BASIC PROGRAM 2019
MEMBERSHIP APPLICATION **LOCKER #_____**
BLACKSTONE VALLEY BOYS AND GIRLS CLUB **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

***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: _____

Guardian 2/Parent 2

***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: _____

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

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 ☐	No ☐	10. Have any skin problems?	Yes ☐	No ☐
2. Ever had surgery?	Yes ☐	No ☐	11. Passed out/had chest pain during exercise?	Yes ☐	No ☐
3. Have recurrent/chronic illnesses?	Yes ☐	No ☐	12. Had mononucleosis ("mono") during the past 12 months?	Yes ☐	No ☐
4. Had a recent infectious disease?	Yes ☐	No ☐	13. Wear glasses, contacts, or protective eyewear?	Yes ☐	No ☐
5. Had a recent injury?	Yes ☐	No ☐	14. Had fainting or dizziness?	Yes ☐	No ☐
6. Ever had back/joint problems?	Yes ☐	No ☐	15. Had asthma/wheezing/shortness of breath?	Yes ☐	No ☐
7. Have diabetes?	Yes ☐	No ☐	16. Have problems with diarrhea/constipation?	Yes ☐	No ☐
8. Have seizures?	Yes ☐	No ☐	17. Traveled outside the country in the past 9 months?	Yes ☐	No ☐
9. Have headaches?	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 - 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 ☐	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? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)	Yes ☐	No ☐

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: