



**BOYS & GIRLS CLUB  
OF PULASKI**

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**August 2018- July 2019 Membership Application**

*Boys & Girls Club of Pulaski is now managed by Boys & Girls Clubs of Maury County, a registered 501(c)(3) organization with FEIN 62-1611131. More information can be found at [www.bgcmaury.com](http://www.bgcmaury.com).*

**Member (Child) Information:**

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

Nickname: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

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

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

School attending 2018/2019 school year: \_\_\_\_\_

Grade level for 2018/2019 school year: \_\_\_\_\_

Does your child qualify for free/reduced school lunch? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child been a Club member before? New Member \_\_\_\_\_ Renewal \_\_\_\_\_

**General member description:**

Eye color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Shirt size: \_\_\_\_\_ Pants size: \_\_\_\_\_ Shoe size: \_\_\_\_\_

Any distinguishing markings: \_\_\_\_\_

**Why did you select the Boys & Girls Club?**

\_\_\_\_\_

**How did you hear about the Club?** DHS/DCS \_\_\_\_\_ Family/Friend \_\_\_\_\_ Facebook \_\_\_\_\_

School \_\_\_\_\_ Website \_\_\_\_\_ Newspaper/Media \_\_\_\_\_ Juvenile Court System \_\_\_\_\_

Other \_\_\_\_\_

The above information is complete—Staff Initials: \_\_\_\_\_

**Parent/Legal Guardians**—Please list ALL legal guardians, even if they reside in different households\*:

**Parent/Guardian Name 1:** \_\_\_\_\_

When does child reside with this parent/guardian?

\_\_\_\_ Full Time

\_\_\_\_ Specific Days Per Month. *Please list schedule here (i.e. every other week, every other weekend, etc.):* \_\_\_\_\_

\_\_\_\_ Varies

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

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**Parent/Guardian Name 2:** \_\_\_\_\_

When does child reside with this parent/guardian?

\_\_\_\_ Full Time

\_\_\_\_ Specific Days Per Month. *Please list schedule here (i.e. every other week, every other weekend, etc.):* \_\_\_\_\_

\_\_\_\_ Varies

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

***\*It is the responsibility of the legal guardian enrolling the child in Boys & Girls Clubs of Maury County to notify Club staff immediately in writing of any changes to legal custody agreements.***

The above information is complete—Staff Initials: \_\_\_\_\_

**Medical Information:**

Primary Physician: \_\_\_\_\_ Office Telephone: (\_\_\_\_) \_\_\_\_\_

Permission for treatment by doctor? \_\_\_\_ Yes \_\_\_\_ No

**Medical Insurance information:**

Do you have Medical Insurance? Yes \_\_\_\_ No \_\_\_\_

Medicaid \_\_\_\_ TNCare \_\_\_\_ TNKids \_\_\_\_ Other health or accident insurance? \_\_\_\_\_

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

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Are all required shots up to date and on file at the child's school? \_\_ Yes \_\_\_\_ No

Any operations, serious injuries, or chronic illness? \_\_ Yes \_\_\_\_ No

If yes, please specify:

\_\_\_\_\_  
\_\_\_\_\_

Please list any/all known allergies: \_\_\_\_\_

\_\_\_\_\_

List allergy medications used: \_\_\_\_\_

Does your child require an EpiPen or inhaler? \_ Yes \_\_\_\_ No

*If yes, you agree to provide one to the Club to keep on premises at all times, in case your child needs it.*

If your child has any known physical, mental, or social difficulties or other information which may affect participation and/or for which special accommodations are needed, please attach a Physician's statement which identifies the condition and gives the Physician's special instructions for your child's care.

List all daily medications: \_\_\_\_\_

List any medications that member must be given while at the Club and dosage instructions (when to be administered, how much, with/without food, etc.):

\_\_\_\_\_

\_\_\_\_\_

Can your child swim? Check one: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Unknown

*All children will be required to pass a swim test for Club staff before being allowed to swim in the deep end on Club field trips.*

The above information is complete—Staff Initials: \_\_\_\_\_

**Household information**

Number of Adults in Primary Household: \_\_\_\_\_

Number of Youth in Primary Household, including member: \_\_\_\_\_

Primary Household Size (*total the above two numbers*): \_\_\_\_\_

Who lives with member in primary household? *Check all that apply.* \_\_\_ Mom \_\_\_ Dad  
 \_\_\_ Step Mom \_\_\_ Step Dad \_\_\_ Grandparent \_\_\_ Foster Parent \_\_\_ Legal Guardian  
 Other: \_\_\_\_\_

Is there a household member currently serving in the military? \_\_\_ Yes \_\_\_ No

Are you currently participating in any federal or state government programs?

