



BOYS & GIRLS CLUBS
OF LAKE AND SUMTER COUNTIES

MEMBERSHIP APPLICATION

OFFICE USE ONLY

Date Rec'd: _____

Amount: _____

Method: _____

Receipt #: _____

Membership #: _____

Unit Name: _____ Membership Status: New () or Renewal ()

First Name: _____ Middle: _____ Last: _____

Nickname: _____

Gender: M () F () Ethnicity: _____ DOB: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

School Information:

Current Teacher: _____

Does your child qualify for free or reduced lunch?

School: _____ Grade: _____

No: _____ Free: _____ Reduced: _____

PRIMARY CONTACT

Relationship to Member: _____

Parent/Guardian: _____ Emergency: _____

Person Authorized to Pickup Member: _____

Name: _____

DOB: _____ SSN: _____

Occupation: _____

Address H: _____

Employer: _____

Address W: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Email: _____

SECONDARY CONTACT

Relationship to Member: _____

Parent/Guardian: _____ Emergency: _____

Person Authorized to Pickup Member: _____

Name: _____

DOB: _____ SSN: _____

Occupation: _____

Address H: _____

Employer: _____

Address W: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Email: _____

Relationship to Member: _____

Parent/Guardian: _____ Emergency: _____

Person Authorized to Pickup Member: _____

Name: _____

DOB: _____ SSN: _____

Occupation: _____

Address H: _____

Employer: _____

Address W: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Email: _____

Relationship to Member: _____

Parent/Guardian: _____ Emergency: _____

Person Authorized to Pickup Member: _____

Name: _____

DOB: _____ SSN: _____

Occupation: _____

Address H: _____

Employer: _____

Address W: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Email: _____

IF ANY INFORMATION ON THIS FORM CHANGES, IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO INFORM CLUB STAFF.

Medical Information:

Doctor Name: _____ Doctor Phone: _____

Date of Last Medical Exam: _____

Permission for Treatment by Doctor/Hospital: _____ Yes _____ No

Does your family have health and/or accident insurance: _____ Yes _____ No

Medicaid: _____ Yes _____ No

Insurance Carrier: _____ Insurance Phone: _____

Policy #: _____ Group#: _____

Date Health Info Received: _____

Serious Health Problems: _____ Yes _____ No If Yes, explain: _____

Medications: _____ Yes _____ No If Yes, explain: _____

Date Medical Info Received: _____

Please provide us with any medical information we would need to know in the event of a medical emergency:

General:

Birth City: _____ Birth State/Country: _____

Member has permission to be photographed and used for promotional material for the Club.

Initial here only if you DO NOT want your child photographed or used in any public relations.

Member may participate in all Club activities in or adjacent to the club building: _____ Yes _____ No

If No, explain: _____

Household:

NOTE: This information is collected for Grant writing purposes ONLY

Member lives with: _____ Mom _____ Step Mom _____ Dad _____ Step Dad _____ Grandparent
_____ Foster parent(s) _____ Other: _____

Housing Development: _____

Annual	\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
Income	\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
Level:	\$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+ _____

Is there a Member of the Household 65 years old or Older?: _____ Yes _____ No

Current Head of Household: _____ Female _____ Male _____ Both

Total Number in Household: _____ How many are under 18?: _____

Is there a Member of the Household Handicapped?: _____ Yes _____ No

Current Single Parent: _____ Yes _____ No

Physical:

Eye Color: _____ Hair Color: _____ Skin Color/Features: _____

Height: _____ Weight: _____

Other Group Membership:

Boys Scouts or Girl Scouts School Club YMCA or YWCA Church Group

Other: _____

Reason(s) for joining: Fun Learning Sports Other: _____

Disclaimer (please initial):

_____ In the event of an emergency, I understand that an alternate person from the Contact List will be contacted when I cannot be reached by telephone. In the event those on the list cannot be reached, I hereby give my permission to the person in charge to seek medical treatment for my child.

Record Release Permission (please initial):

_____ I give my child's school permission to release attendance, FCAT, and report card records to the Boys & Girls Clubs of Lake and Sumter Counties, Inc.

