	Boys & Girls Club of the Tri-County Area						Office U	Jse		Card					
	2019-2020 Membership Ap					Application K			Kid	KidTrax ID#					
	344 Broadway Street PO Box 254 Berlin, WI 54923					(920)361-2717		Reg	Reg. Fee Paid \$						
BOYS & GIRLS CLUB OF THE TRI-COUNTY AREA					www.bgctri		tric.or				_CLC	LS		ASC	
								Staf			f Date				
Boys & Girls Club of the Tr membership. I have explaine for the participant listed on th transport my child within the necessary, we will call a publ releasing the operator for any wanton, or intentional acts do cannot be reached immediatel give my consent to the school district, BGC and CLC will u the program. BGC and CLC r be the main focus of our prog Parent / Guardian Signatu	d the rules to my child, is application to take p confines of the Berlin ic emergency vehicle f acts of negligence or i ne with reckless disreg ly. I give my consent to , BGC and CLC to sha se participant records t equire full participatio ram. Please make sure	I unders art in BG Area Scho or transpo is neglige ard of the BGC an re the part o evaluate n in both: to check	stand the hour C and CLC a ool District w ort to an emer ent acts. The p e natural and d CLC to tak tricipant's stu e individual p Academic E with your chi	rs of operation ctivities, which vithout further regency facility participant ass probable cons e the participant dent records v progress and in nrichment (M ild nightly to s	n of BGC au ch may inclu r permission y. I understau sumes all ris sequence of ant's photog with each ot mprovement lath & Litera see if homey	nd that ude offin. If a m and that sk asso injury graph of ther for t, as w acy Ac work is	t additional ch f-site events, a nedical emergy t I will be resp ciated with ne . Additionally during program r purpose of p ell as to evalu ctivities) and A s competed.	arges n academi ency ar consible gligent , I herel n activit roviding ate the Academ	nay be assess ic assistance, ises, we will e for any tran acts of eithe by give my c ties, to be uso g educational impact of the ic Support (I	ted if I pick up 1 continuing edu take all steps no sportation charg r the BGC or th onsent for emer ed for education I support and as e program on stu	ny child at cation and ecessary to ges and me e participa rgency meo n, public re sistance. In udent achie b). While y	fter these h recreation ensure the edical expe- nt. The pa- dical care of lations and n addition, evement ar we will pro-	nours. I heret al programs. e safety of the mess incurred tricipant can or treatment t d marketing p I understand and to obtain c ovide homew	by give BGC 1 e partic l. The p not release o be us urpose that th ontinue ork help	permission nay freely ipant. If varticipant is ase willful, ed only if I s. I further e school ed funding for p, it will not
1) CHILD INFOR	RMATION														
First Name			Nickname N			Nam	me			Last Name					
Home Address	Home Address						City, State, Zip								
Birth Date		Gender Race M / F			Child	Child's Phone				My child may <b>NOT</b> be photographed (check box if applies)				hed	
School	· ·			Grade			e/Reduced YES /	lunch NO	? Child	's Email					
	Who does child live with? (please circle) Mom & Dad / Mom Only / Dad Only I do NOT want my child transported by the Club (check box if applies)   Joint Custody (Mom & Dad) / Mom & Stepdad / Dad & Stepmom / Other I do NOT want my child transported by the Club (check box if applies)								eck						
Other:					First Day			t Day of .	of Attendance			Total in Household			
2) PARENT / GUARDIAN INFORMATION-All parents/guardians listed are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any.															
Name of Pri	mary Par	ent	/ Gua	rdian	n: Ms	. /	Mrs. /	/ M	<b>r.</b>						
Home Address													is parent TANF	eligit	ole for:
City					Stat			State	Zip	Lip		Food Stamps Badgercare/Medicaid			
Cell Phone (Required)	Cell Phone (Required) Home Phone					Email			┛────┤  -			SSI SSDI Fostercar	e		
Employer						Employer Phone				1=	Kinship Veteran's	s Con			
Employer Address				C	City State Zip C			Zip Code	:	Total Household Income:					
Name of Other Parent / Guardian Ms. / Mrs. / Mr. :															
Home Address													iis parent	eligit	ole for:
City	City								State Zip			TANF Food Stamps Badgercare/Medicaid			edicaid
Cell Phone (Required)	Cell Phone (Required) Home Phone					Email				·			SSI SSDI		Curcaiu
Employer					Employer Ph			hone				Fostercar Kinship			
Employer Address					City	Sity State Zip					Veteran's al Househ				
Is a parent/gua	rdian regist	ered	with tl	he milit	tary or	r liv	e on a	mili	tary ba	ase? Yes	No		Con	tinue	l on reverse

## 3) MEDICAL INFORMATION

	·						
List if your child has any allergies:							
List any medications your child is takin	g.	Do you have health insurance?					
Physician's Name	Address/Medical Facility	Telephone Number					
4) EMERGENCY CONTACT I	<b>NFORMATION-</b> Provide information for the person to co	ntact when parents/guardians cannot be reached.					
EMERGENCY CONTACT #1 (7	This person must be someone other than the parent / le	gal guardian) <b>(required).</b>					
Name(s)	1	Relationship to Child					
Home Address	City	State Zip					
Cell Phone(required)	Home Phone						
Employer		Employer Phone					
Employer Address	City	State Zip					
EMERGENCY CONTACT #2 (7	This person must be someone other than the parent / le	gal guardian).					
Name(s)	I	Relationship to Child					
	City	State Zip					
Home Address							
Cell Phone( <i>required</i> )							

## 5) PERSONS OTHER THAN PARENTS/GUARDIANS WHO ARE AUTHORIZED TO PICK UP CHILD - Provide

information requested for each person. If no one, write "None."

AUTHORIZED PICK UP PERSON (This person must be someone other than the parent / legal guardian) (required).					
Name(s)	Relationship	to Child			
Home Address	City	State	Zip		
Cell Phone(required)	Home Phone				
Employer	Employer Phone				
Employer Address	City	State	Zip		

## 6) AUTHORIZATION

Yes	No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
Yes	No I have had an opportunity to review the policies in the Parent Handbook.
Yes	No I give permission for my child to participate in walking field trips and other activities during operating hours.
Yes	No I give my permission for the Club to apply sunscreen and/or bug spray as needed.
Yes	No I understand that it is my responsibility to update my contact information in writing to the Club if it changes.

My child and I understand the policies listed above and to the best of my knowledge, this information is complete and accurate.

SIGNATURE-Parent/Guardian/Legal Custodian

Date Signed