



**BOYS & GIRLS CLUB  
OF STAMFORD**

## REGISTRATION CHECKLIST

Here is a checklist to ensure that you have all of the necessary paper in order to register your child. ALL OF THESE THINGS ARE NECESSARY IN ORDER TO REGISTER. NO EXCEPTION CAN BE MADE

Child's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

\_\_\_\_\_ COMPLETED APPLICATION

\_\_\_\_\_ BOYS & GIRLS CLUB HEALTH FORM

\_\_\_\_\_ BIRTH CERTIFICATE

\_\_\_\_\_ JUNE 2018 REPORT CARD (**PINK**)

\_\_\_\_\_ \$100.00 FOR REGISTRATION COVER FOR THE SCHOOL YEAR

\_\_\_\_\_ \$25.00 FOR REGISTRATION FOR HIGH SCHOOL

**PAYMENTS:** Credit Card, Money Order, and or Bank Check (There is a \$35 fee if your check cannot be processed)

**Please make Checks & or Money Orders to**

**The Boys & Girls Club of Stamford**

Date of Registration: \_\_\_\_\_ Staff initials: \_\_\_\_\_

Date info logged into computer: \_\_\_\_\_ Staff initials: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Membership #: \_\_\_\_\_

**MEMBERSHIP APPLICATION**  
Boys & Girls Club of Stamford



**First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Nickname:** \_\_\_\_\_

**Gender:** \_\_\_M \_\_\_F **DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Ethnicity:**

\_\_\_ White \_\_\_ Black/ African American \_\_\_ Asian \_\_\_ Black Hispanic \_\_\_ White Hispanic  
\_\_\_ Native American/Alaskan Native \_\_\_ Native Hawaiian/Pacific Islander \_\_\_ Multiracial  
\_\_\_ Other (Please specify): \_\_\_\_\_

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

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**School Information:**

**Current Teacher:** \_\_\_\_\_ **Guidance Counselor:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Medical Information:**

**Doctor Name:** \_\_\_\_\_ **Doctor Phone:** \_\_\_\_\_

**Permission for Treatment by Doctor/Hospital:** \_\_\_Yes \_\_\_No **Medicaid:** \_\_\_Yes \_\_\_No

**Does your family have health and/or accident insurance:** \_\_\_Yes \_\_\_No

**Insurance Carrier:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_ **Group#:** \_\_\_\_\_

**Date Health Info Received** \_\_\_\_\_

**Serious Health Problems:** \_\_\_Yes \_\_\_No **If Yes, explain:** \_\_\_\_\_

**Medications:** \_\_\_Yes \_\_\_No **If Yes, explain:** \_\_\_\_\_

**Date Medical Info Received** \_\_\_\_\_

**General:**

**Birth Certificate on File:** \_\_\_Yes \_\_\_No **Birth City:** \_\_\_\_\_ **Birth State/Country:** \_\_\_\_\_

**Member/Contacts Understood Signed Insurance Disclaimer and Permission Statement:** \_\_\_Yes \_\_\_No

**Member has permission to be used in public relations materials:** \_\_\_Yes \_\_\_No

**Member may participate in all Club activities in or adjacent to the club building:** \_\_\_Yes \_\_\_No

**Club Member Since:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Household: NOTE: This information is collected for Grant writing purposes ONLY. Our Scholarship and funding relies on this information. Please be very accurate in your responses.**

Member lives with \_\_\_ Mom \_\_\_ Step Mom \_\_\_ Dad \_\_\_ Step Dad \_\_\_ Grandparent \_\_\_ Other: \_\_\_\_\_

