



**MEMBER INFORMATION**

Member Name: \_\_\_\_\_ Male / Female

Ethnicity (please circle): Hispanic    Non-Hispanic    Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race (if you are multi-racial, please check all that apply):

American Indian or Alaska Native     Black or African-American     White    T-Shirt Size \_\_\_\_\_

Asian     Native Hawaiian or Pacific Islander     Hispanic

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

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_ (present school year)

**PARENT/GUARDIAN**

**PRIMARY CONTACT - this is the first person we will contact with matters pertaining to the member.**

Name: \_\_\_\_\_ Relation to Member: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

**EMERGENCY CONTACT 1 - will be contacted if Primary Contact can not be reached**

Name: \_\_\_\_\_ Relation to Member \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

**EMERGENCY CONTACT 2 - will be contacted if Primary Contact can not be reached**

Name: \_\_\_\_\_ Relation to Member \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

**MEDICAL INFORMATION**

Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Last Exam: \_\_\_\_\_

IN THE EVENT I CAN NOT BE CONTACTED, I GIVE THE OLIVET BOYS & GIRLS CLUB PERMISSION TO OBTAIN EMERGENCY MEDICAL CARE FOR MY CHILD AT THE NEAREST HOSPITAL    INITIAL: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Does the member have any Special Needs/Health Issues/ Mental Health Disorders/Behavior Issues (include allergies):

Does the member take any medications: \_\_\_\_\_

**HOUSEHOLD INFORMATION**

**We appreciate your efforts to complete the following information. All household information is strictly for reporting purposes and held in the strictest confidence.**

**Olivet Boys & Girls Club has the right to refuse this application if this information is not filled out completely.**

Please circle any of the adults who reside in this member's household:

Mother Father Step-Mother Step-Father Grandparent(s) Foster Parent(s) Other (please describe) \_\_\_\_\_

Does this member qualify for free or reduced lunch? (please circle) FREE REDUCED NEITHER

What is the annual gross income for this household? \_\_\_\_\_

How many individuals live in this household? \_\_\_\_\_ How many are 65 or older? \_\_\_\_\_ 18 or younger? \_\_\_\_\_

Do any household members belong to the military? YES NO If yes, which branch? \_\_\_\_\_

Are any household members physically disabled? YES NO

The head of household is: MALE FEMALE BOTH Is the head of household a single parent? YES NO

Is there a restraining order against any individual preventing contact with this member? YES NO

NOTE: YOU MUST PROVIDE LEGAL DOCUMENTATION IF CHOOSING "YES"

If yes, what is their name and relation to the member? \_\_\_\_\_

**HOURS OF OPERATION**

All clubs listed at the top of this application will open at 2:30 PM for all club members.

**AGES 6 - 12**

The clubs will be open until 7:00 PM for members ages 6 - 12. Members in this age group who have permission to walk home will be dismissed at approximately 6:30 PM. Members in this age group who are required to be picked up by a parent/guardian must be picked up no later than 7:00 PM.

**AGES 13 - 18**

The club will be open until 9:00 PM for members ages 13 - 18. Members in this age group who have permission to walk home will be dismissed at approximately 8:30 PM. Members in this age group who are required to be picked up by a parent/guardian must be picked up no later than 9:00 PM.

Parents/Guardians-Please review and check the appropriate line below as to how you would like the club member to be dismissed from the club in the evenings:

\_\_\_\_\_ (initials) My child/club member is required to be picked up. An approved parent/guardian will pick up the child no later than the designated pick-up time.

OR

\_\_\_\_\_ (initials) I give Olivet Boys & Girls Club permission to dismiss my child at the dismissal time designated for his/her age group.

\_\_\_\_\_  
**Parent/Guardian Print Name**

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

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

## PROGRAM PARTICIPATION INFORMATION

By signing below, in order that my child may benefit from the programs/activities of Olivet Boys & Girls Club, I hereby give my permission and consent for my child to participate in any and all activities sponsored by the Olivet Boys & Girls Club and release Olivet Boys & Girls Club from any and all claims for injuries to the applicant, and any and all expenses or losses occasioned thereby, while engaged in such activities. I grant permission for Olivet Boys & Girls Club to take and use photographs, slides and videotapes of the applicant as needed for program documentation and public relations. I understand Olivet Boys & Girls Club is not responsible for lost or stolen items any youth may bring to the club. I certify that the application information provided by me is correct and accurate to the best of my knowledge. I understand that if I submit false or incorrect information, I may be subject to legal action.

## UNDERSTANDING OF RISK-COVID-19/SAFETY

The novel coronavirus, covid-19, has declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and has significant person-to-person spread. As a result, federal, state, and local governments and federal and state health agencies have recommended social distancing measures and have, in many locations, required ongoing prohibitions on the congregation of groups of people of various sizes.

Olivet Boys & Girls Club has put in place preventative measures to reduce the spread of COVID-19. These include, but are not limited to, social distancing, increased sterilization, required hand-washing, mandatory face coverings, and body-temperature monitoring. However, the Club **cannot guarantee** that your or your child(ren) will not become infected with COVID-19. Further, attending the Club **could increase** your risk and your child(ren)'s risk of contracting COVID-19.

We value the safety and welfare of each of our members. All states designate certain professionals as mandated reporters. Olivet Boys & Girls Club staff is required by the state to report any suspected child abuse or neglect.

## CONSENT TO OBTAIN GRADES AND OTHER ACADEMIC INFORMATION FROM SCHOOL DISTRICT

In order to adequately support students or to assess afterschool programs that may be most beneficial for certain club members, it is beneficial for Olivet staff (and potentially partnering agencies/volunteers) to have access to student academic information such as (but not limited to): grades, report cards, reading proficiency, etc. Having access to academic markers will allow Olivet staff to monitor growth over time as club members participate in programming designed to improve academic skills. Please indicate below as to whether or not you give Olivet Boys & Girls Club permission to communicate with the club member's school/district to access academic information.

\_\_\_\_\_ I hereby give consent to Olivet Boys & Girls Club to obtain academic information from my child's school/district

\_\_\_\_\_ I do NOT give consent to Olivet Boys & Girls Club to obtain academic information from my child's school/district

## CERTIFICATION/SIGNATURE

*I certify that I understand and agree to the program information, assumption of risk, and academic information as outlined above.*

\_\_\_\_\_  
Parent/Guardian Print Name

\_\_\_\_\_  
Date

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