



**BOYS & GIRLS CLUB
OF THE KEYS AREA**

MEMBERSHIP INFORMATION FORM

FIRST NAME:	MIDDLE NAME:	LAST NAME:
EMERGENCY CONTACT:		EMERGENCY PHONE#
NICKNAME:	BIRTHDATE:	
GENDER: MALE _____ FEMALE _____	MEMBER STATUS: _____ NEW MEMBER _____ RENEWING MEMBER _____ FORMER MEMBER	
ETHNICITY: (CIRCLE ONE) AFRICAN AMERICAN ASIAN CUBAN HISPANIC LATINO NATIVE AMERICAN PACIFIC ISLANDER PUERTO RICAN SOUTH AMERICAN MULTI-RACIAL WHITE OTHER		
HOME ADDRESS: _____ STREET CITY/STATE ZIP		
EMAIL ADDRESS:		
SCHOOL ATTENDING:	GRADE:	
NAMES OF TWO PEOPLE WHO AR AUTHORIZED TO PICK UP CLUB MEMBER: 1. 2.		
FATHER'S FIRST NAME:	LAST NAME:	OCCUPATION:
EMPLOYER:	WORK PHONE:	
MOTHER'S FIRST NAME:	LAST NAME:	OCCUPATION:
EMPLOYER:	WORK PHONE:	

GUARDIAN'S FIRST NAME:	LAST NAME:	OCCUPATION:
GUARDIAN'S EMPLOYER:		
MEMBER LIVES WITH: (CIRCLE ONE) BOTH PARENTS MOTHER FATHER AUNT/UNCLE SISTER/BROTHER GRANDPARENT GUARDIAN		
NUMBER OF SISTERS/STEP SISTERS:		NUMBER OF BROTHERS/STEP BROTHERS:
LIST OF ALL MEDICATIONS YOUR CHILD IS TAKING:		
MEDICAL PROBLEMS/ALLERGIES (PLEASE PRINT)		
PHYSICIAN:	PHYSICIAN'S PHONE:	
PREFERRED HOSPITAL:	HOSPITAL/CLINIC PHONE:	
DO YOU HAVE INSURANCE: (CIRCLE ONE) YES NO		
INSURANCE COMPANY:		
POLICY NUMBER:		
HAS YOUR CHILD BEEN A MEMBER OF THE BOYS & GIRLS CLUBS PREVIOUSLY?		
IF YES:		
HOW MANY YEARS? WHICH CLUB?		
IS YOUR CHILD A MEMBER IN OTHER YOUTH PROGRAMS?		
IF YES, NAME OF OTHER PROGRAMS:		
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.		
CLUB MEMBER'S SOCIAL SECURITY NUMBER:		
MEDICAID NUMBER:		
HOUSEHOLD SIZE:		
ANNUAL HOUSEHOLD INCOME: PLEASE ENTER AN AMOUNT OR CIRCLE THE CORRECT FIGURE:		
\$ _____		
9,000 OR BELOW 9,001-12,000 12,001-15,000 15,001-19,000 19,001-23,000 23,001-28,000		
28,001-32,700 32,701-37,500 37,501-42,000 42,001-45,000 OVER 45,000		
FAMILY SETTING: (PLEASE CIRCLE) 1 PARENT FAMILY 2 PARENT FAMILY OTHER		
CIRCLE ALL PROGRAMS THAT APPLY:		
FOOD STAMPS GENERAL ASSISTANCE AFDC SSDI SSI DAY CAR VOUCHER		
SCHOOL LUNCH PROGRAM VETERANS COMPENSATION		
THE BOYS AND GIRLS CLUBS OF THE KEYS AREA, INC. DOES NOT DISCRIMINATE AND IS OPEN TO ALL YOUTH REGARDLESS OF RACE, SEX, COLOR, ETHNICITY, ORIENTATION, RELIGION, OR HANDICAP. PLEASE SIGN AND DATE BELOW.		
I HAVE READ THE COMPLETED APPLICATION, UNDERSTAND THE RULES OF THE BOYS & GIRLS CLUBS AND REQUEST THAT MY SON/DAUGHTER BE ADMITTED INTO MEMBERSHIP. I HAVE EXPLAINED THE RULES TO MY SON/DAUGHTER AND AGREE THAT THE BOYS & GIRLS CLUB WILL NOT BE RESPONSIBLE FOR ANY ACCIDENT TO THE BOY/GIRL WHILE ON THE CLUB PREMISES OR WHILE ENGAGED IN ANY OF ITS ACTIVITIES AWAY FROM THE CLUB. I GIVE MY CONSENT FOR PHOTOGRAPHS, IN WHICH MY SON/DAUGHTER MAY APPEAR, TO BE USED IN ANY WAY THE BOYS & GIRLS CLUB MAY CARE TO USE THEM.		
_____	_____	_____
PARENT/GUARDIAN SIGNATURE	DATE	CLUB MEMBER SIGNATURE DATE



