BOYS & GIRLS CLUBS
OF CITRUS AND MARION COUNTIES

Boys & Girls Clubs of Marion County Afterschool Program

We are thrilled about the upcoming school year and express our gratitude for your interest in joining the Boys & Girls Clubs of Marion County and our programs. We have a few very important things that we would like to go over with you so you understand our expectations about this upcoming year.

When filling out your application please make sure that it is filled out entirely. If information is missing, we can't accept your application and place your child into our program. The following areas that seem to get left out on a great deal of our applications are the following.

- Marion County Student ID# (this is a 7 digit # giving to students by Marion County School board)
- FL 12# Student ID (this is given out by the state of Florida and is 12 digits long)
    - **If you don't know how to get your Childs Numbers you can call their school and they will get you the information needed.- This can also be found on Skyward under student Information listed "other ID" which is 10 digits and add FL Infront of these 10 digits**
- Medical information is critical to the safety of our Members and your child. If your child has ANY allergies or medical conditions please let us know.
- Demographic information-this section is CRITICAL to our grant writing which allows us to do the fun things we can and also keeps the cost of Programs down.

The Boys & Girls Clubs of Citrus and Marion Counties closes at 6:00 pm each day, and we kindly ask that all Members be picked up by 6:00 pm. We understand that unexpected things come up, and we are happy to work with you when they do. However, because consistent pick-up times help keep our staff and Members safe, repeated late pick-ups may affect your child's place in the program. Thank you so much for your help and understanding.

We are excited for an amazing year ahead!

Brittany S Marchand

Brittany S Marchand
Director of Operations

BOYS & GIRLS CLUBS OF CITRUS AND MARION COUNTIES RULES

- Stay in assigned area
- Always respect staff and other members
- Keep hands & feet to yourself
- Walk inside of the building
- Do not use inappropriate language or obscene gestures
- Clean up after yourself

Consequences for Actions

- 1st Referral……Warning
- 2nd Referral……... One Day Suspension
- 3rd Referral……Three Day Suspension
- 4th Referral……Five Day Suspension and Parent Conference
- 5th Referral……Withdrawal from Program

Members MUST NOT:

- Fight or intentionally cause physical harm to other members or staff
- Bully members
- Vandalize, damage, or steal Club property or the personal property of others
- Engage in any form of sexual misconduct

These actions may result in suspension or expulsion from the Boys & Girls Clubs of Citrus and Marion County. The Operations Director will make the final decision regarding all disciplinary actions. No refunds will be issued for suspensions or expulsions resulting from behavioral issues.

Please note that this is not a complete list of Club rules. The sequence of consequences may be adjusted based on the severity and nature of the behavioral incident.

We have read, discussed and understand the above rules, consequences & Code of Conduct listed above.

Members name: _____ ***Members signature:*** _____

Parent/Guardian Signature: _____

Date Signed: _____

2026/2027 ASP MEMBERSHIP APPLICATION

BOYS & GIRLS CLUBS
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Unit Name: _____ Dr. H.L. Harrell (Ocala) _____ Dunnellon _____ Silver Springs Shores

First Name: _____ Middle: _____ Last:_____

Marion County Student ID# _____ FL12# Student ID_____ Nickname:_____

Gender: ___M ___F Ethnicity: _____ DOB: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Email: _____

School Information:

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): _____

Special Needs/Health Issues: ___Yes ___No If Yes, explain: _____

Medications: ___Yes ___No; If Yes, explain: _____

Additional Medical Information: _____

_____

_____

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: _____

Total 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 PARAGRAGH

____ **PARENT HANDBOOK** I have received a copy of the Boys & Girls Clubs of Marion County handbook and agree to the Terms & Conditions of the Parent Handbook.

____ **RESPECT STAFF** I agree that I will act respectful to all staff, parents and members of the club. Failure to do so may result in my child's removal from the program.

____**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.

____**Report Cards and Student Grades** I agree to provide my child's grades each nine weeks as part of membership to the Boys & Girls Clubs of Marion County. I understand that my child's membership may be suspended or discharged in the event my child/children does not submit Report Cards within one week of request.

____**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.

____**PROPERTY DAMAGE** I understand that if my child damages club property, I am responsible for the cost of repair or replacement.

____**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 and Marion Counties is not liable for the loss of property or injury.

I understand that I am responsible for any damage 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 representatives to administer first aid in the event that my child/children may require medical attention.

I hereby authorize the Boys & Girls Clubs of Marion 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 Marion 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 tortuous 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 with all terms and conditions stated on this form.

Parent/Guardian Signature: _____ Date: _____

MEMBERS CONTACT AND PICKUP LIST

BOYS & GIRLS CLUBS
OF CITRUS AND MARION COUNTIES

Member's Name: _____

PRIMARY CONTACT 1	PRIMARY CONTACT 2
Name: _____	Name: _____
Parent/Guardian: ____ Emergency: ____	Parent/Guardian: ____ Emergency: ____
Person Authorized to Pick up Member: ____	Person Authorized to Pick up Member: ____
Relationship to Member: _____	Relationship to Member: _____
Phone: _____ Type: _____	Phone: _____ Type: _____
Phone: _____ Type: _____	Phone: _____ Type: _____
Employer: _____	Employer: _____
Name: _____	Name: _____
Parent/Guardian: ____ Emergency: ____	Parent/Guardian: ____ Emergency: ____
Person Authorized to Pick up Member: ____	Person Authorized to Pick up Member: ____
Relationship to Member: _____	Relationship to Member: _____
Phone: _____ Type: _____	Phone: _____ Type: _____
Phone: _____ Type: _____	Phone: _____ Type: _____

Marion County School District

PARENT/GUARDIAN/ADULT
PERMISSION FOR RELEASE OF STUDENT RECORDS

BOYS & GIRLS CLUBS
OF CITRUS AND MARION COUNTIES

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 Ml

Address: _____
Street/PO Box City State Zip

Grade: _____ Date of Birth: __/__/__

Student Number: _____

FL 12# Student Number_____

Please release the following:

X Achievement Test Scores Most recent IEP

X 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 Marion County.**

Address: 800 SW 12the Ave Ocala FL 34471

ATTENTION: Brittany Marchand

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

CLUB CODE OF CONDUCT

SIGN IN EVERYDAY

BE RESPECTFUL TO STAFF & CLUB MEMBERS

RESOLVE DISAGREEMENTS IN A POSITIVE WAY

NO CELL PHONES OR OTHER ELECTRONICS

APPLAUD THE EFFORTS OF OTHER MEMBERS

USE APPROPRIATE LANGUAGE

PLAY FAIR AND BE HONEST

DRESS APPROPRIATELY AT ALL TIMES

LISTEN DURING CLUB ASSEMBLY AND WHEN INSTRUCTIONS ARE BEING GIVEN

TAKE CARE OF CLUB EQUIPTMENT

NO RUNNING INSIDE THE BUILDING

BOYS & GIRLS CLUBS OF MARION COUNTY

THE CLUB IS NOT RESPONSIBLE FOR PERSONAL ITEMS BROUGHT FROM HOME

PARENT SIGNATURE:_____

MEMBER SIGNATURE:_____

DATE:_____

