

**All information must be filled out for your child to start programming at the Club**

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

RACE:  Asian/Pacific Islander  African American/Black  Alaskan Native  Hispanic  American Indian  White  
 Other  Unspecified

GENDER:  Male  Female  Prefer not to say  Not Listed: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL ID NUMBER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ APT#: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ T-SHIRT SIZE: \_\_\_\_\_

**Parent/Guardian:** \*Authorized to pickup? Yes or No

Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_

Do you give us permission to text this number? Yes or No

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent/Guardian:** \*Authorized to pickup? Yes or No

Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*If legal parent/guardian is not authorized to pick up, a court document will be required\*

**Emergency Contact:** Authorized to pickup? Yes or No

Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Additional Authorized pick up:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How will this member get home from the Club?  School Bus  City Bus  Walk  Picked Up  Other \_\_\_\_\_

Annual Household Income:  Under \$15,000  \$15,001-\$ 30,000  \$30,001-\$50,000  \$50,001-\$80,000  80,0001-100,000  
 Over 100,000

Is your Child part of a Medicaid Program?  Yes, STAR  Yes, CHIP  NO

Does your child participate in a free or reduced lunch program?  YES  NO

Has anyone in your household served in the military?  YES  NO

HACA Resident?  YES  NO if yes, which Housing Development: \_\_\_\_\_

With whom does the child live?  Both Parents  Mother  Father  Grandparent(s)  Other \_\_\_\_\_

Please describe any medical problems, allergies, conditions, medicine, or special concerns regarding your child:

\_\_\_\_\_

**Please read the following and sign indicating agreement:**

I hereby give permission for my child (or ward) to become a member of the Boys & Girls Clubs of the Austin Area (the "Club") and to participate in all programs and activities. I understand that the Club is **NOT** regulated as a licensed daycare by the State of Texas and that an open campus policy is **always** in effect. I further understand that the Club is **NOT** responsible for the time or manner in which my child (or ward) may arrive at or leave the facility.

I understand and agree that the Club cannot and will not administer prescription or over-the-counter medications of any kind to my child (or ward). I understand and agree that the Club does not provide medical insurance for my child (or ward).

In the event of an emergency, I authorize Club staff to secure medical treatment for my child (or ward) and that I, as the legal guardian, will assume any and all responsibility for paying medical expenses associated with such treatment.

I understand and agree that the Club does not refund memberships and that my child (or ward) must obey all standards of conduct. I further understand that behavioral problems that cannot be resolved may result in my child (or ward) being suspended from the Club without a monetary refund.

I understand and agree that the Club is not responsible or legally liable for any personal property losses or for any bodily injuries incurred and suffered by the applicant on any Club property or in connection with any activities at any of its facilities, or while engaged in any Club activities away from the Club.

I give consent for my child's (or ward's) picture or any reproduction thereof (while he/she is engaged in Club-related activities) to be used for publicity/fundraising purposes. I give permission for the Club to use my child's (or ward's) name or any fictitious one for publicity/fundraising purposes.

I give permission for the Club to administer occasional anonymous / non-anonymous surveys to my child (or ward) for purposes of better understanding the needs of my child (or ward) and the impact of the Club on my child (or ward).

I understand that the Club may share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by the Club, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

I give permission for the Club to make and retain copies of my child's (or ward's) report cards and/or progress reports or to be given access to School records pertaining to my child (or ward) in order to better understand the academic needs of my child (or ward) and to better assist him/her in his/her educational pursuits. I understand that copies made of report cards and/or progress reports will remain confidential and will only be viewed by authorized Boys & Girls Club staff.

Additionally – (Below is for AISD Schools only)

- ♣ Austin ISD will release your student data as part of aggregate (group) reports to Austin ISD partners/providers who submit your student's ID. The aggregate (group) reports will not identify your student in any form. Visit <http://ysm-austin.org> to see the list of Austin ISD partners/providers.
- ♣ Austin ISD will collect attendance information from all Austin ISD partners/providers. You can opt out through SR290 (student registration) form. This ONLY means Austin ISD will not receive attendance information. The partners/providers will continue to receive your student's information in aggregate (group) reports. Contact the Outcome Specialist at 512.444.7199 or Vice President of Program Services for easy access to the SR290 form.
- ♣ Austin ISD will share identifiable student data with the partners/providers ONLY on the receipt of signed parent consent forms. In return Austin ISD will collect your student's attendance information from the partner/provider. Your consent is optional. The decision to consent will not prejudice your present or future relations with the partner agency or Austin ISD. It ONLY means the partner/provider will not receive your student's identifiable data and Austin ISD will not receive attendance information. Your student will continue to receive services from the partner/provider unless their program enrollment requirement is data sharing.
- ♣ Please contact Vidya Lakshminarayanan, Austin ISD, [vidya.lakshminarayanan@austinisd.org](mailto:vidya.lakshminarayanan@austinisd.org) for any questions.

I give permission for the Club to obtain age verification of my child (or ward) from their current school.

On certain occasions, especially during the Club's busy summer programs, there may be times when the various Club sites reach capacity. During these times, youth may be denied admittance for safety reasons.

I affirm that I have received and will read the Club's Parent/Member Orientation Handbook. I give BGCAA permission to contact me via text message/Class DOJO program.

The undersigned represents that he/she is the parent and/or legal guardian of the minor named above and represents that he/she has the legal authority to execute this consent and release. If the child/applicant is signing for him or herself, the undersigned warrants that he/she has reached the age of legal majority according to the State of Texas.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

CHILDS NAME \_\_\_\_\_

CLUB \_\_\_\_\_