

Membership Application

Olivet Boys & Girls Club

Summer Camp 2025



Club location enrolling at:

Center For The Arts (CFA)
 Clinton

Mulberry (at 10th & Green Elementary)
 Oakbrook

PAL (at Lauer's Park Elementary)
 Pendera

Please note: Olivet Boys & Girls Club will not accept incomplete Membership Applications. All information must be provided. If there is a information field which does not apply, please write "N/A," "no," or "none" as applicable.

YOUTH MEMBER INFORMATION

Member First Name: _____ Member Last Name: _____

Address: _____ City: _____ Zip Code: _____

Date of Birth: _____ Age: _____ T-Shirt Size: _____

Preferred Name/Nickname: _____ Pronouns: _____

Gender: _____ "We believe every kid has what it takes. The mission and core beliefs of Boys & Girls Clubs fuel our commitment to promoting safe, positive, and inclusive environments for all. Boys & Girls Clubs of America supports all youth and teens -- of every race, ethnicity, gender, gender expression, sexual orientation, ability, socio-economic status, and religion -- in reaching their full potential."

Race: American Indian / Alaska Native Black / African-American Hispanic / Latino White / Caucasian
 Asian Hawaiian Native / Pacific Islander Middle Eastern / North African Two or more races
 Other: _____

Ethnicity: Hispanic Non-Hispanic

School Next Year (2025-26): _____ Grade (2025-26): _____

School Program Lunch Eligibility: Free Reduced Not Eligible

CONTACT INFORMATION

All contacts listed below are authorized to pick up the member

Primary Parent/Guardian Contact:

First Name: _____ Last Name: _____
Date of Birth: _____ Relation to Member: _____
Primary Phone: _____ Work Phone: _____
Email Address: _____

Secondary Parent/Guardian Contact:

First Name: _____ Last Name: _____
Date of Birth: _____ Relation to Member: _____
Primary Phone: _____ Work Phone: _____
Email Address: _____

Emergency Contact:

First Name: _____ Last Name: _____
Date of Birth: _____ Relation to Member: _____
Primary Phone: _____ Work Phone: _____

Other People Authorized to Pick-Up My Child:

Full Name: _____ Relation to Member: _____ Phone: _____

Full Name: _____ Relation to Member: _____ Phone: _____

ALLERGY INFORMATION In the event of a food allergy, medical documentation/doctor's note is required so that alternative meals/snacks may be made available to the member.

Food allergies or dietary religious restrictions: No Yes (If yes, check all that apply)

milk / dairy products eggs soy other: _____
 fish / shellfish peanuts / peanut butter beef
 tree nuts wheat / gluten pork

Environmental allergies: No Yes (If yes, check all that apply)

bee stings grass pollen dust mold other: _____

Other allergies: No Yes (If yes, check all that apply)

latex lotions perfumes/colognes other: _____

MEDICAL INFORMATION

Diagnosed medical conditions: No Yes (If yes, check all that apply)

ADHD Asthma Diabetes Hearing impairment
 Anxiety / Depression Autism Epilepsy / Seizures Oppositional Defiance Disorder
 Asperger's Syndrome Cerebral palsy Gastrointestinal Visual impairment
 other: _____

Does the member use an inhaler? No Yes

Does the member use an EpiPen? No Yes

Does the member use insulin? No Yes

List all medications which the member takes: _____

Medication dosage and time taken: _____

Does the member self-administer medication? No Yes

Significant medical history (surgery, injuries, serious illnesses): _____

List any other physical, mental, or physical limitations: _____

INSURANCE INFORMATION

Does the member have health insurance? No Yes

If "Yes," is the health insurance through Highmark Wholecare? No Yes

Insurance Company: _____ Policy Number: _____

Physician Name: _____ Phone Number: _____

HOUSEHOLD INFORMATION

The information in this section is required by Olivet Boys & Girls Club because it is needed by several of the organizations which provide Olivet with financial support. When Olivet reports household information to those organizations, your family's personally-identifiable information is never shared. Additionally, when household information is reported, it is reported as anonymous parts of totals/averages for entire club sites or the organization as a whole, rather than as specific households. For example, Olivet may report the average household income of all the households of its youth members (without associating names), but Olivet would not report the household income or information of the family of one specific member.

