousin Other: _____

- My child is younger than 12 years old but DOES NOT have my permission to leave the Club with anyone other than those listed as authorized to pick up on the membership form.

SAFE PASSAGE AND RELEASE OF LIABILITY WAIVER

I understand and agree that Boys & Girls Clubs of Central Florida has a Safe Passage policy that prohibits members from coming and going as they please, but that Boys & Girls Clubs of Central Florida will not be responsible for my son/daughter leaving the Club in violation of this policy, with or without my permission. I understand that once a child who is less than 12 years of age has entered the building, he/she will be told that they cannot leave until a parent/guardian/authorized person arrives to retrieve him/her. In the case of a parent, guardian or authorized adult with a disability, staff will make accommodations to safely bring the Club members out to the adult picking up the members. I understand that Boys & Girls Clubs of Central Florida is not a licensed day care facility and that staff will not physically restrain members who insist on leaving without parent permission.

I understand that because of the nature of the programs and activities in which the member may participate, there is a potential for injury. I recognize these risks and allow the Club member to participate in all activities and programs offered. I agree on behalf of myself and the member to assume the risks associated with all activities of the member with Boys & Girls Clubs of Central Florida. For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned, on behalf of myself and the member, hereby agree to indemnify and hold harmless and to release, acquit and forever discharge Boys & Girls Clubs of Central Florida, its staff, and all other persons, organizations and corporations affiliated therewith of and from any and all loss, liability, claims, demands, damages, actions, causes of actions, suits, cost and expense (including reasonable attorney fees at or before trial and on appeal) for personal injury, death, disability, loss of income, property damage or otherwise arising out of or relating to the undersigned's and/or the member's participation in Boys & Girls Clubs of Central Florida or arising from or involving, in whole or in part, any alleged action or omission of the Boys & Girls Clubs of Central Florida, including negligence.

As a parent/guardian, I am committed to educate my child about the dangers and consequences of weapons and/or illegal substances. Boys & Girls Clubs of Central Florida staff reserve the right to inspect personal belongings brought by members into the Club, including but not limited to bags and backpacks. The parents and/or legal guardians of the Club member will be notified immediately by Boys & Girls Clubs of Central Florida staff if a weapon or illegal substance is discovered from a search of the Club member's belongings. Boys & Girls Clubs of Central Florida staff may also contact the appropriate law enforcement agency to assist in the inspection of Club member belongings if it is deemed to be in the best and safest interest of the Club and its staff and members as a whole.

I hereby certify that my child (member) is currently age six or older, in good health, and capable of participating in Boys & Girls Clubs of Central Florida programs. I have read, understand and will abide by all of the above. All information provided in this form is true and complete. I agree that any false or misleading representation or material omission may disqualify my child (member) from participating in Boys & Girls Clubs of Central Florida programs. I agree that any changes to this document must be made in writing by the Club member's legal guardian(s) who is physically present at the Club member's Club.

Legal Guardian's Name: _____

Relationship: _____

Signature: _____

Date: _____



BOYS & GIRLS CLUBS
OF CENTRAL FLORIDA

Boys & Girls Clubs of Central Florida Publicity Release

By my/our signature(s) set forth below, I/we release Boys & Girls Clubs of Central Florida (BGCCF) from any claim for invasion of privacy or use of my/our likeness(es), and authorize the BGCCF Team to photograph, film, videotape and/or electronically record interviews with me/us, Club Member/Guardian, or both, our appearance(s), photograph(s), voice(s), physical likeness(es) and name(s) in such manner as they see appropriate for the growth of the organization's mission and brand awareness.

I/we further authorize BGCCF and all other persons or entities participating in taking said photographs, films, videotapes and/or electronically recorded interviews to distribute now or at any time in the future, any or all of said photographs, films, videotapes and/or electronically recorded interviews to anyone including the general public, magazines, newspapers, television and radio stations, and/or any other organization or person that routinely presents information or news to the general public. No compensation shall be paid to me/us for such uses as described in this paragraph. BGCCF shall own intellectual property and copy rights in all recordings, photographs, film, and videotape herein described above.

Print Club Member Name

Age

Print Guardian Name

Guardian Signature

Telephone #

Date

Witnessed by (BGCCF Representative)