

**GREAT FUTURES START HERE.**



**REGISTRATION APPLICATION**

**Member Information**

Name of Child	Student School ID Number	School	Grade	Birth Date month/day/year	Sex (check one)	Enrollment Date (check the box if no longer enrolled)
				___/___/___	F___ M___	___/___/___ <input type="checkbox"/>
				___/___/___	F___ M___	___/___/___ <input type="checkbox"/>
				___/___/___	F___ M___	___/___/___ <input type="checkbox"/>

**Home Street Address** \_\_\_\_\_

**City**

**State**

**Zip Code**

Name of Parent/Guardian	Relationship to Child	E-mail address	Home Phone #	Work Phone #	Cell Phone #

**Emergency Contacts (Other than Parents) and Persons Authorized to Pick-Up the Child(ren)**

Unless there is a court order prohibiting it, all parents listed on this form are authorized to pick up their child(ren)

Name	Relationship to Child(ren)	Address	Phone #

- Check if there are no emergency contacts available, other than parents.
- Check if there are no persons authorized to pick up the child(ren), other than parents.

Out of Area/State Contact Name (If available)	Relationship to Child(ren)	Address	Phone #

- Check if there are no out of area/state contacts available.

In case of an emergency or a serious illness and the parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation for my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

I hereby give the provider permission to transport my child in the provider's vehicle for the following (optional):

- To and From School
- On Field Trips (with written permission in advance)
- Other: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# Child Health Assessment

There must be a separate health assessment form for each sibling.

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Check All That Apply:

Does your child have any known allergies or sensitivities to:

	No	Yes	If yes, please list:
Medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foods	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

### Illnesses or Medical Conditions:

Does your child have any of the following conditions?

	No	Yes		No	Yes
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Developmental Delays	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Physical Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral or Emotional Problems	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____		

List any additional health information or special instructions you feel we need to be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any regular medications your child takes: \_\_\_\_\_

Name of Child's Medical Provider: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

This form must be completed for each **individual** child enrolled, and must be reviewed annually by the parent/guardian, and any changes noted.

Parent/Guardian Name:

Reviewed and/or update: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

Reviewed and/or update: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

Reviewed and/or update: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_



**BOYS & GIRLS CLUBS  
OF UTAH COUNTY**

**PICK-UP AUTHORIZATION FORM**

**(This form is for additional people authorized to pick-up your child(ren),  
other than those previously listed)**

The Boys & Girls Club of Utah County asks for proof of identification from all adult person(s) that will be picking up your child. Your child will not be released to any adult who is not authorized. Contact the BGCUC to add or remove adults from your authorized list.

The following persons are authorized to pick up \_\_\_\_\_  
(child's name)

1. Name of Adult: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Phone Number: (\_\_\_\_\_) \_\_\_\_\_

2. Name of Adult: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Phone Number: (\_\_\_\_\_) \_\_\_\_\_

3. Name of Adult: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Phone Number: (\_\_\_\_\_) \_\_\_\_\_

4. Name of Adult: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Phone Number: (\_\_\_\_\_) \_\_\_\_\_

5. Name of Adult: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Phone Number: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ My child is allowed to walk home at the end of the program day.

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**



**BOYS & GIRLS CLUBS  
OF UTAH COUNTY**

**WE, AS MEMBERS:**

1. Respect Club members, staff, and property.
2. Keep your hands, feet, and body to self.
3. Use appropriate language.
4. Follow directions of Club staff.
5. Have fun!

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Club Member's Signature

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Date

**MEMBERSHIP POLICIES**

**Membership Fees:** The membership fee must be received at the time of registration and is non-refundable. Membership expires one year after the date of registration. All other Club fees are due the first of each month or prior to the beginning of service. A bounced check will result in a \$25 fee and all subsequent payments must be made using cash, money order, or a credit card.

**Refunds:** Program fees can be refunded before the program starts, but not after. If you cancel your child's program registration after payment has been made, the payment will be refunded less a \$5 cancellation fee. If your child is terminated from the program due to behavior or violation of club policies the program fee is non-refundable.

**Pick-Up/Drop-Off:** Please pick-up and drop-off your child at the appropriate times. If you're late picking up your child, a fee of \$1.00 per minute late until 30 minutes will be charged. Every 10 minutes after that adds \$20 per family. If children are consistently picked up late, action may be taken towards suspension. Payment must be received before your child is permitted to return to the Club.

**Transportation:** It is the responsibility of the parent or guardian to make transportation arrangements to and from the Club. Staff members are not permitted to give rides to any Club member.

**Field Trips:** Field trips are first come, first serve. Failure to follow member rules may impact a member's ability to participate in field trips. PERMISSION SLIPS are required for all trips.

**Technology:** Members can access the firewall secured internet under staff supervision.

**Telephone Calls:** The Club's phone is for emergency calls ONLY under the direction of a staff member.

**Illness:** A parent or guardian will be notified by a staff member if your child becomes ill. Arrangements must be made as soon as possible to pick up your child.

**Personal Belongings:** The Club is not responsible for lost, stolen, missing, or damaged items on the premises or on field trips. Valuable items should be left at home.

**Discipline & Expulsion Policy:** The staff and Director reserve the right to suspend/expel any club member who does not adhere to the rules & regulations of the program.

## LIABILITY RELEASE

THE BOYS & GIRLS CLUB OF UTAH COUNTY (BGCUC) PROVIDES SERVICES TO MEMBERS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, DISABILITY, OR FAMILIAL STATUS.

