

MEMBERSHIP APPLICATION

Boys & Girls Clubs of Rochester, Inc.

Date: _____

Child's Information

Last Name: _____ First Name: _____ Gender: (M/F) _____

Address: _____ City: _____ State: _____ Zip Code: _____ Birth Date: _____

Ethnicity: (circle one) *Black/African American *White/Caucasian *Hispanic/Latino *Asian *Multi-racial/Mixed *other: _____

Parent/Guardian's Information (person signing child up)

Home Phone: _____ Cell Phone: _____ Email: _____

Parent/Guardian's Name: _____ Relationship to child: _____

Employer's Name: _____ Employer's Phone #: _____

Do parents serve or have served in the military services? Yes ___ No ___ If yes, name: _____

Education Information

Current School: _____ Current Grade: _____

Special Education: Yes ___ No ___ Rochester City School ID#: _____ (must provide)

Medical Information

Doctor's Name: _____ Doctor's Phone: _____ Insurance Carrier: _____

*Permission for Doctor/Hospital: ___Yes ___No *Does your family have health insurance: ___Yes ___No

Serious Health Problems: ___Yes ___No *If yes, explain _____

*Medications: ___Yes ___No * Food Allergies: ___Yes ___No If yes, explain _____

Other: Does applicant receive services from any other agencies? If yes, please list: _____

Household:

(Please check one)

(NOTE: This information is collected for Grant writing purposes ONLY)

Less than \$15,000
 \$15,000- \$24,000
 \$25,000- \$44,000
 \$45,000- \$74,000
 \$75,000 or greater

(For Official Use)

| Date | Card # | Age | School | Date Expired |
|------|--------|-----|--------|--------------|
| | | | | |
| | | | | |

Disclaimer:

I _____ do hereby give my child permission to attend and participate in the activities sponsored by the Boys & Girls Clubs of Rochester. I hereby release the Boys & Girls Club, its employees, associates, and contributors from liability form any injury, loss or theft incurred by my child while participating. I understand that the Boys & Girls Club is no longer responsible for any lost or stolen items. Furthermore, I hereby authorize medical examination and emergency treatment for my child by a qualified licensed physician in the event of an accident. I further understand that the Boys & Girls Club has an "Open Door" policy, which means that my child may come and go at will. Pictures taken of the undersigned member and parent may be used for publicity reasons. **The undersigned member has parental permission to obtain student information from All School District's for which the member attends**, and participate in programs and field trips at or sponsored by the Boys & Girls Club. My signature indicates that I completely understand the above statements.

Parents Signature: _____ Member Signature: _____

OFFICE USE ONLY: New Member _____ Renewal _____ Staff initials _____

Housing:

Child lives with: ___ Mom ___ Step Mom ___ Dad ___ Step Dad ___ Grandparent ___ Other: _____

Is there a Member of the Household 65 years old or older: ___ Yes ___ No

Is there a Member of the Household Handicapped: ___ Yes ___ No

Current Head of Household: ___ Female ___ Male

Current Number in Household: _____

Number of Brothers: _____ Ages: _____ Number of Sisters: _____ Ages: _____

General:

Birth Certificate on File: ___ Yes ___ No Birth City: _____ Birth State/Country: _____

Parent Understood Signed Insurance Disclaimer and Permission Statement: ___ Yes ___ No

My child has permission to be used in public relations materials: ___ Yes ___ No

My child may participate in all Boys & Girls Club ___ Yes ___ No

activities in or adjacent to the club building:

Does child belong to:

___ Boy Scouts or Girl Scouts ___ School Club ___ YMCA or YWCA ___ Church Group

___ Other: _____

***New Members Background Information:**

How did you hear about the Club? () TV () Radio/Pandora () Social Media () Friends () Relatives () Bus Ad
() Website () Other (Please specify) _____

I (guardian) am active on these social media platforms – () Facebook () Twitter () Instagram

What Type of Activities/Programs Interest You and your child? () Sports Leagues () Music () Arts & Crafts
() Educational Programs () Group Clubs () Camping () Other _____

What are your strongest subjects in school? _____

What are your weakest subjects in school? _____

Have you ever repeated a grade? _____ If so , which grade? _____

Are you in any of the following programs? Map () Non-Regents () Regents () Non-Regents () Others

Member’s Emergency Contacts

Name of Emergency Contact: _____, Relationship _____

Current Address: _____

Phone: _____ Cell: _____ Alt. Phone: _____

Other Person (s) Authorized Contacts:

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

3. Name: _____ Phone: _____ Relationship: _____

**Note: All Memberships EXPIRES every August 31st of the year. \$11 Membership Renewal begins in September.
(If your child is not signed up between September and May 31st of each year, the membership fee is \$50.00 from
June 1st through August 31st.)**

**ROCHESTER CITY SCHOOL DISTRICT
AUTHORIZATION FOR DISCLOSURE OF EDUCATIONAL INFORMATION
2019-2020 PARENTAL CONSENT FORM**

Student: _____ DOB: _____ Rochester City School District ID: _____
 Telephone: _____ School: _____
 Grade: _____

Relationship to student: Parent Legal Guardian

I am the person legally responsible for the above named individual and I authorize the RCSD to release the following student data information to (Name of program), United Way of Greater Rochester, and Children's Institute.

