

2020 MEMBERSHIP APPLICATION



Unit Name: Central Ridge (Beverly Hills) Evelyn Waters (Inverness) Robert Halleen (Crystal River/Homosassa)

First Name: _____ Middle: _____ Last: _____

Nickname: _____

Gender: M F Ethnicity: _____ DOB: _____ Age: _____

Address: _____

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

Phone: _____ Email: _____

School Information:

Current Teacher: _____

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:

Physical Characteristics:

Eye Color: _____ Hair Color: _____ Skin Color/Features: _____

Height: _____ Weight: _____

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 PARAGRAPH....

____ **PARENT HANDBOOK** I have received a copy of the Boys & Girls Clubs of Citrus County handbook and agree to the Terms & Conditions on Page 13 of the Parent Handbook.

____ **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 Citrus 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.

____ **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 County is not liable for the loss of property or injury.

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

I hereby authorize the Boys & Girls Clubs of Citrus 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 Citrus 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 to all terms and conditions stated on this form.

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



MEMBERSHIP APPLICATION - CONTACTS



Member's Name: _____

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

PARENT/GUARDIAN/ADULT PERMISSION FOR RELEASE OF STUDENT RECORDS



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 MI

Address: _____
Street/PO Box City State Zip

Grade: _____ Date of Birth: ___/___/___ Student Number: _____

Please release the following:

- Achievement Test Scores Most recent IEP
- 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 Citrus County.**

Address: PO Box 907 Lecanto FL 34460
Street/PO Box City State Zip

ATTENTION:

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/Adult Student