*Please check yes or no for all of the below.*

TANF	SSI	Food Stamps	Free/Reduced Lunch	Families First	Transitional Child Care
Yes ___	Yes ___	Yes ___	Yes ___	Yes ___	Yes ___
No ___	No ___	No ___	No ___	No ___	No ___

How many adults in the primary household are currently employed? \_\_\_\_\_

Unemployed/Laid Off? \_\_\_\_\_

In School? \_\_\_\_\_

**Annual Total Primary Household Income Level:***(This information is required for grants and other funding sources, and scholarship purposes.)*

\$0-\$10,000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
\$10,001 - \$15,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
\$15,001 - \$20,000 _____	\$40,001 - \$45,000 _____	\$70,001 - 80,000 _____
\$20,001 - \$25,000 _____	\$45,001 - \$50,000 _____	\$80,001 - \$90,000 _____
\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	\$90,001 and up _____

The above information is complete—Staff Initials: \_\_\_\_\_



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**Special Requirements**

In an effort to provide the quality services and programs that each child deserves, we have included a special requirements check list which will allow us to know more about any special needs your child may have and what we can do to help assist in positively impacting your child at a deeper level.

**Please check all that apply to your child:**

- |   |   |
|---|---|
| <input type="checkbox"/> Aggressive Behavior                    | <input type="checkbox"/> Autism   |
| <input type="checkbox"/> Exposure to gangs in community         | <input type="checkbox"/> Depression                                       |
| <input type="checkbox"/> Exposure to violence in community      | <input type="checkbox"/> Displays low self-esteem                         |
| <input type="checkbox"/> Discipline problems at school          | <input type="checkbox"/> Displays hopelessness/lack of future aspirations |
| <input type="checkbox"/> Single Parent Home                     | <input type="checkbox"/> Developmentally Delayed                          |
| <input type="checkbox"/> Hearing Impaired                       | <input type="checkbox"/> Family member(s) involved in prison system       |
| <input type="checkbox"/> Speech/Language Impairment             | <input type="checkbox"/> Poor grades/risk for failure                     |
| <input type="checkbox"/> English as second language             | <input type="checkbox"/> Victim of violent crime                          |
| <input type="checkbox"/> Exposure to drugs/alcohol in community | <input type="checkbox"/> Gifted   |
| <input type="checkbox"/> Anger                                  | <input type="checkbox"/> Special Ed/Individualized Education Plan (IEP)   |
| <input type="checkbox"/> ADHD/Hyperactivity                     | <input type="checkbox"/> Handicapped/Physical Disability                  |
| <input type="checkbox"/> Bipolar Disorder                       | <input type="checkbox"/> Needs Glasses                                    |

**Additional Comments/Concerns:**

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The above information is complete—Staff Initials: \_\_\_\_\_

**Disclaimers/Waivers:**

*I acknowledge that my and child named below's participation in the activities, functions, sponsored events, and other programs associated with Boys & Girls Clubs of Maury County, (the "Activity") may require me and child named above to perform physical exercise or other physical activity that have the potential for bodily injury, death, or property loss. With an understanding of the Activities I have volunteered for and for the Activity the child named below participates in, I hereby assume for myself and the child named above all risks related to our participation as a volunteer and participant in any activity in which we participate.*

*I agree to the rules set forth by the Club for the safety of the children in attendance. I also agree to allow my child to participate in scheduled activities and to be transported to and from the Club facility to locations indicated by the Club as field trips (prior notification of field trips will be provided). I agree to allow any staff member to seek emergency medical attention as deemed necessary including transporting my child to a medical facility until I and/or another guardian is contacted and available. I understand that Boys & Girls Clubs of Maury County has a secondary accident policy for accident and or injury. However, in the case of an accident, I understand that the parent and/or guardian is the primary responsible party.*

*While at the Club, I understand that proper attire for my child, suitable for the public and for organized activities at the Club, is required. I hereby give the Club permission to administer first aid that may include sunscreen, antibiotic Neosporin based ointment, bee sting ointment (or the generic of each) in case of injury, and/or secure or transport my child for emergency medical treatment. Every attempt will be made to contact me or my emergency contacts. I hereby authorize transportation to a medical facility and/or the calling of a physician to provide whatever emergency medical treatment is necessary.*

*I hereby give permission for Boys & Girls Clubs of Maury County to use my child's image for the purposes of marketing and furthering the mission of the organization. No last names or confidential information will be shared. I hereby give permission for my child to complete program-related pre and post surveys at the Club. This information is kept strictly confidential, like all member records, and will only be used to report grant outcomes for the Club as a whole, with no member names or identifying information. I hereby give permission for Giles County School System to release my child's education records (Parent Portal) to BGC Maury. Boys & Girls Clubs of Maury County will use these records for tutoring purposes, academic success tracking, and grant reporting. Grant outcomes will only be reported for the Club as a whole, with no member names or identifying information. This release authorization remains in effect for the 2018-2019 school year.*

*Boys & Girls Clubs of Maury County will maintain all member files in a confidential manner. Pertinent information may be shared professionally with a Boys & Girls Club staff member, a Tennessee Department of Human Services Case Manager (if legal investigation has been initiated), or the Giles County School System. Files for all programs funded in whole or in part by the Tennessee Department of Education are available for monitoring and subject to audit by the Tennessee Department of Education. Communication of individual member information to persons or agencies other than those listed here will require express written approval from the member's parent or legal guardian. I agree to the release of information to persons or agencies as listed above. I understand that any release of information to persons or agencies other than those mentioned above will require my written approval.*

*I understand that the annual costs for the 2018-2019 School Year program are as follows. **Without Breaks:** \$950 (can be paid in 38 weekly installments of \$25 each). **With Breaks:** \$1,140 (38 afterschool weeks plus 5 break weeks). I understand that the cost of membership for the 2018-2019 Program also includes a one-time annual registration fee of \$20 which will be added to the aforementioned fees. I understand that financial assistance is available upon request, and that, if I am requesting financial assistance, I will need to provide proof of income for review in an appointment with Club staff. I agree to pay the above stated fees each week unless or until approved in writing for financial assistance. I understand that missing payments can result in a late fee charge and ultimately dismissal from the program if the problem continues.*

*I understand that this application and all waivers remain in effect for the duration of the enrollment period listed on page 1. I understand that I will be required to complete a new membership application once each year, and may be asked to complete a brief information update form a few times throughout the year to ensure that current and accurate information is maintained on file by the BGC/MC.*

**I have read and understand the above disclaimers and agree, as parent and/or guardian, to comply with the policies of Boys & Girls Clubs of Maury County.**

**Child Name** \_\_\_\_\_

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

The above information is complete—Staff Initials: \_\_\_\_\_



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**Dispensing Medication Permission and Release**

Your signature below authorizes Boys & Girls Clubs of Maury County to administer any and all medication required during the hours your child is at the Club. You also agree to bring medication in the proper prescription bottle with proper dose on label. Instructions must be indicated in writing by a parent or physician, and staff must be physically shown the proper procedure to dispense the medication. Although you as a parent have shown a staff member how to dispense the medication, your signature states that you understand that the staff member required to dispense this medication is not licensed in the medical field and is only required to follow the written and demonstrated instructions. You also understand that the staff at Boys & Girls Clubs of Maury County may only dispense the medications according to the instructions provided. Therefore, if the medication dosage or instructions change, you acknowledge that it is your responsibility to immediately notify Boys & Girls Clubs of Maury County of any medication changes. Your signature below hereby indemnifies and releases Boys & Girls Clubs of Maury County of any liability relating to the dispensing of medication.

\_\_\_\_\_  
**Print Name of Parent**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

Parent/Guardian initials indicating staff have been shown how to dispense medication\_\_\_\_  
Staff Initials\_\_\_\_\_

The above information is complete—Staff Initials: \_\_\_\_\_



**BOYS & GIRLS CLUB  
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**PARENT/GUARDIAN CONSENT FORM**

I, the parent or legal guardian for \_\_\_\_\_ hereby give my permission for my child to participate in the Mentoring Program at the Boys & Girls Club.

