



# Membership Application

Scholarships & Financial Assistance Always Available!

No child is ever turned away!

58 North Adams, Buffalo, WY 82834 phone 307-684-9908 fax 307-684-7564

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PO Box 221, Kaycee, WY 82639 phone 307-738-2600 fax 307-738-2600

Office use only:

Application Date: \_\_\_/\_\_\_/\_\_\_ Fee Fully Paid: \_\_\_yes\_\_\_no \_\_\_ New Member \_\_\_ Member Renewal

**NOTE:** Application must be filled out completely in order for membership to be valid. All personal information will be kept confidential and used strictly for the safety of your child and in statistical reports necessary for funding.

## MEMBER INFORMATION - PLEASE PRINT

Name: \_\_\_\_\_  
*First Nickname Last*

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

Address: \_\_\_\_\_  
*Street Address City State Zip*

Mailing Address (if different from above): \_\_\_\_\_

Phone Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

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

## FAMILY INFORMATION:

Mother: \_\_\_\_\_ Mother Employed at: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Father Employed at: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Other Employed at: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Local Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Family income: \_\_\_ Under \$10,000 \_\_\_ \$10,000-15,000 \_\_\_ \$15,000-20,000  
\_\_\_ \$20,000-25,000 \_\_\_ \$25,000-50,000 \_\_\_ \$50,000 or more

# of Brothers: \_\_\_ # of Sisters: \_\_\_ Members lives with - Both parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_

**Authorized Pickups:** Individuals **MUST** come into the Club to pick up your child. We **WILL NOT** release to the parking lot. Existing authorized pickups for your child will be removed if they are not listed below on this renewal form. **Initial:** \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
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## Additional Information Needed

**Initial** if you would like the Club's assistance in obtaining free or subsidized lunch with Johnson County School District.

**Initial** if you are interested in volunteering. Please select areas in which you would like to help.

Homework     Arts & Crafts     Recreation     Snacks  
 Reading     Office     Other

Are there any serious health problems that the staff should be aware of?  Yes  No

If yes please explain: \_\_\_\_\_

Are there any behavioral problems that the staff should be aware of?  Yes  No

If yes please explain: \_\_\_\_\_

Is your child on any medications (long term) that the staff should be aware of?  Yes  No

If yes please explain: \_\_\_\_\_

### PARENT/ GUARDIAN:

- 1.) I hereby give my permission to my child to become a member of The Boys and Girls Club of the Big Horns
- 2.) I understand that The Boys and Girls Club of The Big Horns have an open door policy and that the Boys and Girls Club of The Big Horns is not responsible for the time or manner in which my child may arrive or leave the Club.
- 3.) I understand that in case of emergency, a reasonable effort will be made to contact me. In the event that the emergency contact or I cannot be reached, I hereby give permission to the Boys and Girls Club of The Big Horns to secure proper treatment (including surgery) for my child.
- 4.) I understand that the Boys and Girls Club of The Big Horns is NOT responsible for personal items brought to the club, whether lost, stolen, or otherwise missing. We encourage that these items be left at home.
- 5.) Club staff will **NOT** medicate children. **Parents/guardians are ENTIRELY responsible** for medications and for personally arranging for or ensuring the **proper and timely medicating of their children**.
- 6.) In addition, I authorize the use and reproduction of any and all photographs and video footage which may be taken in connection with Club activities to the Boys and Girls Club of the Big Horns.

### Transportation – Please Initial ONE:

I give permission for my child to be transported by the Boys and Girls of the Big Horns.

I do **NOT** give permission for my child to be transported by the Boys and Girls Club of the Big Horns.

### Permission to walk home from Club – Please Initial ONE:

My child has my permission to walk home from the Boys and Girls Club of the Big Horns

My child may NOT walk home from the Boys and Girls Club of the Big Horns.

**I give my child permission to check out WITHOUT an adult.** Yes  No  **Initial** \_\_\_\_\_

*Your child will be permitted to check out alone each day, and may come and go as they wish, during Club hours.*

**Note:** Your signature acknowledges that you have read and accept the policies of the Club as described above and in the attached "Parent/Member Handbook" for member information. Please contact our Club Staff if you have any questions.

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



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## Internet / Tech Center Authorization 2009-2010

Member: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dear Parent/Guardian:

Your child has requested Tech Center and Internet privileges at the Boys and Girls Club of the Big Horn's. You **and** your child's consent are required before he/she receives those privileges and instruction.

He/She **MUST** follow the following eight B&GCBH computer lab agreements:

1. Always be respectful of others,
2. Never give out personal information,
3. Always remember you are responsible for what you do on-line,
4. Always follow the computer lab supervisor's instructions,
5. Never agree to meet with anyone you may meet on-line,
6. Never visit "off-limits" websites,
7. Never download anything without permission, and
8. Never tamper with or remove computer equipment.

Failure to uphold these agreements will result in a warning and further activity will result in suspension and/or revocation of the member's computer privileges. The parent/guardian will be notified if there are any violations and members will be restricted from using the Tech Center or the Internet.

**My child is aware of the importance of respecting the Boys & Girls Club of the Big Horns' Tech Center and Internet agreements.**

I (parent name) \_\_\_\_\_ give (member name) \_\_\_\_\_ permission to use the Boys and Girls Club of the Big Horn's Tech Center and the Internet.

I (member name) \_\_\_\_\_ agree to follow the eight agreements listed above.

Parent/Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**My child has my permission to watch the following rated movies** (check all that apply).

- G
- PG
- PG-13



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## Smart Moves Parental Consent

Member: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dear Parent(s)/Guardian(s):

Your child has an opportunity to take part in a drug and alcohol prevention program called Smart Moves at the Boys and Girls Club of the Big Horns. Smart (Skills Mastery And Resistance Training) Moves prevention program has received nationwide acclaim. It has been a proven tool in the effort to help young people avoid four of the most immediate threats to their well-being: alcohol, tobacco, other drugs, and teen pregnancy.

The program works by exposing young people to protective factors that promote positive behaviors, healthy well-being, and personal success. With these protective factors, young people have the tools to overcome the many challenges they face today.

If there is any reason you would not like your child to participate in this program, simply do not sign this form.

YES, I give permission for (member name) \_\_\_\_\_ to participate in the Smart Moves program.

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

## Wyoming 21<sup>st</sup> Century Community Learning Centers

### *Active Parental Consent Form*

\* This agreement makes it possible to gather data useful in obtaining further grant funding. \*

Please indicate your wishes for having your child's teacher(s) complete a report and return this form to the program providers with the application for membership:

Child's Name: \_\_\_\_\_

I have read this form and understand that my child's teacher(s) will be completing a report on his or her grades and classroom behavior. I understand that my child's participation in the evaluation of programming is voluntary and that my refusal to allow my child's teacher(s) to participate will not involve penalty or the loss of benefits to my child of any kind.

\_\_\_\_\_ My child's teacher(s) MAY complete the report.

\_\_\_\_\_ My child's teacher(s) MAY NOT complete the report.

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone Number: \_\_\_\_\_