



**EXTENDED PROGRAM 2019  
MEMBERSHIP APPLICATION  
BLACKSTONE VALLEY BOYS AND GIRLS CLUB**

**LOCKER #** \_\_\_\_\_  
**SHARE:** \_\_\_\_\_

**Has your child attended our Summer Program?    Yes        No**  
**Grade Entering in Sept. 2019:** \_\_\_\_\_ **Age by Admission (June 17, 2019):** \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Physical:**

Male \_\_\_\_\_ Female \_\_\_\_\_ Skin Color: \_\_\_\_\_ (optional)  
Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Race: Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American \_\_\_\_\_ Asian \_\_\_\_\_ African American \_\_\_\_\_ Other \_\_\_\_\_  
Identifying Marks: \_\_\_\_\_

**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.**

**\*Can this person sign-out the member: Yes    No**

**\*Can this person sign-out the member: Yes    No**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_  
  
Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_  
Hours at Work: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_  
  
Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_  
Hours at Work: \_\_\_\_\_

**Emergency Contacts:** If parent/guardian is unreachable, we will contact the following people in the order that you place them.

I give my permission for my child to be released to the following people:

- 1. Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Relationship to Child:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
- 2. Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Relationship to Child:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
- 3. Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Relationship to Child:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Additional Contacts:** I give permission for my child to be released to the following people:

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

**Self - Sign-out...Please choose 1 option:**

I DO give permission for my son/daughter to sign themselves out of the park:

\_\_\_\_ Parent/Guardian Initial                      Circle Day(s): M T W R F                      Time of release: \_\_\_\_\_

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

\_\_\_\_ Parent/Guardian Initial

**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 X** \_\_\_\_\_ **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 2019 Summer Program. I understand that the rules are strictly enforced by staff and repeated disciplinary actions may result in expulsion from the park. I understand that it is my responsibility to review with my child all aspects of the policies and procedures for their safety and protection.
- These following items are not allowed at the Club: electronics of any kind, IPODS, video games, two way radios, cell phones, trading cards, and anything else that is valuable. If members bring in these items, they 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 wear appropriate athletic shoes.
- 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 X** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

Date of last physical examination: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please provide a copy of the child's most recent immunization records.**

Does your family have health and/or accident insurance: Yes \_\_\_ No \_\_\_

Subscriber: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_

**Health-Care Providers:**

Name of member's primary doctor(s): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Name of dentist(s): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Name of orthodontist(s): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**General Health History - Please Check "Yes" or "No" for each statement.**

➤ HAS or DOES the member:

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

***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 - Please Check "Yes" or "No" for each statement.**

➤ Has the member:

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

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

**Medication** - a pharmaceutical drug that legally requires a medical prescription to be dispensed.

Is the child currently taking any doctor prescribed medication? If so, please note in the box below.

Name of Medication	Date Started	Reason	Time given	Dose given	How administered
*					
*					

**Will your child be taking any medications while at the club during the program? Yes No**

\*If you are planning to have the child take any medications while at the program, a **Medication Administration Form** must be provided. This form can be found on our website and also in our Club office. All medications must be given to either our First Aid Attendant or Management. Medication must be in the original pharmacy container 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 the program.

**Allergies**

No Known Allergies

\*This member is allergic to:  Food  Medicine  The Environment  Other

\*Please describe below the allergy and the severity of the reaction. *ie) "Cannot inhale any peanut products, if ingested, will have trouble breathing."*

**Restrictions – Please check one**

I have reviewed the program and activities of the program and feel that the member may participate **without restrictions.**

I have reviewed the program and activities of the program and feel that the member may participate **with the following restrictions or adaptations:**

**What Have We Forgotten to Ask?**

Please provide any additional information about the member's health that may affect the member's ability to fully participate in the program. The Club may contact you for additional information: