



2023 Membership Application

Date		Member Type	<input type="checkbox"/> New Member <input type="checkbox"/> Renewing Member <input type="checkbox"/> Summer Member			
PRIMARY CONTACT						
Role in Household	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent	<input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sister	<input type="checkbox"/> Brother <input type="checkbox"/> Cousin	<input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent	<input type="checkbox"/> Guardian <input type="checkbox"/> Other Relative	
First Name						
Last Name						
Suffix						
Preferred Name						
Employer						
Email Address						
	Can BGCJC send you email updates or Club newsletters? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Phone						
Mobile Phone						
	Can BGCJC send you SMS Text messages <input type="checkbox"/> Yes <input type="checkbox"/> No					
Country						
Address						
City						
State						
Postal Code						
Military Status						
Current / Former Military	<input type="checkbox"/> Yes <input type="checkbox"/> No	Status	<input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve/Guard <input type="checkbox"/> Veteran	Branch	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard	<input type="checkbox"/> Marine Corps <input type="checkbox"/> National Guard
Dept. of Defense ID Number		Currently Deployed <small>(or deployed within the next 6 months)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No			

MEMBER DETAILS	
Member Information	
Total past years of membership with Boys & Girls Clubs	
First Name	
Middle Name	
Last Name	
Suffix	
Preferred Name	
Address	
City	
State/ Postal Code	

Please complete all the application in its entirety. For questions contact Ms. Ka-Sha Ramsey; kramsey@bgcjcga.org or 706-335-5133



**BOYS & GIRLS CLUBS
OF JACKSON COUNTY**

Membership 2023

Primary Club			
Birthdate			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Gender Queer	<input type="checkbox"/> Other
	<input type="checkbox"/> Female	<input type="checkbox"/> Gender Non-Conforming	<input type="checkbox"/> Choose Not to Answer
	<input type="checkbox"/> Trans Male		
	<input type="checkbox"/> Trans Female		
Racial / Ethnic Identity	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White
	<input type="checkbox"/> Asian	<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Bi-racial
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Multi-Racial
			<input type="checkbox"/> Other
			<input type="checkbox"/> Choose Not to Answer
Foster Care	<input type="checkbox"/> Yes <input type="checkbox"/> No		
School Lunch	<input type="checkbox"/> Free/Reduced lunch		
	<input type="checkbox"/> Entire School lunch is Free		
	<input type="checkbox"/> Not Eligible		
<i>Please provide verification of free/ reduced lunch.</i>			
School Information			
Grade (Spring2023)			
School Name			
Allergies			
Food Allergies	<input type="checkbox"/> Peanuts	<input type="checkbox"/> Soy	<input type="checkbox"/> Eggs
	<input type="checkbox"/> Tree Nuts	<input type="checkbox"/> Gluten	<input type="checkbox"/> Other
	<input type="checkbox"/> Dairy/Lactose	<input type="checkbox"/> Seafood/Shellfish	_____
Environmental Allergies	<input type="checkbox"/> Bee Stings	<input type="checkbox"/> Dust	<input type="checkbox"/> Grass
	<input type="checkbox"/> Pollen	<input type="checkbox"/> Mold	<input type="checkbox"/> Other

Medical Allergies	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Amoxicillin	
	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Other _____	
Other Allergies	<input type="checkbox"/> Latex	<input type="checkbox"/> Lotions	
	<input type="checkbox"/> Perfumes/Colognes	<input type="checkbox"/> Other _____	
*Medical Information			
Diagnosed Medical Conditions	<input type="checkbox"/> Asthma	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Other
	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Autism	
	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Seizures	
	<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Anxiety/Depression	
	<input type="checkbox"/> Oppositional Defiance Disorder	_____	

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Please list any other physical, mental or medical limitations.				
Does the member use an inhaler?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Does the member use insulin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the member use an EpiPen?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Does the member self-administer medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the member receive additional support in the school/community?	<input type="checkbox"/> Individualized Education Plan (IEP) <input type="checkbox"/> 504 (accommodation) <input type="checkbox"/> Speech Coach <input type="checkbox"/> Meets with school or private counselor <input type="checkbox"/> Other _____			
Insurance				
Insurance Carrier				
Group Number		Member/Policy Number		
SSN#		Please attach a copy of your insurance card and your approved Georgia Gateway medical assistance sheet (if applicable)		
AUTHORIZED CONTACTS				
Authorized Contact 1		Authorized Contact 2		
Full Name		Full Name		
Phone		Phone		
Mobile Phone		Mobile Phone		
Work Phone		Work Phone		
Email		Email		
Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Text contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	Text contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship	<input type="checkbox"/> Caseworker <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent <input type="checkbox"/> Neighbor	<input type="checkbox"/> Other <input type="checkbox"/> Other Relative <input type="checkbox"/> Parent <input type="checkbox"/> Stepdad <input type="checkbox"/> Stepmom	Relationship	<input type="checkbox"/> Caseworker <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent <input type="checkbox"/> Neighbor

