

Membership Information Form



BOYS & GIRLS CLUBS
OF METRO ATLANTA

For Office Use Only:

Member ID []	Status New [] Renew []	Scholarships	
Data Entry		Need	Amount
Received []	[]	Hardship []	Membership []
Entered []	[]	Staff []	Summer []
Receipt # []	[]	DHR Referral []	Partial []
Membership Dates		Other []	[]
Start []	[]	Source	
Termination []	[]	Amerigroup []	Military/BGCA []
Initial []	[]	Goizueta []	Housing Auth. []
		JC Penney []	Weed & Seed []
		CAPS []	Other []
		FRESH []	

Member Information (Please Print)

First Name: []	Middle Name: []	Last Name: []
Name of Person Member Lives With: []	Home Phone Number: []	Emergency Contact Name: []
Home Address: []		Emergency Phone & Extension: []
City: []	County: []	State: []
Postal Code: []	Email Address: []	

GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	BIRTHDATE: [] []	Age: []	ETHNICITY: (CIRCLE ONE) African American Asian American Caucasian Hispanic Multi-Racial Native American Other
School: []	Grade: []	Number of Family Members Living in Household []	
Name of School: []		Lives With: (Circle One) Aunt/Uncle Both Parents Father Foster Care/DFACS Mother Grandparent(s) Other _____	
Member before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Years: []	Name of Previous Boys & Girls Club: []	City, State: []

Parent/Guardian

Father's First Name: []	Father's Last Name: []	Father's Work Phone & Ext: []
Father's Employer: []	Father's Occupation: []	Cell Phone: []
Mother's First Name: []	Mother's Last Name: []	Mother's Work Phone & Ext: []
Mother's Employer: []	Mother's Occupation: []	Cell Phone: []
Guardian's First Name: []	Guardian's Last Name: []	Guardian's Work Phone & Ext: []
Guardian's Employer: []	Guardian's Occupation: []	Cell Phone: []

Medical/Emergency

Medical Problems/Allergies: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Medications: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Physician: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Physician Phone: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Preferred Hospital or Clinic: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Hospital Phone: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Insurance Company: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Insurance Policy Number: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Can Member swim? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Pick up Information

Names of <u>two</u> Persons Authorized to pick up Member.			
1.) First Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Last Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
2.) First Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Last Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Persons Not Authorized: First Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Last Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

Confidential The following information is necessary for our records and the funding our Organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary.

	Medicaid Number: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	CHECK ALL THAT APPLY: Disability(s):												
ANNUAL HOUSEHOLD INCOME: (CIRCLE ONE)	<input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance <input type="checkbox"/> School Lunch <input type="checkbox"/> Vet. Compensation	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>												
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">\$10,000 or below</td> <td style="width:50%; text-align: center;">\$32,051 – \$35,600</td> </tr> <tr> <td style="text-align: center;">\$10,001 - \$15,000</td> <td style="text-align: center;">\$35,601 - \$38,450</td> </tr> <tr> <td style="text-align: center;">\$15,001 – \$24,900</td> <td style="text-align: center;">\$38,451 - \$41,300</td> </tr> <tr> <td style="text-align: center;">\$24,901 - \$28,500</td> <td style="text-align: center;">\$41,301 - \$44,150</td> </tr> <tr> <td style="text-align: center;">\$28,501 - \$32,050</td> <td style="text-align: center;">\$44,151 - \$47,000</td> </tr> <tr> <td></td> <td style="text-align: center;">Over \$47,000</td> </tr> </table>	\$10,000 or below	\$32,051 – \$35,600	\$10,001 - \$15,000	\$35,601 - \$38,450	\$15,001 – \$24,900	\$38,451 - \$41,300	\$24,901 - \$28,500	\$41,301 - \$44,150	\$28,501 - \$32,050	\$44,151 - \$47,000		Over \$47,000	Club Defined Confidential Notes: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	
\$10,000 or below	\$32,051 – \$35,600													
\$10,001 - \$15,000	\$35,601 - \$38,450													
\$15,001 – \$24,900	\$38,451 - \$41,300													
\$24,901 - \$28,500	\$41,301 - \$44,150													
\$28,501 - \$32,050	\$44,151 - \$47,000													
	Over \$47,000													

I give the Boys & Girls Club my consent to use photographs, in which my child may appear. I consent to my child participating in outcomes measurements, which include taking surveys and the copying of my child's report card which will be kept confidential.