RCSD STUDENT DATA INFORMATION

| | |
|---|--|
| Assignments | Report Card Information |
| Attendance data | Results from AIMS WEB, NWEA, or Scholastic Reading |
| English Language Learner (ELL) status | Inventory |
| Grade Point Average | Student schedule |
| Grades | Student test scores |
| IEP status (student having an Individual Education Plan, IEP) | Suspension data |
| Interim results | Transcript |
| Local Exams | |

I understand that the program will record and share information about my student with the United Way of Greater Rochester, including name, demographics, and participation in the program. I also authorize United Way and the program to release the following information about my child to RCSD personnel.

PROGRAM STUDENT INFORMATION

| | |
|--------------------------------|-----------------------------|
| Name/dob and RCSD ID | Dates of participation |
| Program(s) participated in | Program attendance/contacts |
| Results of program assessments | Student progress notes |

The purpose of these disclosures is to advance the education of the student and to evaluate the effectiveness of the program at improving student performance.

By signing below I am stating that:

- I hereby authorize the disclosure of educational and program information between organization(s) or name of person(s) listed above and Rochester City School District (District), in accordance with the Family Educational Rights and Privacy Act (FERPA).
- I understand that the information disclosed will be provided to the organization(s) or name of person(s) listed above.
- I understand that I have the right to revoke and/or restrict this authorization at any time without penalty, provided that I submit a request in writing to the District's General Counsel. Any revocation shall not apply to the extent the District has already taken action in reliance on this authorization.
- I authorize the periodic, on-going disclosure of the above information.
- Period for this authorization is 8/31/2019 to 8/31/2020.

Please be sure to date this form in order for the District to process.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Printed Name: _____



BOYS & GIRLS CLUB OF ROCHESTER, INC.

WAIVER RELEASE OF LIABILITY AND ASSUMPTION OF THE RISKS

TO BE COMPLETED AND SIGNED BY EVERY PARENT/GUARDIAN & MEMBER.

In consideration of my participation in activities arranged for me by Boys & Girls Clubs of Rochester, Inc., I hereby release and covenant not to use Boy & Girls Clubs of Rochester, Inc., its owners, shareholders, directors, officers, employees, representatives, agents and lessees from any and all present and future claims resulting from ordinary negligence and inherent risk of my participation in any activities or arrangements and the use of the facilities and equipment of Boys & Girls Clubs of Rochester, Inc., including but not limited to my loss, injury, damage, or liability sustained by me while on or about the premises of the club.

I am full aware and understand that Boys & Girls Clubs of Rochester, Inc., does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services including but not limited to emergency cardiovascular assistance.

I agree that immediately prior to participating in any activity arranged for me by the Boys & Girls Clubs of Rochester, Inc., I will inspect the facilities and equipment to be used and if any defect is apparent I will not use the facility or equipment and I will notify the management of Boys & Girls Clubs of Rochester, Inc., of the defect.

I further agree that if I am not knowledgeable in the proper use of any Boys & Girls Clubs of Rochester, Inc., facilities or equipment, I will obtain proper instruction for the correct use of such facility or equipment for a qualified individual before I will use the facility or equipment.

I further agree to indemnify and hold harmless Boys & Girls Clubs of Rochester, Inc., its owners, shareholders, directors, officers, representatives, agents, and lessees for any and all claims arising from my involvement in or receiving instruction for activities incidental thereto – wherever, whenever, and however the claim may arise including but not limited to travel to and from the activity site and participation at remote sites.

I assume all foregoing risks and accept personal responsibility for any damages and loss following any loss of property, injury, permanent disability or death resulting thereon.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER RELEASE AND ASSUMPTIONS OF RISK AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER, RELEASE AND ASSUMPTION OF RISK AND SIGN IT VOLUNTARILY.

Any person under the age of 18 years must have a parent or guardian co-sign this form.

NAME: _____ SIGNATURE: _____ DATE: _____
(Member)

NAME: _____ SIGNATURE: _____ DATE: _____
(Parent/Guardian)