Participation and Transportation Agreement

Pick Up (please initial):

_____ I agree to pick up my child at the end of each program day, or make appropriate transportation arrangements. In the event I am unable to pick up my child, I will contact the Boys & Girls Clubs of Lake and Sumter Counties and give my permission to release my child to one of the emergency contacts. I understand this person will have to produce personal identification prior to my child being released to their care. In the event that the named individual(s) are no longer permitted to pick up my child, I understand it is my responsibility to complete a new Participation and Transportation Agreement.

Are there any individuals who may NOT legally pick up your child? Yes No

If Yes, please list: _____

School Bus Permission (please initial):

_____ My child has permission to participate in the Boys & Girls Clubs of Lake and Sumter Counties' after school programs. I understand that the above-named child will be transported at the end of the school day from _____ School to the Club. In the event my child is to be transported home via Club bus or van, I have confirmed with Club staff that the stop is on the regular route. I understand that the event that I wish for my child to be transported to a different bus stop, I must contact the School and complete a new *Participation and Transportation Agreement*.

_____ I give my child permission to attend and participate in activities and field trips (including any field trip transportation on Club vehicles) sponsored by the Boys & Girls Clubs of Lake and Sumter Counties. Realizing that my child is insured under a limited secondary Youth Group Insurance Policy, I hereby release the Boys & Girls Clubs, its employees, associates and contributors from liability from any injury, loss or theft incurred by my son/daughter while participating.

My signature indicates that I completely understand the above statements and agree with those I have initialed.

Parent/Guardian Signature: _____ **Date:** _____

Member's Signature: _____

FOR OFFICE USE ONLY Membership #: _____

Entry Date: _____ Expiration Date: _____ Status: _____

Type: _____ New/Renewal Member: _____ Processed by: _____

Teacher _____

Florida's Vision Quest, Inc.

177 N. Industrial Drive
Orange City FL 32763
386-917-1001 phone

Health Questionnaire

**Please print and return authorization form by next school day!

Child's Name _____ Date of Birth: _____

Sex: Female___ Male___ Race: African American___ Caucasian___ Hispanic___ Asian ___ Other___

Address: _____ Apt. #: _____

City: _____ State: Florida Zip: _____ County: _____

Grade: _____ School: _____

Parent/Guardian: _____ Day Telephone #: _____

(Please Print Clearly!)

If your child has glasses (currently being worn) Please have them at the time of examination.

Current problem regarding his/her eyes: _____

Is your Child currently wearing glasses: Yes___ No___ Broken___ Lost___

Child has seen an eye doctor in the past 6 months. Yes___ No___

Child is on any medication. Yes___ No___ If yes, list all medication: _____

Child is under a physician's care. Yes___ No___ If yes, physician's name: _____

Condition being treated: _____ Physician's Telephone No.: _____

List child's allergies to any medication: _____

Does the child or anyone in his/her family have any of the following:

<u>Child</u>	<u>Family</u>		<u>Child</u>	<u>Family</u>		<u>Child</u>	<u>Family</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Eye injury?	<input type="checkbox"/>	<input type="checkbox"/>	See spots or flashes?	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes?
<input type="checkbox"/>	<input type="checkbox"/>	Surgery on eyes or lids?	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell?	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid problems?
<input type="checkbox"/>	<input type="checkbox"/>	Cataract?	<input type="checkbox"/>	<input type="checkbox"/>	Sinus problems?	<input type="checkbox"/>	<input type="checkbox"/>	Stroke?
<input type="checkbox"/>	<input type="checkbox"/>	Glaucoma?	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	Cancer?
<input type="checkbox"/>	<input type="checkbox"/>	Turned eye?	<input type="checkbox"/>	<input type="checkbox"/>	Heart attack?	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy?
<input type="checkbox"/>	<input type="checkbox"/>	Headaches?	<input type="checkbox"/>	<input type="checkbox"/>	Liver Disease?	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding?

The eye exam may include dilating your child's eyes. Side effects may include: eye discomfort, blurred vision, tearing, brow ache, abnormal vision, light sensitivity, swelling, headaches and increase in blood pressure, nausea, rhinitis, dyspnea, coughing, dizziness, anxiety, depression, increased eye pressure, psychotic reactions, behavioral disturbances and stinging or dryness of the mouth.

