

**EXTENDED PROGRAM 2012
MEMBERSHIP APPLICATION
BLACKSTONE VALLEY BOYS AND GIRLS CLUB**

LOCKER # _____
SHARE: _____

First Name: _____ MI: _____ Last Name: _____
Address: _____ Mailing address: _____
City: _____ State: _____ Zip: _____ Telephone: _____
Date of Birth: _____ Email: _____ Age at Admission: _____ Grade Entering: _____

Physical:

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____
Identifying Marks: _____ Skin Color: _____ (optional) Male _____ Female _____
Race: Caucasian _____ Hispanic _____ Native American _____ Asian _____ African American _____ Other _____
Household Income: \$12k - \$25k _____ \$26k - \$40k _____ \$40k - \$60k _____ \$60k & Higher _____

Guardian 1/Parent 1

Guardian 2/Parent 2

**Parent/Guardian 1 and Parent/Guardian 2 will be allowed to make changes to this form upon showing proper identification.

Name: _____
Relationship: _____
Home Address: _____
Home Phone: _____
Employer: _____
Occupation: _____
Work Address: _____
Work Phone: _____ Ext: _____
Hours at Work: _____
Cell Phone: _____

Name: _____
Relationship: _____
Home Address: _____
Home Phone: _____
Employer: _____
Occupation: _____
Work Address: _____
Work Phone: _____ Ext: _____
Hours at Work: _____
Cell Phone: _____

Can this person pick-up the member: Yes No

Can this person pick-up the member: Yes No

Emergency Contacts (In order to be contacted)

1. **Name:** _____ **Address:** _____
Relationship to Child: _____ **Phone #1:** _____ **Phone #2:** _____
Do you give permission for the child to be released to this person? Yes No

2. **Name:** _____ **Address:** _____
Relationship to Child: _____ **Phone #1:** _____ **Phone #2:** _____
Do you give permission for the child to be released to this person? Yes No

3. **Name:** _____ **Address:** _____
Relationship to Child: _____ **Phone #1:** _____ **Phone #2:** _____
Do you give permission for the child to be released to this person? Yes No

Anyone Else?? I give my permission to the following people to receive my child at the end of the day:

Name: _____	Name: _____
Relationship to Child: _____	Relationship to Child: _____
Name: _____	Name: _____
Relationship to Child: _____	Relationship to Child: _____
Name: _____	Name: _____
Relationship to Child: _____	Relationship to Child: _____

Permission for Member to sign self out of Summer Program:

Parent/Guardian Initial

_____ I DO give permission for my son/daughter to sign themselves out of the park:
Circle Day: M T W R F **Time of release:** _____

Parent/Guardian Initial

_____ I DO NOT give permission for my son/daughter to sign themselves out of the park.

Activities

I, the undersigned being the parent/guardian of _____ hereby give permission for my child to participate in the following activities that take place during the summer program. I understand the risks involved in my child's participation in these activities.

____ Fishing ____ Dance ____ Swim Lessons ____ Theatre ____ Karate ____ Tumbling ____ Skate Park *

** NO member will be allowed in the skate park without proper gear (helmet, knee and elbow pads). There will be no exceptions to this policy and violating it will result in the loss of skate park privileges. All children using the skate park must use their own equipment.

Medical Information:

- Child's Physician/Clinic: _____ Physician Phone: (____) _____
Physician/Clinic Address: _____
- Does your family have health and/or accident insurance: Yes ___ No ___ Insurance Carrier: _____
Subscriber: _____ Policy #: _____ Group #: _____
- Does your child have any allergies? _____ Yes ___ No ___ No Known Allergies ___
- Are there any Club activities from which the member should be exempted for health reasons? Yes ___ No ___
- Has your child received medical treatment in the past? _____ Yes ___ No ___
- Is your child taking any current medications prescribed and/or over-the-counter? _____ Yes ___ No ___
- Does your child have any Serious Health Problems and/or Restrictions? _____ Yes ___ No ___
- Special Limitations (physical, mental, psychological) that require medication, treatment, or special restrictions or considerations while at the Club: _____ Yes ___ No ___

****IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN ON MEMBER HEALTH HISTORY FORM.**

- Date of last physical examination: ____/____/____

Parent/Guardian Authorization for Health Care:

- All information on the Blackstone Valley Boys and Girls Club Summer Program Registration Form and Member Health History Form is correct and accurately reflects the health status of the member. The member has permission to participate in all Club activities except as noted by me and/or an examining physician. I give permission to the physician selected by the Club to order x-rays, routine tests, and treatment related to the health of the member for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for the member. I understand the information on this form will be shared on a "need to know" basis with program staff. I give permission to photocopy this form. In addition, the program has permission to obtain a copy of the member's health record from providers who treat the member and these providers may talk with the program's staff about the member's health status.
- I authorize staff in the summer care program who are trained in the basics of first aid to give my child first aid when appropriate, routine health care, dispense medication and seek emergency medical treatment when needed. 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 program to transport my child to the nearest medical care facility and/or to secure necessary medical treatment for my child.