Parent or Guardian Signature

Club Member's Signature

Date: Month _____ Day _____ Year _____

MemberInformation.doc 08/21/01
Version 6.0 KidTrax®

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Forms and Waivers

Directions: Please initial and sign each box complete and return; a copy will go in each member's file. Thank you!

<p style="text-align: center;">COMPUTERS: Please initial <u>only one</u>:</p> <p>____ My child can use e-mail and the Internet while at the Club as outlined in the Rules of Appropriate Use.</p> <p>____ My child can use the Internet only as outlined in the Rules of Appropriate Use.</p> <p>____ I would prefer that my child not use e-mail nor the Internet while at the Club.</p> <p>____ My child's work and photographs can be published on the Internet.</p> <p>____ I prefer that my child's work and photographs not be published on the Internet.</p> <p>____ As a user of the Club computer network, my child and I agree to comply with the stated rules and use the network in a constructive manner.</p>	<p style="text-align: center;">TRANSPORATION:</p> <p>After-school/Summer Route</p> <p>____ I authorize service from _____ School to the Club for the 20____ school year.</p> <p>____ I authorize service from the Club to my home for the 20____ school year.</p> <p>Field trips/Special Events</p> <p>____ I authorize travel with the Boys & Girls Club of Metro Atlanta to any field trip or outing that I sign him/her up for during the school year and/or summer program.</p> <p>____ I authorize travel during the summer program only.</p> <p>____ I understand that Boys & Girls Clubs of Metro Atlanta reserves the right to remove my child from the van service.</p>
<p style="text-align: center;">MEDICAL: Please initial</p> <p>In the event of an emergency, the Club must have written consent to seek medical treatment for your child.</p> <p>____ I give Boys & Girls Club of Metro Atlanta permission to seek medical treatment for my child.</p> <p>____ I do not give Boys & Girls Club of Metro Atlanta permission to seek medical treatment for my child.</p> <p>____ 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 authorize administration of basic first aid, including but not limited to: splinter removal, antibiotic cream, band-aids and ice.</p> <p>____ I do not authorize the administration of basic first aid, including but not limited to: splinter removal, antibiotic cream, band-aids and ice.</p>	<p style="text-align: center;">HOLD HARMLESS AND LIABILITY RELEASE:</p> <p>WAIVER AGREEMENT</p> <p>____ I voluntarily submit my child for registration as a member in the BGCMA SWIM, WEIGHT ROOM and ALL SPORTS ACTIVITIES at the Club. I understand all inherent dangers, I understand and agree that the BGCMA staff and any other members will not be responsible for my child's safety nor will any of these parties or individuals serve as a guardian on my child's safety. I will hold harmless the above mention parties from any claim by me or my child or any entity on behalf or 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 style="text-align: center;">PARENT ORIENTATION:</p> <p>____ I have received or downloaded the Member/Parent Orientation Guide, and I agree to adhere to and abide by the policies of the Club as stated in the orientation guide. I also agree to further review Club policies with my child, assuming responsibility for their appropriate behavior while in attendance at the Boys & Girls Club.</p>	<p style="text-align: center;">CONSENT for TEENS TO LEAVE CLUB:</p> <p>____ I give permission for my teen, to leave the property of the Boys & Girls Clubs of Metro Atlanta. I understand that once my child leaves the premises, the Boys & Girls Club is no longer responsible for the safety, well-being, or behavior of said child.</p> <p>____ I do not give permission for my teen, to leave the property of the Boys & Girls Clubs of Metro Atlanta.</p>

I have read and understand all polices and procedures for the Boys & Girls Club of Metro Atlanta.

Please Print Members Name: _____

Parent or Legal Guardian Signature: _____ **Date:** _____

Please Print Parent or Legal Guardian Signature: _____

AGREEMENT, RELEASE AND WAIVER
NAME AND PHOTOGRAPH (optional)

To: **Boys & Girls Clubs of Metro Atlanta**
100 Edgewood Avenue, Suite 700
Atlanta, GA 30303

Re: Use of Name, Photograph and Identity in Connection with Advertising
and/or Promotion of the organization