Housing Development: \_\_\_\_\_

|           |                           |                           |                           |
|-----------|---------------------------|---------------------------|---------------------------|
| Gross     | \$0 - \$5000 _____        | \$30,001 - \$35,000 _____ | \$60,001 - \$65,000 _____ |
| Household | \$5001 - \$10,000 _____   | \$35,001 - \$40,000 _____ | \$65,001 - \$70,000 _____ |
| Income:   | \$10,001 - \$15,000 _____ | \$40,001 - \$45,000 _____ | \$70,001 - \$75,000 _____ |
|           | \$15,001 - \$20,000 _____ | \$45,001 - \$50,000 _____ | \$75,001 - \$80,000 _____ |
|           | \$20,001 - \$25,000 _____ | \$50,001 - \$55,000 _____ | \$80,001 - \$85,000 _____ |
|           | \$25,001 - \$30,000 _____ | \$55,001 - \$60,000 _____ | \$85,001 - \$90,000 _____ |

Number in Household: \_\_\_\_\_

Is there a Member of the household 65 years old or older: \_\_\_ Yes \_\_\_ No

Is there a Member of the Household Handicapped: \_\_\_ Yes \_\_\_ No

Is there anyone who's in the Military who lives in the Household: \_\_\_ Yes \_\_\_ No

Current Head of Household: \_\_\_ Female \_\_\_ Male

Current Single Parent: \_\_\_ Yes \_\_\_ No

Does Child receive Free or Reduced lunch: \_\_\_ Yes \_\_\_ No

**Physical:**

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color/Features: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**T-Shirt Size:**

Youth: \_\_\_ S, \_\_\_ M, \_\_\_ L Adult: \_\_\_ S, \_\_\_ M, \_\_\_ L, \_\_\_ XL

**Walker's Release:**

I hereby give my permission to permit my child to walk home at the end of the program day. I fully approve of this dismissal procedure and by signing this release, I hereby release and hold harmless the Boys & Girls Club of Stamford of any and all responsibility with my child walking home.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Disclaimer:**

I give my permission for my child \_\_\_\_\_ to attend the summer camp program of the Boys & Girls Club and to participate in all activities. I understand that the program is not responsible for the personal property of participants. I authorize the Boys & Girls Club to use photographs of my child to the purpose of telling the program story and promoting the message of the program. In case of emergency, I understand every effort will be made to reach the parent or guardian or participants. In case I cannot be reached, I give permission to the physician selected by the Boys & Girls Club to hospitalize, secure proper treatment (order injections, anesthesia or surgery) for my child/ward as named above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Membership and Parent Agreement:**

As a member of the Boys & Girls Club of Stamford, I agree to bring my membership card every time I come in the Club and show it to the staff person at the front desk. I will bring it whether I'm coming to the Club for a game, class practice or open gym. I am aware that there will be a \$5.00 charge to replace a lost card. I will treat all staff, members and parents with respect. I will care for all equipment as if it were my own. I understand that if I am, coughing swearing, stealing, fighting, disrespectful other members or staff, damaging equipment or property, lying or be involved in any action that the Club staff deems inappropriate, I can be removed from the Club for the day, evening, and depending on the seriousness of the offense, I may be suspended for a period of time. I have read the club handbook rule and regulations.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Academic Release:**

I, \_\_\_\_\_, have agreed to give the Program Coordinator permission to have access to my child's academic records. The Programs Coordinator will have access throughout the entire school year for the purpose of monitoring my child's academic progress. I give the Program Coordinator permission to meet with the guidance counselor or any school official regrading my child. The Program Coordinator will contact me prior to any such meeting to inform me of any need for such meeting The Program Coordinator will submit to me in writing the results of all meetings held with my child's guidance counselor or school officials.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the information is complete and correct to the best of my knowledge.