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NON-AUTHORIZED CONTACTS			
Please list any individuals that are restricted from picking up the member. Please provide any documentation supporting this, if applicable.			
Non-Authorized Contact 1		Non-Authorized Contact 2	
Full Name		Full Name	
Phone		Phone	
Relationship		Relationship	
<input type="checkbox"/> Parent / Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Caseworker <input type="checkbox"/> Other		<input type="checkbox"/> Parent / Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Caseworker <input type="checkbox"/> Other	
Start Date		Start Date	
End Date		End Date	

Household Support				
Housing Type	<input type="checkbox"/> Permanent (Own or Rent) <input type="checkbox"/> Public Housing <input type="checkbox"/> Group Home		<input type="checkbox"/> Foster Family <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Homeless	
	<input type="checkbox"/> \$0 - 10,000 <input type="checkbox"/> \$10,001 - 15,000 <input type="checkbox"/> \$15,001 - 20,000 <input type="checkbox"/> \$20,001 - 25,000 <input type="checkbox"/> \$25,001 - 30,000 <input type="checkbox"/> \$30,001 - 35,000 <input type="checkbox"/> \$35,001 - 40,000 <input type="checkbox"/> \$40,001 - 45,000 <input type="checkbox"/> \$45,001 - 50,000 <input type="checkbox"/> \$50,001 - 55,000	<input type="checkbox"/> \$55,001 - 60,000 <input type="checkbox"/> \$60,001 - 65,000 <input type="checkbox"/> \$65,001 - 70,000 <input type="checkbox"/> \$70,001 - 75,000 <input type="checkbox"/> \$75,001 - 80,000 <input type="checkbox"/> \$80,001 - 85,000 <input type="checkbox"/> \$85,001 - 90,000 <input type="checkbox"/> \$90,001 - 95,000 <input type="checkbox"/> \$95,001 - 100,000 <input type="checkbox"/> \$100,001 - 105,000	<input type="checkbox"/> \$105,001 - 110,000 <input type="checkbox"/> \$110,001 - 115,000 <input type="checkbox"/> \$115,001 - 120,000 <input type="checkbox"/> \$120,001 - 125,000 <input type="checkbox"/> \$125,001 - 130,000 <input type="checkbox"/> \$130,001 - 135,000 <input type="checkbox"/> \$135,001 - 140,000 <input type="checkbox"/> \$140,001 - 145,000 <input type="checkbox"/> \$145,001 - 150,000 <input type="checkbox"/> \$150,001 - 155,000	<input type="checkbox"/> \$155,001 - 160,000 <input type="checkbox"/> \$160,001 - 165,000 <input type="checkbox"/> \$165,001 - 170,000 <input type="checkbox"/> \$170,001 - 175,000 <input type="checkbox"/> \$175,001 - 180,000 <input type="checkbox"/> \$180,001 - 185,000 <input type="checkbox"/> \$185,001 - 190,000 <input type="checkbox"/> \$190,001 - 195,000 <input type="checkbox"/> \$195,001 - 200,000 <input type="checkbox"/> \$200,000+
Household Income Range				

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WAIVERS & RELEASES	
Data Collection & Release of School Records	
<input type="checkbox"/> Yes <input type="checkbox"/> No initial: _____	<p>I give my permission to the BGCJC to collect information via online or written surveys, questionnaires, interviews and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, BGCA, funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members. This release may be revoked at any time by contacting the BGCJC in writing.</p> <p>I grant BGJC permission to obtain school records - i.e. all academic information, report card information, attendance information, and/or tutorial information. I also grant permission to BGCJC Directors to speak with teachers, counselors and other school administrators at my child's school in order to obtain and exchange information as part of services provided by BGCJC. I authorize the Boys & Girls Clubs of Jackson County to access and/or receive copies of my child's academic transcripts, reports cards, and test scores including Georgia Milestones (or other standardized testing).</p>
Medical	
<input type="checkbox"/> Yes <input type="checkbox"/> No initial: _____	<p>I give permission to the BGCJC to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.</p>
Technology	
<input type="checkbox"/> Yes <input type="checkbox"/> No initial: _____	<p>As a member of the Boys & Girls Club, our child may have access to the internet. While the Boys & Girls Club has rules prohibiting such conduct and precautions are taken by the Club to prevent such access, it is possible your child may access inappropriate sites. The Boys & Girls Club will not be responsible for such unauthorized access. Any inappropriate use of the computer will result in, but not limited to, suspension, membership revocation, or removal from computer access.</p>
Transportation	
<input type="checkbox"/> Yes <input type="checkbox"/> No initial: _____	<p>Parents and Club members may be responsible for their own transportation to and from the Club, unless otherwise specified. Club members may be transported in case of emergency or for authorized field trips/ travel.</p>
Data Sharing	
<input type="checkbox"/> Yes <input type="checkbox"/> No initial: _____	<p>I give my permission to the BGCJC to share information about the minor child listed on this application with 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 BGCJC, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential. This release may be revoked at any time by contacting the BGCJC in writing.</p>
Press / Media	
<input type="checkbox"/> Yes <input type="checkbox"/> No initial: _____	<p>I give my permission for my child's picture, video image, or any other graphic depiction or likeness, to be used by BGCJC, Boys & Girls Clubs of America and its affiliates or donors and acknowledge neither my child nor I will receive payment for the same. I authorize the use of these images without any right of prior review or further approval.</p>
Personal items and Membership	