Household Composition: (check all that apply) Single Parent Household Two Parent Household

Mother Grandparent(s) Foster Parent(s) Step Father
 Father Aunt / Uncle Step Mother other: _____

How many members are in your household, including yourself? _____ Number under 18? _____ Number over 65? _____

Are any household members physically disabled? No Yes

Do any household members belong to the military? No Yes (if yes, indicate branch) _____

Primary language spoken at home? _____ by the child? _____

Annual household income (check one):

\$0 - 20,000 \$30,001 - 40,000 \$50,001 - 60,000 \$70,001 - 80,000 \$90,001 - 100,000
 \$20,001 - 30,000 \$40,001 - 50,000 \$60,001 - 70,000 \$80,001 - 90,000 \$100,000+

Is there a restraining order against any individual prevent contact with this member? No Yes (if yes, must provide legal documentation)

Name of person with restraining order: _____ Relation to member: _____

POLICY AGREEMENTS

Emergency Medical Care

In the event of an emergency involving my child, I grant Olivet Boys & Girls Club permission to contact emergency medical personnel and, pending their arrival, take those actions that Olivet Boys & Girls Club deems to be in the best interest of my child. Initials: _____

Allergies and Dietary Restrictions

Olivet Boys & Girls Club and its food providers make every attempt to identify ingredients that may cause allergic reactions for those with food allergies. Every effort is made to instruct our staff members on the severity of food allergies. However, there is always risk of contamination. I, the undersigned, hereby understand that Olivet Boys & Girls Club will not be held liable for my child's adverse reactions to food consumed Initials: _____ or items which he/she may come into contact with while eating. I, the undersigned, hereby affirm that my child's allergy and dietary restriction information provided herein is accurate to the best of my knowledge. I understand that failure to disclose my child's medical condition(s) may affect my child's eligibility for membership with Olivet Boys & Girls Club.

Medical Information

I, the undersigned, hereby affirm that my child's medical information provided herein is accurate to the best of my knowledge. I understand that failure to disclose my child's medical condition(s) may affect my child's eligibility for membership with Olivet Boys & Girls Club Initials: _____

Sharing of Information with Highmark Wholecare/Gateway Health

Olivet Boys & Girls Club maintains a partnership with Highmark Wholecare/Gateway Health, wherein Highmark Wholecare provides limited financial support - for children who are covered under their plans - towards Olivet Boys & Girls Club membership and weekly fees. I, the undersigned, hereby grant permission for Olivet Boys & Girls Club to share my child's information with Highmark Wholecare/Gateway Health, for the Initials: _____ sole purpose of determining his/her eligibility for financial support of his/her Olivet Boys & Girls Club membership and weekly fees.

Program Participation

In order that my child may benefit from the programs/activities of Olivet Boys & Girls Club, I, the undersigned, hereby give permission and consent for my child to participate in any and all activities sponsored by Olivet Boys & Girls Club. I understand that such activities, including but not limited to field trips, athletics, and recreational gym activities, involve inherent risks. I release Olivet Boys & Girls Club from any and all claims for injuries to my child, and any and all expenses or losses occasioned thereby, while engaged in such activities. Initials: _____

Transportation

I, the undersigned, understand that transportation will be provided by Olivet Boys & Girls Club so that my child may participate in certain additional programs and activities, including but not limited to the arts, educational field trips, and intramural sports. I understand that if my child is not at his/her Olivet Boys & Girls Club location by or before the designated pick-up time on a particular day, that he/she may not be able to participate in the activity on that day. I understand that transportation involves inherent risks and hazards, and I release Olivet Boys & Girls Club from any and all claims for injuries to my child, and any and all expenses or losses occasioned thereby, while Initials: _____ utilizing transportation provided by Olivet Boys & Girls Club or its contractors.