For valuable consideration I, the undersigned, hereby irrevocably consent to and authorize the unrestricted use by **Boys & Girls Clubs of Metro Atlanta** and their subsidiaries, affiliates and advertising agencies ("Companies") of my child's name, photographs and identity in various BGCMA website and collateral material, as well as miscellaneous print publications and other media outlets, and any personal information that I supply to the Companies, in connection with advertising and promotion of the Companies and/or their products in any media, form or material selected by the Companies, without any right of prior review or further approval, whether such advertising and promotion is to the public, to the trade, or both, and in the corporate releases, newsletters and other communications of the Companies; and I hereby waive, and release and discharge said Companies and all agents, employees and officers of the Companies, including their agencies, media producers and customers from, any claims, liabilities and demands, past, present or future, including any that I do not now know of or anticipate arising in the future, none of which would affect my execution of this release if known to me, and waive all rights with respect to such use of my name, photograph, identity, and personal information including but not limited to publicity, privacy, psychological injury and libel.

I represent that I am the below-named parent/guardian, that I am over the age of 21, that I have read the foregoing and fully understand the contents thereof, that the consideration that I have received for this Agreement, Release and Waiver is fair and equitable, and that I hereby give this Agreement, Release and Waiver of my own free choice.

This Agreement, Release and Waiver shall ensure to the benefit of the successors, assigns, licensees and legal representatives of the Companies and shall be binding upon my heirs, executors, assigns and legal representatives.

Dated: _____
Parent/Guardian Signature: _____
Name: _____
Name of Child: _____
Address: _____

**Georgia Department of Human Resources Afterschool Services
Income Eligibility Form 2008 - 2009**

Boys & Girls Clubs of Metro Atlanta, along with the Georgia Department of Human Resources (DHR), are partnering to provide valuable and exciting out-of-school programs for youth in Georgia. The information provided on the following form will help ensure that eligible youth are benefiting from the partnership. We thank you for your cooperation and for allowing us to have an impact on your child's life!

Name of Participant: _____

Gender: _____ Male _____ Female

Date of Birth (mm/dd/yy): ____ ____ / ____ ____ / ____ ____

If the answer to any question below is yes, the family is eligible and the parent or guardian may proceed to the **second page** and sign the Declaratory Statement. If the answer to all questions below is no, please refer to the chart on the **second page** to determine eligibility.

1. Do you receive a TANF check from the Department of Family and Children Services? __ yes __ no

2. Do you live in a household that receives Food Stamp benefits? __ yes __ no

3. Do you receive Medicaid or Peachcare for Kids? __ yes __ no

4. Does your child(ren), included in your household, participate in the reduced or free lunch program at school?
__ yes __ no

Income Eligibility Reporting Form Continued

Family Income Eligibility for the DHR Afterschool Services (2008-2009)

Number of Persons in Family Unit	Federal Poverty Level*	DHR Afterschool Services Annual Income Guidelines**	DHR Afterschool Services Monthly Income Guidelines**
1	\$10,400	\$31,200	\$2,600
2	\$14,000	\$42,000	\$3,500
3	\$17,600	\$52,800	\$4,400
4	\$21,200	\$63,600	\$5,300
5	\$24,800	\$74,400	\$6,200
6	\$28,400	\$85,200	\$7,100
7	\$32,000	\$96,000	\$8,000
8	\$35,600	\$106,800	\$8,900
For each additional person, add	\$3,600	\$10,800	\$900

* Income based on the United States Department of Health and Human Services (HHS) 2008 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. *Source: HHS website: Federal Register, Vol. 73, No. 15, January 23, 2008, pp. 3971-3972*

** 300% of the federal poverty level

Family size _____ Gross Yearly Income \$ _____ Gross Monthly Income \$ _____

.....

Declaratory Statement: I (*print name*) _____ certify that all the information given in this form is correct and true to the best of my knowledge. I understand that if I give false information, my child may not be able to participate in the program.

Parent or Guardian Printed Name

Date

Parent or Guardian Signature

Date

Authorized Program Staff Signature

Date



**Georgia Department of Human Resources Youth Initiative
Afterschool Program
Parental Permission for Photo Release**

Page two of this document requests your permission for the Georgia Department of Human Resources Youth Initiative to take and use photographs of your child and other Afterschool Program staff. When we tell others the story about the DHR Youth Initiative's statewide afterschool program, it would be helpful to share photographs of the participants. Pictures can enhance people's understanding about who is involved in the program and what activities and services are being conducted. If you have more than one child, this form should be completed for each child participating in the DHR funded afterschool program.

If you agree for us to take and use these photographs, our use of them will include, but will not necessarily be limited to the following: publications about the program; recruitment activities to reach additional youth who might participate in the future; and/or reports about the program to supporters and others who are interested in the program's outcomes.