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<input type="checkbox"/> Yes <input type="checkbox"/> No initial: _____	I understand that the Boys & Girls Club is not responsible for lost or stolen items. Each Club has the right to make membership decisions based on the resources and capacity of their facility and staff. BGCJC reserves the right to decline the application, rescind the enrollment of, or suspend any youth that cannot successfully associate with other club members.
Member Guardian/ Parental agreement	
<input type="checkbox"/> Yes <input type="checkbox"/> No initial: _____	I understand as the parent/legal guardian/ caretaker I will update the Club director or administrative staff of any changes within this application within 4 weeks of any change (name/ guardianship/ authorize contact/ illness/ medical awareness). As a parent/ legal guardian/ caretaker, I will communicate effectively with staff in cases of emergency and respond as necessary.

Liability Release	
<p>I understand the BGCJC has an open door policy where members are allowed to come and go as they please. Should a member leave the Club, they will not be granted return access unless approved by the Club Director. We assume no responsibility for members who choose not to attend on a particular day or who choose to leave early. Any member leaving should be signed out by an authorized contact as granted in this document unless otherwise noted.</p>	
<p>I, the parent/guardian of the minor child listed on this application, on behalf of the minor child listed herein and for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Jackson County, Inc (BGCJC) and Boys & Girls Clubs of America (BGCA), their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors 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 use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.</p>	
<p>I voluntarily submit the registration of my child as a member of the Boys & Girls Clubs of Jackson County. I understand the activities at the Club may include but are not limited to: swimming, sports, fitness, social recreation, etc. I understand and accept the inherent risks of these activities to include, but not limited to, muscle strains, bruises, cuts, head trauma, broken bones, and even death. I hereby affirm that I have granted the above stated permissions to my child to participate in these activities.</p>	
<p>By signing below, I understand and agree that the terms herein are contractual. I have read, understand, and fully informed myself of the contents of this agreement. I assume responsibility for my child's physical condition and capability to perform during the program.</p>	
<p><i>Your signature below confirms that all information above is true and accurate.</i></p>	

Parent/Guardian Signature		Date
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BOYS & GIRLS CLUBS
OF JACKSON COUNTY

Membership 2023

Statement of Exemption

I, _____ acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Parent Signature

Date



Permission to Participate

The Boys & Girls Clubs of Jackson County is focused on Academic Achievement & Development for your child(ren). We believe in strong concentrated partnership with local school districts and helping to ensure that our members have every opportunity to be successful this school year.

In order for us to determine our effectiveness, we will be monitoring two areas: School and Club achievement. Specifically, we will track attendance, grades, behavior at school, level of participation and behavior at the Club. As a participant in the program, your child will participate in academic assistance activities at the Boys & Girls Clubs.

AGREEMENT

I grant BGCJC permission to obtain school records – i.e. all academic information, including progress reports, report card information, attendance information, and/or educational raw data. I also grant permission to BGCJC Directors to communicate with teachers, counselors, and other school administrators at my child(ren)'s school in order to obtain and exchange information as a part of services provided by BGCJC.

Furthermore, I understand as the parent that no personal information will be shared with other entities without my added permissions.

I authorize the Boys & Girls Clubs of Jackson County to access and/or receive copies of my child's academic transcripts, progress and report cards, diagnostic/testing scores including Georgia Milestones, IXL, iReady and other resources.

_____ I Give permission to BGCJC and its directors to access the above information for the Academic Achievement and development programs

_____ I DO NOT give permission to BGCJC and its directors to access the above information for the Academic Achievement and Development programs.

Printed Name: _____ Signature: _____ Date: _____

Member Name – School – Grade