I fully understand that the program involves mentors, who shall be selected from Boys & Girls Clubs staff and will be screened (including a criminal background check) and trained before beginning in the program. Group mentoring is a component of all Boys & Girls Club programs, and will take place on a daily basis.

I understand that my child will participate in an orientation session at the Club in which the program will be explained. The program is planned to last one year and continuation may then be discussed.

I understand that during the course of the mentoring program there may be special group events (incorporating all mentors and youth) and family events planned. I understand that the staff of the Club will provide ongoing monitoring of the mentoring activities.

I give the Boys & Girls Club Mentoring Program Coordinator permission to obtain my child's academic and attendance records from my child's school.

I permit the Mentoring Program staff and the Boys & Girls Club to utilize photographs of my child taken during his/her involvement in the mentoring program and waive all rights of compensation.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Printed name of Parent/Guardian)

Date \_\_\_\_\_

Questions? Contact Resource Development Director Lauren La Porte at [llaporte@bgcmaury.org](mailto:llaporte@bgcmaury.org) or (931)490-9401 ext.2606.

Thank you!

The above information is complete—Staff Initials: \_\_\_\_\_



# Emergency Contacts/Transportation Plan

Member Name: \_\_\_\_\_

The following people have my permission to pick up my child *in my absence*. At least ONE emergency contact other than a parent/guardian **MUST** be listed.\*\*\*

*I understand that proper identification will be required. It is the responsibility of the parent/legal guardian enrolling their child to notify Club staff immediately in writing of any changes to the Emergency Contacts/Transportation Plan.*

1. Name \_\_\_\_\_  
Relationship to Member: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Relationship to Member: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Relationship to Member: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_

3. Name \_\_\_\_\_  
Relationship to Member \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Relationship to Member: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_

*\*\*\*If your child has not been picked up by the designated closing time, we will make every effort to reach one of your alternative contacts. If no one can be reached within a reasonable length of time, we will have no other alternative than to call the proper authorities.*

The above information is complete—Staff Initials: \_\_\_\_\_

## Transportation Plan **ALERT**

Member: \_\_\_\_\_

**The following people DO NOT have my permission to pick up my child in my absence.**

*The Club will not, under any circumstances, allow your child to leave the premises with individuals you have named on this page.*

1. Name: \_\_\_\_\_  
 Relationship to Member: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Business Telephone: \_\_\_\_\_  
 Cell Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_  
 Relationship to Member: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Business Telephone: \_\_\_\_\_  
 Cell Telephone: \_\_\_\_\_

3. Name: \_\_\_\_\_  
 Relationship to Member: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Business Telephone: \_\_\_\_\_  
 Cell Telephone: \_\_\_\_\_

4. Name: \_\_\_\_\_  
 Relationship to Member: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Business Telephone: \_\_\_\_\_  
 Cell Telephone: \_\_\_\_\_

The above information is complete—Staff Initials: \_\_\_\_\_



**BOYS & GIRLS CLUB  
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**TRANSPORTATION WAIVER**

*Waiver and Permission for GCPS to Transport Boys & Girls Club Members to the Afterschool Program at 540 Cherry St, Pulaski, TN 38478 for the 2017-2018 School Year*

Child Name: \_\_\_\_\_

School Name (Pick-up Location):

\_\_\_\_\_

Grade: \_\_\_\_\_

I give permission for my child to be transported on a school bus driven by an employee/bus driver of the Giles County Public School System during the 2018-2019 school year to the Boys & Girls Club After School Care Program. I understand that my child is expected to follow all applicable laws regarding riding on a school bus and is expected to follow the directions provided by the driver and/or other adult workers/volunteers on the bus.

I have read, understand, and discussed with my child that:

- (1) They will be traveling in a motor vehicle driven by an adult and they are to stay seated while traveling;
- (2) They are expected to respect each other, the bus they ride on, and the people they travel with; and
- (3) They are not to be disruptive to the driver of the school bus.

I understand that my child is not required to participate in this activity, but I grant permission for him/her to do so, despite the possible risks. I recognize that by participating in this activity, as with any activity involving school bus transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

Parent/Guardian Name (please print): \_\_\_\_\_

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

The above information is complete—Staff Initials: \_\_\_\_\_