If you have any questions at all, please contact Malaika Moses, DHR Afterschool Services Program Director at 404-657-4718 or Carmen Callaway, DHR DHR Afterschool Services Program Manager at 404-657-1595.

Photo/Video Release Agreement

_____ County, Georgia **School/Organization Name:** _____

1. I, the undersigned, consent and agree that still photographs, motion pictures, or television presentations in the form of either live or video tape may be made of myself, my child(ren) by the Georgia Department of Human Resources.
2. This release gives the Georgia Department of Human Resources the right to use the above-listed visual material in conjunction with the teaching, instruction, training, information and education of employees of the Department or the general public.
3. Further, I hereby release the Georgia Department of Human Resources and forever discharge any claim of any nature against them as long as the material is used in compliance with the above-stated paragraph 2.
4. I grant this consent as (parent-guardian) a voluntary contribution in the interest of the said reasons listed in paragraph 2.

Name _____

Address _____

Telephone _____



Photo Description: Participation in the DHR funded afterschool/summer program activities.

Children Participating in Program:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

Signature _____

Date _____

Photographer or producer or witness:

**GEORGIA DEPARTMENT OF HUMAN RESOURCES YOUTH INITIATIVE
AFTERSCHOOL PROGRAM**

Participant Medical Information Form – Page 1

(To be maintained on site for each participant)

STUDENT INFORMATION			
Legal Name of Child (<i>Last, First</i>):		Date of Birth (<i>MM/DD/YYYY</i>):	Age: Sex (<i>check one</i>): <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:		Home Phone No:	
P.O. Box/Apt #:	City:	State:	Zip Code:

INSURANCE INFORMATION	
Does the child have health insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of insurance provider (if applicable):

MEDICAL INFORMATION
Does the child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them:
Does the child have any other medical conditions (disabilities, infections, viruses, diseases, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them:
Is the child currently taking any medications (prescribed and non-prescribed)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them:

IN CASE OF EMERGENCY			
Contact Name:	Relationship to youth:	Home Phone Number:	Work Phone Number:
Alternate Contact Name:	Relationship to youth:	Home Phone Number:	Work Phone Number:

PLEASE SIGN PAGE 2 TO VERIFY THE INFORMATION PROVIDED

Medical Information Verification – Page 2

By signing below, I certify the above information is true to the best of my knowledge. I authorize Name of School/Organization Here to contact me if my child is injured and/or harmed in any way. I also authorize Name of School/Organization Here to seek medical attention for my child if he or she is injured and/or harmed and needs immediate medical assistance at a local hospital or emergency care center. I certify that I and/or our family's insurance provider will be responsible for any financial medical costs that may be associated with all medical attention and treatment given to my child. In consideration of their granting my child the opportunity to participate in the Afterschool Program, I hereby release, indemnify and hold harmless the Department of Human Resources and Name of School/Organization Here from any liability, claim or demand resulting from any legal medical attention and assistance that may be needed and provided as a result of an injury or harmful incident to my child.

Legal Name of Parent (print)

Parent Signature

Date



BOYS & GIRLS CLUBS
OF METRO ATLANTA



TRAVEL PERMIT FORM

By signing below, the parent(s) of the youth agree that neither the Boys & Girls Clubs of Metro Atlanta, the Department of Human Resources, nor any of their representatives shall be held liable for any accidents or misfortunes while in route to, or returning from any Boys & Girls Club outings during the 2009-2010 After School Program, August 10, 2009-May 21, 2009.

The Boys & Girls Clubs of Metro Atlanta must have this permit signed by the parent(s) before the youth is allowed to travel with the Club during any outings during the 2009-2010 After School Program.

This form only gives permission for youth to travel with the Boys & Girls Clubs of Metro Atlanta. A parent's signature must be on a sign-up sheet for each field trip before the youth will be allowed to attend that field trip or outing. A youth may only attend field trips open to their age group. Some field trips may have limited capacity; these sign-ups will be on a first come, first served basis.

Child's Name _____

Parent/Guardian Name _____

Address _____ Birth date _____

_____ Emergency # _____

I hereby give permission for my child to travel with the Boys & Girls Clubs of Metro Atlanta to any field trips or outings that I sign him/her up for during the 2009-2010 After School Program (August 10, 2009-May 21, 2010).

Parent Signature

Date