May we dilate your child's eyes? Yes___ No___

I give my permission for my child to receive vision care through Florida's Vision Quest, Inc.

Parent/Guardian: _____ Date: _____
(signature)

Boys & Girls Clubs of Lake and Sumter Counties

Member Handbook and Code of Conduct

My signature below indicates that I have read, discussed (parent/guardian & member), and understand this document. I understand a copy of this page will be placed in the Club member's file.

Parent/Guardian Name (Printed)

Date

Parent/Guardian Signature

Member Name (Printed)

Date

Member Signature

This page intentionally left blank

Boys & Girls Clubs of Lake and Sumter Counties

Member Handbook and Code of Conduct

The Boys & Girls Clubs provide a safe place to learn and grow, ongoing relationships with caring adult professionals, life-enhancing programs and character development experiences, and hope and opportunity. The Club is here for the children throughout their entire childhood, from age 5-18. More than just a day care, we provide a safe and positive place for kids to spend their free time, and our programs help them grow into caring and responsible adults.

Mission

The mission of the Boys & Girls Clubs of Lake and Sumter Counties is to inspire and enable all young people, especially those who need us most, to realize their full potential as productive, responsible and caring citizens.

Club Code

I believe in God and the right to worship according to my own faith and religion.

I believe in America and the American way of life...in the Constitution and the Bill of Rights.

I believe in fair play, honesty and sportsmanship.

I believe in my Boys & Girls Club which stands for all these things.

General Information

The Boys & Girls Clubs of Lake and Sumter Counties rely on a combination of Professional Staff and dedicated volunteers to help run our programs. Our Professional Staff is made up of caring adult professionals who are dedicated to helping our members succeed. Each of our staff members and volunteers is held to a high standard, and thorough background checks are performed on each new employee or volunteer.

The Boys & Girls Clubs of Lake and Sumter Counties offers tested, proven and nationally recognized programs in five core program areas:

Character & Leadership Development ▪ The Arts ▪ Sports, Fitness & Recreation
Health & Life Skills ▪ Education & Career Development

Programs include, but are not limited to:

Project Learn – a comprehensive program designed to raise academic proficiency of Club members 5-18. The program includes Power Hour (homework help and tutoring), collaboration with Lake County Schools, parent and community involvement, high-yield learning activities and goal setting and recognition.

Triple Play – A game plan for the mind, body and soul that is designed to improve Club members' knowledge of healthy habits, good nutrition and physical fitness.

Keystone and Torch Clubs – Leadership and service groups for young people to develop character and leadership skills. Torch Club members (ages 11-13) learn to elect officers and work together to implement activities in four areas: service to Club and community, education, health and fitness and social recreation. Keystone Club (ages 14-18) builds on that foundation, and adds two additional focus areas – unity and free enterprise.

Dress Code

- Members are expected to wear clothing and accessories in keeping with their gender. Undergarments should not be visible at any time.
- Shirts must be long enough to clearly overlap the belt line. No midriff-baring shirts or blouses will be allowed.
- Unacceptable garments include those featuring obscene or offensive logos, phrases, decals, patches, emblems or words. This will include, but not be limited to:
 - Nude/semi-nude figures
 - Figures in sexually suggestive positions
 - Logos of alcoholic beverages, tobacco products or other prohibited substances
 - Satanic/occult references
 - Gang identification

If any member is found to be out of dress code, the parent/guardian will be called to either bring a change of clothes or pick them up. The member will be sent home if an appropriate change of clothes is not available.

Behavior Guidelines

Everyone has a choice in how to act. All actions, whether good or bad, have consequences. Our behavior guidelines are based on a principle of mutual respect – respect for yourself and others.

All members are expected to follow these guidelines:

- Respect yourself and others
- Respect the Club and Club property
- Be responsible for your own belongings.
 - We encourage members to leave such items as personal toys, games, cell phones, and electronic devices at home whenever possible. Members are responsible for personal belongings such as book bags, jackets, or any other items brought to the Club. The Club does not assume responsibility for loss of personal property.

Bullying

In the spirit of respecting yourself and others, bullying will not be tolerated at the Club and is subject to disciplinary action. Bullying is defined as a person willfully and repeatedly exercising power or control over another with hostile and malicious intent (i.e. repeated oppression, physical or psychological, or a less powerful individual by a more powerful individual or group). Bullying can be physical, verbal (oral or written), electronically transmitted (cyber or high-tech), psychological (e.g. emotional abuse), through attacks on the property of another, or a combination of any of these.