Photographs

I, the undersigned, grant permission for Olivet Boys & Girls Club to take and use photographs, slides, and videotapes of my child for the purposes of program evaluation, social media, and public relations for Olivet Boys & Girls Club.

Initials: _____

Belongings

I, the undersigned, understand that my child should not bring toys, cell phones, electronics, or other items from home, and that Olivet Boys & Girls Club is not responsible for any lost, damaged, or stolen items. I understand that my child may be required to turn in his/her cell phone or other belongings with Olivet Boys & Girls Club staff.

Initials: _____

Dismissal & Pick-Up Status

I, the undersigned, hereby understand that, for the purpose of safe dismissal procedure, Olivet Boys & Girls Club categorizes youth club members into pick-up statuses of either "Walkers" or "Parent/Guardian Pick-Ups." I understand that "Walkers" are those whose parents have provided Olivet Boys & Girls Club with written permission to dismiss their children, without a parent/guardian or approved contact present, at the designated Walker dismissal time. I understand that "Parent/Guardian Pick-Ups" are those children whose parents have not provided such permission and who therefore are required to be picked up by one of the approved contacts listed in their Membership Applications. I understand that children designated as "Parent/Guardian Pick-Ups" must be picked up by the designated "Parent/Guardian Pick-Up" dismissal time. I understand, that, if I designate my son/daughter as a "Parent/Guardian Pick-Up," then I or another approved contact listed on this Membership Application must be present by or before the designated pick-up time to pick up my child, and that failure to do so will result in the assessment of fines against me (\$15.00 for every 15 minutes late past the designated pick up time). I understand that, in the event of an anticipated late pick-up of my child, I must make Olivet Boys & Girls Club aware ahead of time. I understand that I cannot change my child's pick-up status, except by filling out the designated Olivet Boys & Girls Club forms for pick-up status changes. I understand that Olivet Boys & Girls Club cannot accept verbal permission (including verbal permission given by phone) for dismissal of "Parent/Guardian Pick-Ups" without an approved parent/guardian or contact present. I understand that failure to abide by this policy may result in my child no longer being able to attend Olivet Boys & Girls Club programs.

Please select and initial one of the following:

_____ (Initials) **My child will be a "Walker."** I, the undersigned, grant Olivet Boys & Girls Club permission to dismiss my child at the designated "Walker" dismissal time, without a parent/guardian present to pick him/her up. I understand that Olivet Boys & Girls Club is not responsible for monitoring my child after he/she is dismissed from the Club.

OR

_____ (Initials) **My child will be a "Parent/Guardian Pick-Up."** My child is required to be picked up by an approved contact listed on this Membership Application. I understand that my child is required to be picked up no later than the last Parent Pick-Up time, or I may accrue late fees.

SIGNATURE

I, the undersigned, certify that I have thoroughly read and understood the contents of this Membership Application. I certify that the information which I have provided is accurate. I understand that if I submit false or incorrect information, I may be subject to legal action.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date



Anticipated Attendance – Summer Camp 2025

Member/Child Name: _____

Date of Application: _____

I anticipate that my child will attend the following weeks at Olivet Boys & Girls Club's Summer Camp 2025 (please check all that apply):

- Week 1 (June 11 – June 13)
- Week 2 (June 16 – June 20)
- Week 3 (June 23 – June 27)
- Week 4 (June 30 – July 2)
- Week 5 (July 7 – July 11)
- Week 6 (July 14 – July 18)
- Week 7 (July 21 – July 25)
- Week 8 (July 28 – August 1)
- Week 9 (August 4 – August 8)
- Week 10 (August 11 – August 15)

Please note that filling out this form does not guarantee your child a spot in any particular Summer Camp Week. If a spot is available, you must submit payment in a timely manner in order to guarantee your child's enrollment for the week.