ILLNESS & INJURIES-CHRONIC OR RECURRING

(PLEASE CHECK ALL THAT APPLY)

___ EAR INFECTION ___ EPILEPSY ___ HEART DISEASE ___ ASTHMA
___ CONVULSIONS ___ DIABETES ___ KIDNEY DISEASE ___ FAINTING
___ BLACK OUTS ___ OTHER _____

- 1. IS YOUR CHILD OW SEEING A DOCTOR/HEALTH PROFESSIONAL FOR A HEALTH PROBLEM?
2. IS YOUR CHILD NOW TAKING MEDICINE PRESCRIBED BY A DOCTOR?
3. HAS YOUR CHILD HAD AN OPERATION/SERIOUS INJURY IN THE LAST 3 YEARS?
4. HAS YOUR CHILD BEEN IN THE HOSPITAL/EMERGENCY ROOM?
5. IS YOUR CHILD RESTRICTED FROM SCHOOL GYM/PHYSICAL ACTIVITY?

PLEASE EXPLAIN ALL YES ANSWERS & PROVIDE DATE: _____

ALLERGIES (PLEASE CHECK ALL THAT APPLY & LIST WHAT CHILD IS ALLERGIC TO)

___ MEDICINES/DRUGS _____
___ INSECT STINGS/BITES _____
___ FOODS _____
___ PLANTS _____
___ ANIMALS _____
___ POLLEN _____
___ OTHER _____

PARENTAL PERMISSION

I AM THE PARENT/GUARDIAN OF _____,

FIRST MIDDLE LAST

WHO IS A CHILD UNDER THE AGE OF 18 YEARS. I AUTHORIZE THE DIRECTOR OF THE BOYS & GIRLS CLUB TO ALLOW MEDICAL ASSISTANCE TO MY CHILD IN CASE OF INJURY. I ALSO AGREE THAT NEITHER THE BOYS & GIRLS CLUBS OF AMERICA, NOR ANY PERSON ASSOCIATED WITH ANY BOYS & GIRLS CLUBS HAVE ANY RESPONSIBILITY OF ANY KIND TOME OR MY CHILD/WARD FROM ANY CLAIMS ARISING FROM ANY ACCIDENT/INJURY/ILLNESS THAT MY CHILD MAY SUFFER AS THE RESULT OF ANY SUCH HEALTH CARE OF MEDICAL TREATMENT.

PARENT GUARDIAN _____ WITNESS _____

SIGNATURE

SIGNATURE

DATE _____

DATE _____



PERMISSION TO PICK-UP

FILLING OUT THIS FORM WILL HELP US ENSURE THE SAFETY OF YOUR CHILD. PLEASE LIST ALL PEOPLE WHO ARE AUTHORIZED BY YOU TO PICK YOUR CHILD UP FROM THE BOYS & GIRLS CLUB.

1. _____
NAME RELATIONSHIP TO CHILD PHONE#

2. _____
NAME RELATIONSHIP TO CHILD PHONE#

3. _____
NAME RELATIONSHIP TO CHILD PHONE#

4. _____
NAME RELATIONSHIP TO CHILD PHONE#

5. _____
NAME RELATIONSHIP TO CHILD PHONE#

6. _____
NAME RELATIONSHIP TO CHILD PHONE#

IF APPLICABLE, PLEASE LIST THE NAMES OF PEOPLE WHO ARE NOT ALLOWED TO PICK YOUR CHILD UP FROM THE BOYS & GIRLS CLUB.

1. _____
NAME RELATIONSHIP TO CHILD PHONE#

2. _____
NAME RELATIONSHIP TO CHILD PHONE#

3. _____
NAME RELATIONSHIP TO CHILD PHONE#

4. _____
NAME RELATIONSHIP TO CHILD PHONE#

5. _____
NAME RELATIONSHIP TO CHILD PHONE#



**BOYS & GIRLS CLUB
OF THE KEYS AREA**

TRANSPORTATION PERMISSION SLIP

CHILD'S NAME: _____

CHILD'S AGE: _____

I, _____, GIVE MY PERMISSION
FOR MY CHILD TO RIDE THE BOYS & GIRLS CLUB VAN OR SCHOOL
BUS FOR TRANSPORT TO AND FROM THE CLUB AND/OR FOR CLUB
ACTIVITIES IN AND AROUND KEY WEST.

SIGNED: _____
PARENT/GUARDIAN

DATE: _____

WITNESS: _____

DATE: _____



BOYS & GIRLS CLUB VAN RULES

1. CHILDREN WILL BE COURTEOUS BY SLIDING OVER AS OTHER CHILDREN LOAD INTO THE VAN.

2. CHILDREN MUST BUCKLE UP THEIR SEAT BELTS. IF A CHILD NEEDS HELP, A STAFF MEMBER IS AVAILABLE TO ASSIST. IT'S THE LAW!!