Some examples of bullying are:

- *Physical* – hitting, kicking, spitting, pushing, pulling, taking and/or damaging personal belongings or extorting money, blocking or impeding student movement, unwelcome physical contact.
- *Verbal (oral or written)* – taunting, malicious teasing, insulting, name calling, making threats.
- *Electronically transmitted (cyber or high tech)* – using communication technologies such as e-mail, cell phone, pager, text messages, instant messaging (IM), personal websites and other websites, whether on or off Club premises, to support deliberate, repeated and hostile behavior by an individual or group, that is intended to threaten or harm others.
- *Psychological* – spreading rumors, manipulating social relationships, coercion, or engaging in social exclusion/shunning, extortion, or intimidation.

Essentially, we will not tolerate members purposely hurting someone's feelings, belongings or body. If you feel you are being bullied, ask the person to stop – they may be joking around and not realize it's bothering you. If they do not stop, tell a staff member right away.

Transportation Rules

It is a privilege, not a right, to ride the bus or van. Club rules extend to the bus/van as well, and rules of respect should be followed.

- Riders should remain in their seats (in assigned seats if assigned) while the bus/van is moving
- Seat belts *must* be worn in the van
- Never put anything out the window (including arms, heads or objects)
- Always keep the aisle clear
- Obey the driver
- No eating or drinking on the bus/van
- No balloons or other large or disruptive items on the bus/van
- Follow the Boys & Girls Clubs rules of respect

Violations of Club transportation rules, including disruptive behavior on the bus/van or at a stop with the bus/van present, will result in disciplinary action.

Disciplinary Action

It is essential that the Clubs be safe and orderly to ensure we provide an environment that is a positive place for each member. We have a zero tolerance policy for Club related wrongdoings. Members who choose not to follow the rules will be subject to disciplinary action. All incidents will be handled on an individual basis.

Minor disciplinary issues such as cutting in line or talking out of turn can result in consequences including, but not limited to: time out, writing sentences, assisting staff with clean up, or losing field trip privileges.

Repeated minor offenses will be handled with a 3-step process:

1. Write up
2. Call home to parent or parent conference
3. Automatic suspension

Major disciplinary issues will result in automatic suspension or expulsion.

Suspension - Any member found to have committed the following offenses on Club property, on the bus/van, or during a field trip is subject to automatic suspension:

- Bullying – intentionally causing harm to another person either physically or emotionally (includes first incident of fighting)
- Blatant disrespect for authority
- Using profanity or other offensive language (including racial slurs)
- Verbal sexual harassment
- Destruction of property
- Throwing items out the bus window
- Theft
- Lying – intentional misrepresentation of the truth
- Sounding a false fire alarm (parent may be subject to fees of more than \$200)

Expulsion - Any member found to have committed the following offenses on Club property, on the bus/van, or during a field trip is subject to automatic expulsion:

- Threat or false report to do harm related to bombs or weapons
- Possession, use or sale of any controlled substances
- Possession, use or sale of any explosive device
- Possession, use or sale of any firearm or other weapon
- Arson
- Battery or threats of battery to staff/other members
- Aggravated battery
- Armed robbery
- Sexual battery
- Homicide (manslaughter or murder)

After a complete review of the Member Handbook and Code of Conduct, both parent and member must sign and date the front page and return it to a Club staff member.

ATTENTION PARENTS:

The Clubs are open until 6 pm, and all members should be picked up by that time. If your child is still here at closing time, you will be charged a fee for late pick up on the following schedule:

6:01 pm - 6:04 pm	No Charge
6:05 pm - 6:15 pm	\$5 late pick up fee
6:16 pm - 6:30 pm	\$10 late pick up fee
6:31 pm or later	\$25 late pick up fee

Pick up times are determined by the Quick Entry check-out time in our computer. Please note that these fees will be charged ***per day*** and must be paid ***before*** field trips.

Thank you for your cooperation!



BOYS & GIRLS CLUBS
OF LAKE AND SUMTER COUNTIES