Summer Year: \_\_\_\_\_\_\_\_\_\_\_\_ Unit: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ Fee: \_\_\_\_\_\_\_\_\_\_\_ Membership # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Processed by: \_\_\_\_\_\_\_\_\_\_

**APPLICATION FOR MINI SUMMER MEMBERSHIP 2021**

Child’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male: \_\_\_\_\_\_\_\_ Female: \_\_\_\_\_\_\_\_

911 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_/\_\_\_\_\_ /\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_ Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race: check all that apply 1**.** American Indian\_\_\_\_\_\_ 2.White\_\_\_\_\_ 3**.** African American\_\_\_\_\_ 4.Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If American Indian/Native American, please tell what tribe you identify with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child is an enrolled member of the Lumbee Tribe, please give the enrollment #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have ***any*** health problems, allergies or handicaps? (ex. ADHD, asthma, etc.) Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have ***any*** medical, physical or mental disorders? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

Please Identify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medications your child takes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does a hospital or doctor have permission to treat your child in the case of an emergency? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

Will your child walk or ride from the Club? \_\_\_\_\_\_\_\_ **Please note, all riders, must have a pick-up/release form completed and only those individuals will be allowed to pick up a member.**

**Additional Emergency Contact *Other* Than Parent/Guardians**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Following information is necessary for our records and the funding our organization receives. The answers you give will not affect your child joining the Boys & Girls Club. The answers you provide will be kept confidential. Thank you for your cooperation.

Who does child live with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Head of household: 🞏 male 🞏 female Single parent home: 🞏yes 🞏no

Total # in the home \_\_\_\_\_\_\_\_\_ Total # of children in home ages: 0-5 \_\_\_\_\_\_\_\_ 6-12 \_\_\_\_\_\_\_ 13-18\_\_\_\_\_\_\_\_

**\*Annual Family Income level (please check one)**

\_\_\_\_\_\_$0-$4,999 \_\_\_\_\_\_\_$5,000-$9,999 \_\_\_\_\_\_\_\_$10,000-$14,999

\_\_\_\_\_\_$15,000-$19,999 \_\_\_\_\_\_\_$20,000-$24,999 \_\_\_\_\_\_\_\_$25,000-$29,999

\_\_\_\_\_\_$30,000-$34,999 \_\_\_\_\_\_\_$35,000-$39,999 \_\_\_\_\_\_\_\_$40,000 and above

**Please check all that apply for the household:**

🞏TANF 🞏SSDI (DISABILITY) 🞏DAY CARE VOUCHER 🞏FOOD STAMPS 🞏GENERAL ASSISTANCE 🞏PUBLIC HOUSING 🞏SECTION 8 🞏FREE LUNCH 🞏REDUCED LUNCH 🞏VETERANS COMPENSATION

Legal Guardian 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Legal Guardian 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

==========================================================================================================  
**I hereby make application for my child’s membership to the Boys & Girls Clubs of The Lumbee Tribe of North Carolina. I understand that all membership dues are non-refundable and membership may be terminated anytime, at the discretion of the Boys & Girls Clubs. I have explained the rules to my child and understand that the Clubs nor the Lumbee Tribe will not be responsible for any accident to my child on the premises or while engaged in any of its activities away from the Clubs. I understand the Clubs nor are the Lumbee Tribe not responsible for any lost, stolen or damaged items in the Clubs. I understand that this program is not a licensed child care program and it operates under an Open Door Policy, therefore members may come and go as they desire. Employees cannot force a child to stay at the Club, therefore the Boys & Girls Clubs will not be held liable for my child leaving the building or grounds, nor will they be responsible for my child participating in any activity without my permission. I hereby consent to the reproduction, publication and use of photographs/video footage taken of my child for advertising, educational and/or publicity purposes in any and all publications, Web sites, advertisements and publicity materials, without limitation or reservation, as deemed appropriate by the organization. I also consent to any testimony or text written about the person named above that may accompany said photographs or stand-alone in any and all publications, advertisements and publicity materials, without limitation or reservation, as deemed appropriate by the organization. No member may stay at the Clubs without his/her membership card. I further understand that the Boys & Girls Clubs will not be responsible for members after closing time and members may be taken to the local police station to wait for their ride after closing time. I fully understand and agree to all of the conditions stated on this form and have counseled my child to conform to the rules of the Boys & Girl Clubs and the authority of the employees of the Boys & Girls Clubs. Please read the above information carefully before signing.**

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Parent/Guardian’s Signature Club Member’s Signature Date***

1



**Lumbee Tribe of NC BGC**

**Pick-up/Release Form**

The following people have authorization to pick my child up from the Boys & Girls Clubs.