3. NO EATING OR DRINKING IN THE VAN.

4. CHILDREN WILL BEHAVE THEMSELVES. NO YELLING, FIGHTING, HORSEPLAY, ETC. THE VAN IS PART OF YOUR CLUB!

6. CHILDREN MUST FOLLOW THE DRIVER'S INSTRUCTIONS. WE WANT EVERYONE TO HAVE A SAFE RIDE.

PARENT SIGNATURE: _____

DATE: _____

CHILD SIGNATURE: _____

DATE: _____



**BOYS & GIRLS CLUB
OF THE KEYS AREA**

POWER HOUR

THE BOYS & GIRLS CLUBS OF THE KEYS AREA, INC. BELIEVES IN THE IMPORTANCE OF EDUCATION, SCHOLARSHIP, AND HIGHER LEARNING. AS A RESULT, WE ARE CONSTANTLY ENHANCING OUR IMAGE BY PROMOTING PROGRAMS & IDEAS THAT CORRELATE WITH THESE BELIEFS; ENSURING OUR MEMBERS EXCEL BOTH PERSONALLY AND ACADEMICALLY. ONE SUCH PROGRAM, POWER HOUR, PROVIDES MEMBERS WITH HOMEWORK HELP AND A CHANCE TO BE RECOGNIZED FOR ACADEMIC ACHIEVEMENT. IN THE PAST WE HAVE ASKED THAT OUR MEMBERS PROVIDE US WITH REPORT CARDS AND PROGRESS REPORTS SO THAT WE CAN ASSIST THEM IN ACADEMIC SUCCESS. ALSO, WITH YOUR PERMISSION, WE WILL BEGIN WORKING WITH YOUR CHILD'S SCHOOL TO OBTAIN COPIES OF THESE REPORTS TO ENSURE THAT YOUR CHILD WILL CONTINUE TO BE RECOGNIZED FOR THEIR ACHIEVEMENTS IN ACADEMICS.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____



WITH RECENT INCIDENTS WITH CELL PHONES/ELECTRONICS, THE BOYS AND GIRLS CLUBS OF THE KEYS AREA, INC. HAS DECIDED TO MAKE ALL SITES A CELL PHONE/ELECTRONICS ZONE FREE FACILITY. NO CELL PHONES/ELECTRONICS MAY BE USED AT OUR FACILITIES BY CLUB MEMBERS. IF A CLUB MEMBER HAS A CELL PHONE/ELECTRONICS IT MUST REMAIN IN THEIR BACK PACK OR WE WILL HAVE A PLACE WHERE WE WILL LOCK UP SUCH DEVICES UNTIL THEY LEAVE FOR THE DAY. IF A CHILD NEEDS FOR SOME REASON TO CONTACT A PARENT, THEY MAY USE THE CLUB PHONE. IF A PARENT NEEDS TO GET A HOLD OF THEIR CHILD THEY MAY CONTACT THE CLUB AT THE FOLLOWING NUMBER. KEY WEST: 305-296-2258 BIG PINE: 305-872-2400. IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT THE CLUB WHERE YOUR CHILD ATTENDS.

I, _____, HAVE READ THE
PARENT/GUARDIAN NAME (PLEASE PRINT)

ABOVE NOTICE AND UNDERSTAND THAT THE BOYS AND GIRLS CLUBS OF THE KEYS AREA, INC. IS A CELL PHONE/ELECTRONIC ZONE FREE FACILITY.

CHILD'S NAME: _____

PARENT/GUARDIAN SIGNATURE: _____



**BOYS & GIRLS CLUB
OF THE KEYS AREA**

JUNE 2017-JUNE 2018 CLUB CLOSURES

TUESDAY, JUNE 6, 2017	SUMMER PREP DAY
MONDAY, JULY 3, 2017	INDEPENDENCE DAY
TUESDAY, JULY 4, 2017	INDEPENDENCE DAY
MONDAY-FRIDAY, JULY 17-21, 2017	SUMMER BREAK
WEDNESDAY, AUGUST 16, 2017	AFTER SCHOOL PREP DAY
MONDAY, SEPTEMBER 4, 2017	LABOR DAY
FRIDAY, NOVEMBER 10, 2017	VETERANS DAY (OBSERVED)
THURSDAY AND FRIDAY, NOVEMBER 23/24, 2017	THANKSGIVING
MONDAY-FRIDAY, DECEMBER 25-29, 2017	CHRISTMAS BREAK
MONDAY, JANUARY 1, 2018	NEW YEAR'S DAY
MONDAY, JANUARY 15, 2018	MLK DAY
MONDAY, FEBRUARY 19, 2018	PRESIDENTS DAY
MONDAY, MAY 28, 2018	MEMORIAL DAY
MONDAY, JUNE 4, 2018	SUMMER PREP DAY

CHILD'S NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

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PARENT COPY



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