



# Membership Registration Form

Type of Membership (**Check One**) \_\_\_New\_\_\_Renew

### Child's Information:

1st Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Main Cell #: \_\_\_\_\_ School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

2nd Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Main Cell #: \_\_\_\_\_ School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Does your child take medication during the day?  YES  NO

If Yes, Name of Medication \_\_\_\_\_ Dose \_\_\_\_\_ Time :  AM /

PM

### Parent/Guardian's Information:

Mother/Guardian #1 : \_\_\_\_\_ Cell # : \_\_\_\_\_

Email: \_\_\_\_\_ Home # : \_\_\_\_\_

Address: \_\_\_\_\_ City : \_\_\_\_\_ ZIP: \_\_\_\_\_

Occupation : \_\_\_\_\_ Employer : \_\_\_\_\_ Work # : \_\_\_\_\_

Father/Guardian #2: \_\_\_\_\_ Cell # : \_\_\_\_\_

Email: \_\_\_\_\_ Home # : \_\_\_\_\_

Address: \_\_\_\_\_ City : \_\_\_\_\_ ZIP: \_\_\_\_\_

Occupation : \_\_\_\_\_ Employer : \_\_\_\_\_ Work # : \_\_\_\_\_

### General Information:

6. Does your child receive **FREE** or **REDUCED** lunch?  YES  NO

7. Child lives with:  Mother  Father  Both  Other/ Whom \_\_\_\_\_

8. Marital Status of Parent/Guardian:  Single  Married  Divorced  Widowed  Other \_\_\_\_\_

9. Racial/Ethnicity Identity: (**Circle a letter**)

- White (not of Hispanic origin)
- African American (not of Hispanic origin)
- Hispanic
- Portuguese
- e. American Indian/ Alaskan Native
- f. Brazilian
- g. Asian or Pacific Islander
- h. Other

10. Annual Household Income: (**Circle a letter**)

- under \$10,000
- \$10,001 - \$20,000
- \$20,001 - \$30,000
- d. \$30,001 - \$50,000
- e. \$50,001 - \$70,000
- f. Over \$70,000

### In Case of an Emergency, If a Parent/Guardian CANNOT be reached:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # : \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # : \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # : \_\_\_\_\_

List any Medical, Physical, or Emotional conditions that we should be aware of to better serve your child: (ex. allergies, medication, etc)



# Membership Registration Form

## Authorization and Consent Form

7. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the qualified staff at the Boys & Girls Club to transport my child to the nearest hospital.
8. Child's Doctor & Insurance : \_\_\_\_\_  
Phone # & Address : \_\_\_\_\_
9. I understand the Club is not, nor claims to be, a licensed day care center. (Unless your child is registered in the licensed SACC Program)
10. I authorize Boys & Girls Club staff/ volunteers who are trained in the basics of first aid to treat my child when appropriate
11. I give permission for my child to participate in field trips by means of bus/van. I understand that I will be notified in advance of any trips.
12. I give consent to have my child photographed or videotaped for public relations purposes. **PLEASE MARK:  YES or  NO**

**I AGREE TO ALL THE PREVIOUS CONDITIONS PLEASE MARK  YES or  NO**

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please Attach a Physical + Immunization Records when submitting Membership Form*

GREAT FUTURES START **HERE.**



## PARENTS/GUARDIANS

### Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Boys & Girls Clubs of MetroWest has put in place preventative measures to reduce the spread of COVID-19; however, the Club **cannot guarantee** that you 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.

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Club or participation in Club programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

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Signature of Parent/Guardian

Date

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Name of Parent/Guardian

Name of Club Participant(s)



**BOYS & GIRLS CLUBS  
OF METROWEST**

## TRANSPORTATION CONTRACT

I, \_\_\_\_\_, will follow the following BUS RULES as long as I am a member of the Boys & Girls Clubs of MetroWest:

- Respect and Listen to the bus driver
- Respect and Listen to the monitors on the bus
- Stay seated at all times
- Keep all body parts to yourself and inside the bus
- Throwing objects is not allowed on the bus or out the windows
- Inside voices and use of appropriate language

***PLEASE NOTE: These rules are to insure that all members are safe while on the bus. Failure to obey the rules will result in suspension off the bus for the entire school year.***

### CONSEQUENCES FOR NOT FOLLOWING THE RULES

1<sup>st</sup> Offense    Warning

2<sup>nd</sup> Offense    2-Day Suspension off the bus

3<sup>rd</sup> Offense    Suspension off the bus for the entire school year

**BY SIGNING THIS CONTRACT YOU ARE AGREEING TO THE RULES AND CONSEQUENCES IF THE RULES ARE NOT FULFILLED.**

\_\_\_\_\_  
Member Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (printed)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