Name Relationship Contact #

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Waiver and Release of Liability**

This is to certify that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as ***parent/guardian*** with legal responsibility for my minor child acknowledge that he/she will be engaged in activities that involve risk of injury at the Boys and Girls Clubs of the Lumbee Tribe of North Carolina. I do recognize and assume that risk, whether foreseeable or not reasonably foreseeable, on behalf of my child, in connection with participation in activities of recreation and instruction at Boys and Girls Clubs of the Lumbee Tribe of NC activities. On behalf of my minor and his/her legal representatives, I hereby release and agree to indemnify the Boys and Girls Clubs of the Lumbee Tribe of NC and their affiliates, administrators, directors, managers, agents, coaches, and their employees, other participants, and sponsor agencies, from any and all claims and damages instituting or arising out of my minor child's involvement or participation in the programs at the Boys and Girls Clubs of the Lumbee Tribe of North Carolina.

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Parent/Guardian’s Signature Club Member’s Signature Date***

2



**Lumbee Tribe of NC BGC**

**Parental Release Form**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of the Lumbee Tribe of NC, and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Clubs.

***Medical Treatment***

\_\_\_\_\_ I give permission to the Boys & Girls Clubs of the Lumbee Tribe of NC to seek emergency medical treatment

(Initials) for my minor child if I cannot be reached. I will be responsible for all costs of medical attention and treatment.

***Surveys and Questionnaires***

\_\_\_\_\_ I, the parent/guardian of the minor child listed on this application, give permission for Boys & Girls Clubs to survey my child about his or her Club experience and behaviors, skills and attitudes using Boys & Girls Clubs of America’s Youth Development Outcome Measurement Tool Kit surveys or other survey instruments.

***Technology***

\_\_\_\_\_ As a member of the Boys & Girls Clubs, your child will have access to the Internet.  While precautions are being taken, it is possible that she/he may access inappropriate sites. Boys & Girls Clubs will have rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access.

***Miscellaneous***

\_\_\_\_\_ I understand that the Boys & Girls Clubs is not responsible for lost or stolen items. Parents and club members are responsible for their own transportation to and from the clubs. I give permission for my child’s picture, moving pictures, or any other graphic depiction or likeness, to be used by the Boys & Girls Clubs of the Lumbee Tribe of NC and its activities.

***I also understand that the Clubs are not, nor claim to be, a licensed day care center.***

I have read the completed application and this form, understanding the rules of the Boys & Girls Clubs and request that my child be admitted into membership.

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

***Parent/Guardian’s Signature                  Club Member’s Signature Date***

3



**Lumbee Tribe of NC BGC**

.

**Health Form**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_

Last First MI

Parent/

Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First MI Day Evening

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number and Street PO Box

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

City State Zip Code

Emergency Contact ***OTHER*** than Parent/Guardian**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Must be 18 or older)

Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency please take my child to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hospital for medical treatment.

Medical Insurance

|  |  |
| --- | --- |
| Policy Holder’s Name | Name of Insurance Carrier |
| Policy/Group’s Number | Address of Insurance Carrier |

**Required Signatures:** This form is correct to the best of my knowledge and the member listed above has permission to participate in club activities unless noted above.

**Authorization for treatment:** I hereby give permission to the medical personnel listed above to secure and administer treatment, including hospitalization and necessary transportation for my child listed above. Further, I agree to be responsible for all medical expenses acquired.

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

***Parent/Guardian’s Signature                  Club Member’s Signature Date***

4



**Lumbee Tribe of NC BGC**

**Permission Form**

My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to travel as needed between the seven (7) Boys & Girls Club sites on tribal vehicles as events are sponsored at various sites.

He/She has my permission to participate in club sponsored/tribal sponsored activities at the Lumbee Tribe Culture Center, Pembroke Recreation Complex and the Robeson County Career Center. These activities include but are not limited to swimming, stickball events, gardening activities and other cultural activities.

**Photo Release Form**

I hereby consent to the reproduction, publication and use of photographs/video footage taken of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for advertising,

**Club Member’s Name Club’s Name**

educational and/or publicity purposes in any and all publications, Web sites, advertisements and publicity materials, without limitation or reservation, as deemed appropriate by the organization. I also consent to any testimony or text written about the person named above that may accompany said photographs or stand-alone in any and all publications, advertisements and publicity materials, without limitation or reservation, as deemed appropriate by the organization.

**Bus/Van Summer Feeding Program Release Form**

The following form gives your child permission to ride the bus/van from ***Pembroke/Two Streams Boys & Girls Club*** to ***Prospect Elementary School*** for the Summer Feeding Program. This form will ensure that your child will be eligible to ride the bus/van from the club to the lunch site and back to the club. ***Boys & Girls Clubs will provide lunch on Fridays.***

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

***Parent/Guardian’s Signature                  Date***

5