- **Parent/Guardian Signature** _____ **Date:** _____

Acceptance of Policy and Procedure Manual

- I, being the parent/guardian of the above understand and accept the policy manual that was given to me upon registration of my child into the 2012 Summer Program. I understand that the below rules are strictly enforced by staff and repeated disciplinary actions may result in expulsion from the park.
- No IPODS, video games, CD players, radios, two way radios, cell phones, (anything electronic) or trading cards are allowed in the Club and will be confiscated by staff with disciplinary action taken. No sandals of any kind will be permitted in the park except for the pool area. Children must have appropriate athletic shoes. I understand that it is my responsibility to review with my child all aspects of the policies and procedures for their safety and protection.
- I hereby give permission to my son/daughter to become a member of the Blackstone Valley Boys & Girls Club and participate in the summer program at Tupper Park. I understand that the town of Blackstone, the BVBGC, and the club personnel are not responsible for personal injury or loss of property. I hereby give permission to have my child examined by a doctor, if program staff deems it necessary. I give my consent for any photographs in which my child may appear to be used by the club in their literature or publicity. I also understand that there will be no refunds under any circumstances after the start of the program and that transferring of memberships is also not allowed. I have read the Blackstone Valley Boys & Girls Club policy and procedure manual for the summer program and agree that my child must follow all procedures accordingly.

- **Parent/Guardian Signature** _____ **Date:** _____

**BLACKSTONE VALLEY BOYS AND GIRLS CLUB
MEMBER HEALTH HISTORY FORM**

To reserve your child's spot for the Summer Program, this form must be completed and submitted with the member's summer program registration form and a deposit of \$200 per child or full payment.

Member Name: _____

Date of Birth: _____

Health-Care Providers:

Name of member's primary doctor(s): _____ Phone: (_____) _____

Name of dentist(s): _____ Phone: (_____) _____

Name of orthodontist(s): _____ Phone: (_____) _____

Immunization History

Provide the month and year for each immunization. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

<u>Immunization</u>	<u>Dose 1 Month/Year</u>	<u>Dose 2 Month/Year</u>	<u>Dose 3 Month/Year</u>	<u>Dose 4 Month/Year</u>	<u>Dose 5 Month/Year</u>	<u>Most Recent Dose</u>
Diphtheria, Tetanus, Pertussis (DTap) or (TdaP)						
Tetanus booster (dT) or (TdaP)						
Mumps, Measles, Rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella Had Chicken Pox? Yes No	Date: _____					
Meningococcal Meningitis (MCV4)						
Tuberculosis (TB) test Date: _____ NEG POS						

Prescribed Medication

___ This member will not take any daily medications while attending camp.

___ This member will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Medication must be in original pharmacy containers with labels which show the member's name and how the medication should be given. Provide enough of each medication to last the entire time the member will be at camp.**

Name of Medication	Date Started	Reason for taking it	When it is given (time)	Amount or dose given	How it is given

Allergies

No Known Allergies ___

This member is allergic to: ___Food ___Medicine ___The Environment ___Other

Please describe below what the member is allergic to and the reaction seen:

Non-Prescribed Medication

Cross out those the member should not be given.

- Acetaminophen (Tylenol)
- Phenylephrine decongestant (Sudafed PE)
- Antihistamine/allergy medicine
- Diphenhydramine antihistamine/allergy medicine (Benadryl)
- Sore throat spray
- Lice shampoo or cream (Nix or Elimite)
- Calamine lotion
- Laxatives for constipation (Ex-Lax)

- Ibuprofen (Advil, Motrin)
- Pseudoephedrine decongestant (Sudafed)
- Guaifenesin cough syrup (Robitussin)
- Dextromethorphan cough syrup (Robitussin DM)
- Generic cough drops
- Antibiotic cream
- Aloe
- Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

General Health History

Circle "Yes" or "No" for each statement.

Has/does the member:

- | | | | | | |
|--|-----|----|--|-----|----|
| 1. Ever been hospitalized? | Yes | No | 11. Had fainting or dizziness? | Yes | No |
| 2. Ever had surgery? | Yes | No | 12. Passed out/had chest pain during exercise? | Yes | No |
| 3. Have recurrent/chronic illnesses? | Yes | No | 13. Had mononucleosis ("mono") during the past 12 months?... | Yes | No |
| 4. Had a recent infectious disease? | Yes | No | 14. If female, have problems with periods/menstruation?..... | Yes | No |
| 5. Had a recent injury? | Yes | No | 15. Have problems with falling asleep/sleepwalking? | Yes | No |
| 6. Had asthma/wheezing/shortness of breath?..... | Yes | No | 16. Ever had back/joint problems?..... | Yes | No |
| 7. Have diabetes? | Yes | No | 17. Have a history of bedwetting?..... | Yes | No |
| 8. Had seizures? | Yes | No | 18. Have problems with diarrhea/constipation?..... | Yes | No |
| 9. Had headaches? | Yes | No | 19. Have any skin problems?..... | Yes | No |
| 10. Wear glasses, contacts, or protective eyewear? Yes | | No | 20. Traveled outside the country in the past 9 months?..... | Yes | No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health

Circle "Yes" or "No" for each statement.

Has the member:

- | | | |
|--|-----|----|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? | Yes | No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... | Yes | No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... | Yes | No |
| 4. Had a significant life event that continues to affect the member's life?..... | Yes | No |
- (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The Club may contact you for additional information.

Restrictions

- I have reviewed the program and activities of the program and feel the member can participate without restrictions.
- I have reviewed the program and activities of the program and feel the member can participate with the following restrictions or adaptations:

What Have We Forgotten to Ask?

Please provide in the space below any additional information about the member's health that you think important or that may affect the member's ability to fully participate in the camp program. Attach additional information if needed.