**Please initial the following statements:**

\_\_\_\_ I recognize there is an element of risk in any out of the home setting, including the BGCUC. My child may be exposed to physical hazards, emotional demands, communicable diseases, weather conditions, or other unanticipated events.

\_\_\_\_ I hereby release and agree to hold harmless the BGCUC, its employees, agents, officers, directors, and all volunteers from any and all liability, loss or damage, actions, claims, and demands which now have or which may hereafter arise from my child's participation in the routine activities of the Club. This release is intended to be binding upon my heirs and executors of personal representatives. I hereby certify that my child is in normal health, and to my knowledge, is capable of participating safely in the programs of BGCUC.

\_\_\_\_ In case of an emergency or a serious illness and the parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation for my child. I understand every effort will be made to contact me. In the event I cannot be reached, I give permission to the employees, volunteers, hospital, and attending physician selected by the BGCUC to take any necessary action, including, but not limited to, surgery, anesthesia, or injections, that is in the best interest of my child.

\_\_\_\_ I understand there is no medical payment insurance coverage available or provided by the BGCUC, even if necessary action is provided by the employees, volunteers, hospital, and attending physician selected by the BGCUC. You, the parent or guardian, must provide for all medical payment or insurance coverage for your child.

\_\_\_\_ I authorize my child to participate in educational, athletic, and recreational programs of the BGCUC. On behalf of my minor child, I assume all risks of my child's participation in these programs.

\_\_\_\_ I authorize BGCUC to transport my child in Club vans or contracted transportation for field trips and during the school year to drop-off and pick-up my child from school, where available. During the school year, pick up will be treated as a bus stop and will not return for late children.

\_\_\_\_ I authorize BGCUC to use pictures taken and quotes from my child for any and all public relation purposes.

\_\_\_\_ I authorize my child to participate in surveys directly related to BGCUC for program improvement purposes.

\_\_\_\_ I understand the BGCUC is not responsible for my child when he/she is transported to the Club by parties other than the BGCUC.

\_\_\_\_ I understand my child's membership at the BGCUC is a privilege and may be revoked if my child does not adhere to club policies.

**I have read and agree with the above statements.**

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**Parent or Guardian Signature**

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**Date**

**Household Information: Required**

The Boys & Girls Club of Utah County benefits from federal funding. The following information is required for governmental surveys in order for us to continue to receive funding. **This information is confidential.** Failure to supply this information will result in the loss of funding for future years.

**PLEASE SELECT THE CORRESPONDING GROSS INCOME LEVEL LISTED BENEATH YOUR HOUSEHOLD SIZE**

2 PEOPLE	3 PEOPLE	4 PEOPLE	5 PEOPLE	6 PEOPLE	7 PEOPLE	8+ PEOPLE
<input type="checkbox"/> \$0–27,700	<input type="checkbox"/> \$0–31,150	<input type="checkbox"/> \$0–34,600	<input type="checkbox"/> \$0–37,400	<input type="checkbox"/> \$0–40,150	<input type="checkbox"/> \$0–42,950	<input type="checkbox"/> \$0–45,700
<input type="checkbox"/> \$27,701–33,240	<input type="checkbox"/> \$31,150–37,380	<input type="checkbox"/> \$34,601–41,520	<input type="checkbox"/> \$37,401–44,800	<input type="checkbox"/> \$40,151–48,180	<input type="checkbox"/> \$42,951–51,540	<input type="checkbox"/> \$45,701–54,840
<input type="checkbox"/> \$33,241–44,300	<input type="checkbox"/> \$37,381–49,850	<input type="checkbox"/> \$41,521–55,350	<input type="checkbox"/> \$44,801–59,800	<input type="checkbox"/> \$48,181–64,250	<input type="checkbox"/> \$51,541–68,650	<input type="checkbox"/> \$54,841–73,100
<input type="checkbox"/> \$44,301 +	<input type="checkbox"/> \$49,851 +	<input type="checkbox"/> \$55,351 +	<input type="checkbox"/> \$59,801 +	<input type="checkbox"/> \$64,251 +	<input type="checkbox"/> \$68,651 +	<input type="checkbox"/> \$73,101 +

**PLEASE MARK (X) ALL APPLICABLE LINES:**

WHITE (NON HISPANIC ORIGIN)     BLACK (NON HISPANIC)     HISPANIC     ASIAN OR PACIFIC ISLANDER

NATIVE AMERICAN INDIAN     OTHER: \_\_\_\_\_

# VETERANS IN HOUSEHOLD     # ACTIVE MILITARY IN HOUSEHOLD     # HANDICAPPED/DISABLED IN HOUSEHOLD

**PLEASE MARK (X) IF YOU ARE A**  SINGLE PARENT HOUSEHOLD  MARRIED HOUSEHOLD

**PLEASE MARK (X) IF YOU QUALIFY**  FREE LUNCH  REDUCED LUNCH

I declare the above information is accurate and complete to the best of my knowledge. I understand providing false information will jeopardize my child’s membership and monies paid.

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**

Parent/Guardian Name: \_\_\_\_\_

Reviewed and/or update: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

Reviewed and/or update: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

Reviewed and/or update: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

**For Office Use Only:**

Child Health Assessment filled out for EACH child

Club Location:    Franklin    Geneva    Mt. Nebo    Provo Clubhouse    Sharon    Timpanogos

Club #: \_\_\_\_\_ Club #: \_\_\_\_\_ Club #: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

