

## 2019 MEMBERSHIP APPLICATION



Unit Name: ☐ Central Ridge (Beverly Hills) ☐ Evelyn Waters (Inverness) ☐ Robert Halleen (Crystal River/Homosassa)

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

Nickname: \_\_\_\_\_

Gender: ☐ M ☐ F Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**\* CALL OR SPEAK TO CLUB DIRECTOR IF FINANCIAL ASSISTANCE IS NEEDED.**

### School Information:

Current Teacher: \_\_\_\_\_

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

Are you enrolled in: ☐ Free Lunch  
☐ Reduced Lunch  
☐ Not Eligible

### Medical Information:

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Physical Challenges \_\_\_\_\_ Disabilities \_\_\_\_\_

Allergies (include allergy to any medication) \_\_\_\_\_

Current Medications ☐ Yes ☐ No; If yes, please list \_\_\_\_\_

Special Needs/Health Issues: ☐ Yes ☐ No If Yes, explain: \_\_\_\_\_

Medications: ☐ Yes ☐ No; If Yes, explain: \_\_\_\_\_

### Additional Medical Information:

### Physical Characteristics:

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color/Features: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### FOR OFFICE USE ONLY

Membership #: \_\_\_\_\_

Entry Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Status: \_\_\_\_\_

Type: \_\_\_\_\_ New/Renewal Member: \_\_\_\_\_ Processed by: \_\_\_\_\_



**Household:***NOTE: This demographic information is collected for Grant writing purposes ONLY*

Member lives with: ☐ Mom ☐ Step Mom ☐ Dad ☐ Step Dad ☐ Grandparent  
☐ Foster parent(s) ☐ Other: \_\_\_\_\_

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 Military Branch: \_\_\_\_\_

Number in Household: \_\_\_\_\_ Number in Household under 18: \_\_\_\_\_

Is there a Member of the Household Handicapped: ☐ Yes ☐ No

Current Single Parent: ☐ Yes ☐ No Lives on Military Base: ☐ Yes ☐ No

**TERMS & CONDITIONS**

PLEASE INITIAL THAT YOU HAVE READ EACH PARAGRAPH....

☐ **PARENT HANDBOOK** I have received a copy of the Boys & Girls Clubs of Citrus County handbook and agree to the Terms & Conditions on Page 13 of the Parent Handbook.

☐ **CLUB RULES & CODE OF CONDUCT** I agree to review the Clubs rules and consequences along with the Code of Conduct with my children.

I understand that membership can be suspended or revoked should behavior warrant such action.

☐ **MEMBERSHIP** I will adhere to the program hours. I understand that my child's membership may be suspended or discharged in the event my child/children do not follow the rules and guidelines of the program for up to 1 year.

☐ **PICTURE RELEASE** I release the right to all photographic material that the Boys & Girls Club might use for promotional activities without Obligations to me or my child/children.

☐ **RELEASE OF INFORMATION** I understand that this program is funded through multi-funding agencies. I understand that generic information For all those served must be shared with these funders due to grant requirements and that this data will only be used for program monitoring, Funding, coordination and planning purposes.

☐ **MOVIE RELEASE** I give my child/children permission to watch PG movies in the event of rain, early release days or as optional activity.

It is expressly understood and agreed that the Boys & Girls Clubs of Citrus County is not liable for the loss of property or injury.

I understand that I am responsible for any damages that my child/children's actions may incur and that membership could be suspended until restitution is made.

I give my permission for the Club's staff or representative to administer first aid in the event that my child/children may require medical attention.

I hereby authorize the Boys & Girls Clubs of Citrus County, Inc. to secure such treatment, if neither parent/guardian is available to grant permission.

The parent/guardian hereby acknowledges and fully recognizes that this document does not constitute a contract and that the sole and exclusive remedy is withdrawal of the student from the program. The parent/guardian voluntarily and knowingly releases and agrees to save Boys & Girls Clubs of Citrus County Inc. harmless from all liability, in contract tort or otherwise, for any and all injuries arising out of actions by other students, other individuals, or employees of Boys & Girls Clubs except for certain tortious acts of the Boys & Girls Clubs agents, officers, and employees to the extent and limit provided by Section 768.28, Florida Statutes, the State of Florida's partial waiver of sovereign immunity. This provision is not to be construed as a waiver of any right of defense that the Board may possess.

I fully understand and agree to all terms and conditions stated on this form.

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



## MEMBERSHIP APPLICATION - CONTACTS



Member's Name: \_\_\_\_\_

### PRIMARY CONTACT 1

Relationship to Member: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Emergency: \_\_\_\_\_

Person Authorized to Pickup Member: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

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

### PRIMARY CONTACT 2

Relationship to Member: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Emergency: \_\_\_\_\_

Person Authorized to Pickup Member: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Emergency: \_\_\_\_\_

Person Authorized to Pickup Member: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

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

Relationship to Member: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Emergency: \_\_\_\_\_

Person Authorized to Pickup Member: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Emergency: \_\_\_\_\_

Person Authorized to Pickup Member: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Emergency: \_\_\_\_\_

Person Authorized to Pickup Member: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_



Citrus County School District  
PARENT/GUARDIAN/ADULT  
PERMISSION FOR RELEASE OF STUDENT RECORDS



Name of School \_\_\_\_\_ Date: \_\_\_\_\_

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

Street/PO Box

City

State

Zip

Note: If records have been transferred, please forward request to the institution/agency/office holding this student's records.

I hereby give permission to release the following information from the educational records of:

Student's Name \_\_\_\_\_

Last

First

MI

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

Street/PO Box

City

State

Zip

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Number: \_\_\_\_\_

Please release the following:

☒ Achievement Test Scores Most recent IEP

☒ Grades (to time of withdrawal/current year)

The records indicated above are to be released to;

Name of Institution/Agency/Individual: Boys & Girls Clubs of Citrus County.

Address: PO Box 907 Lecanto FL 34460

Street/PO Box

City

State

Zip

ATTENTION: \_\_\_\_\_

I authorize the release of the above information to the institution and/or the individual named. I understand that I have a right to review all records being forwarded, prior to their release. I have also been informed that I have a right to a hearing to contest any information Contained in these records prior to their release.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian/Adult Student

