



MEMBERSHIP APPLICATION

Health History and Emergency Care Plan

13. Medical Treatment *(Initials or X required)*

_____ I give permission to the Boys & Girls Club of Cleveland to seek emergency medical treatment for my minor child if I cannot be reached. I understand that treatment may include emergency transportation, x-rays or surgery in some circumstances for my child, and I agree to assume responsibility for charges associated with this or any other treatment given to my child.

_____ I **DO NOT** give permission to the Boys & Girls Club of Cleveland to seek emergency medical treatment for my minor child if I cannot be reached.

15. Special Medical Conditions:

(check all that apply)

- Allergies: _____
- Asthma
- Diabetes
- Epilepsy
- Emotional/behavior disorder including ADD or ADHD
- Cerebral palsy
- Other: _____

14. Disclaimer:

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 Club of Cleveland, 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 Club.

Parent/Guardian Signature: _____

Date: _____

16. Prescription or Over the Counter Medications

(for medical professionals only to distribute; BGCC does not distribute medication)

17. Emergency Contact List: Please list names and phone numbers of persons who can be contacted in case of an emergency and are authorized to pick up the child. List at least one name other than the primary parent/guardian.

<i>First name</i>	<i>Last Name</i>	<i>Phone</i>	<i>Relationship</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____



**BOYS & GIRLS CLUBS
OF CLEVELAND**

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Member Permission Form- Please read carefully.

18. Member Assessments and Data Sharing

Member assessments include but are not limited to: surveys for outcome measurements, schools, and customized program surveys. Information will be shared with Boys & Girls Clubs of America for evaluation purposes and is helpful in determining the success of Club programs. Information disclosed to BGCA may include information provided on this membership application and other information collected by Boys & Girls Club of Cleveland.

___ **I DO NOT give permission for my child to participate in member assessments and data sharing.**

19. School Data Release Permission

The Boys & Girls Clubs of Cleveland will maintain all member files in a confidential manner. Pertinent academic information may be shared professionally with Boys & Girls Clubs of Cleveland staff and discussed with the staff of the school that the child attends. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Club, and in life.

___ **I DO NOT give permission for BGCC to receive academic information about my child.**

20. Media Use Permission

Use of child's name, photograph, and identity in connection with advertising and/or promotion of the organization.

___ **I DO NOT give my child media permission.**

21. General Travel Permission

This permits the child to travel with the Boys & Girls Clubs of Cleveland. By signing below, the parent/guardian of the child agrees that the Boys & Girls Clubs of Cleveland or any of their representatives shall not be held liable for any accidents or misfortunes while in route to, or returning from any Boys & Girls Clubs of Cleveland outings.

___ **I DO NOT give my child general travel permission.**

I understand that the Boys & Girls Clubs of Cleveland operates under an open door policy; therefore, it is my responsibility to monitor and provide transportation for my child to and from the Club. It is agreed that the parent/guardian will not hold Boys & Girls Clubs of Cleveland responsible for the welfare or whereabouts of the child. The Boys & Girls Clubs of Cleveland is also not responsible for any lost or stolen items. By signing this application, myself and my child agree to abide by all rules set forth by BGCC. I have read and fully understand the contents that have been set forth in this agreement.

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

For Office Use Only

Membership Number: _____ (check one) Fee paid Scholarship
Start Date: _____ End Date: _____ Processed by: _____