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office Use Only:**

**Method of Payment:**

Money Order: \_\_\_\_\_ Check: \_\_\_\_\_ (Payable to the Boys & Girls Club of Stamford) Credit card: \_\_\_\_\_

Membership #: \_\_\_\_\_ Entry Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Status: \_\_\_\_\_ Type: \_\_\_\_\_ New/Renewal

Member: \_\_\_\_\_ Processed by: \_\_\_\_\_

## MEMBERSHIP APPLICATION- CONTACTS

### Boys & Girls Club of Stamford

Member's Name: \_\_\_\_\_

|   |   |
|---|---|
| <p style="text-align: center;"><b>PRIMARY CONTACT</b></p> <p>Relationship to Member: _____</p> <p>Parent/Guardian: ____ Emergency: ____</p> <p>Person Authorized to Pickup Member: ____</p> <p>Name: _____</p> <p>DOB: _____</p> <p>Occupation: _____</p> <p>Address W: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Email: _____</p> | <p>Relationship to Member: _____</p> <p>Parent/Guardian: ____ Emergency: ____</p> <p>Person Authorized to Pickup Member: ____</p> <p>Name: _____</p> <p>DOB: _____</p> <p>Occupation: _____</p> <p>Address W: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Email: _____</p> |
| <p>Relationship to Member: _____</p> <p>Parent/Guardian: ____ Emergency: ____</p> <p>Person Authorized to Pickup Member: ____</p> <p>Name: _____</p> <p>DOB: _____</p> <p>Occupation: _____</p> <p>Address W: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Email: _____</p>   | <p>Relationship to Member: _____</p> <p>Parent/Guardian: ____ Emergency: ____</p> <p>Person Authorized to Pickup Member: ____</p> <p>Name: _____</p> <p>DOB: _____</p> <p>Occupation: _____</p> <p>Address W: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Email: _____</p> |
| <p>Relationship to Member: _____</p> <p>Parent/Guardian: ____ Emergency: ____</p> <p>Person Authorized to Pickup Member: ____</p> <p>Name: _____</p> <p>DOB: _____</p> <p>Occupation: _____</p> <p>Address W: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Email: _____</p>   | <p>Relationship to Member: _____</p> <p>Parent/Guardian: ____ Emergency: ____</p> <p>Person Authorized to Pickup Member: ____</p> <p>Name: _____</p> <p>DOB: _____</p> <p>Occupation: _____</p> <p>Address W: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Email: _____</p> |

YOUTH CAMP/ AFTERSCHOOL HEALTH EXAM/RECORD  
 FOR CAMPERS AND STAFF  
 Physical Exams Are Valid for 3 Years  
 From Date of Last Examination

**Please Return Completed Form to the Boys & Girls Club of Stamford**

- Campers  
 Staff

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_  
 Guardian \_\_\_\_\_ Address \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_  
 Date of Arrival at Camp: \_\_\_\_\_ Departure Date: \_\_\_\_\_

**TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:**

**Date of Exam** \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ May participate in all camp activities  
 \_\_\_\_ May Participate except for: \_\_\_\_\_  
 \_\_\_\_\_

Medical information pertinent to routine care and emergencies: \_\_\_\_\_  
 \_\_\_\_\_

Is this individual taking prescription or over the counter medication(s)?  YES If yes, please indicate medications:  
 \_\_\_\_\_  NO

Does the individual have allergies? YES  NO  If yes, Explain: \_\_\_\_\_

Is the individual on a special diet? YES  NO  If yes, Explain: \_\_\_\_\_

Does the individual have special needs? YES  NO  If Yes, Explain: \_\_\_\_\_

This Camper/Staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunizations Practices:

|            | YES | NO |             | YES | NO |
|------------|-----|----|-------------|-----|----|
| Measles    |     |    | Hepatitis B |     |    |
| Mumps      |     |    | Diphtheria  |     |    |
| Rubella    |     |    | Pertussis   |     |    |
| Chickenpox |     |    | Polio       |     |    |
| Tetanus    |     |    |             |     |    |

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_

Print name of medical care provider: \_\_\_\_\_

Medical care provider's address: \_\_\_\_\_

Medical care provider's: City/Town \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature of Physician, APRN or PA \_\_\_\_\_

Date Form Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_