



BOYS & GIRLS CLUBS  
OF WHATCOM COUNTY

# 2017-2018 Annual Membership Application

June 1st-May 31st

Annual Membership Fee is \$30 -Financial Assistance Available

Athletic Program K-12th Clubhouse:1st-12th grades

To attend the Clubhouse, members must have attended their first day of 1st grade

Membership Status  New

Renewal

Membership # \_\_\_\_\_

Last Name, First Name:

### Section #1 Child's Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Gender:  M  F Ethnicity:  Caucasian  Hispanic  Asian  African American  Native American  Multi-Racial

Birthdate: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

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

School: \_\_\_\_\_ Grade (Fall 2017): \_\_\_\_\_ Teacher: \_\_\_\_\_

Does this child participate in the school lunch program?  No  Free  Reduced

Names of siblings currently enrolled/ or being enrolled today: \_\_\_\_\_

T-Shirt Size:  Adult  Youth  S  M  L  XL

### Section #2 Guardian/Emergency Contact Information

(If you're enrolling more than one child at this time skip section # 2 for additional children, if the information is the same)

Guardian #1 Full Name: \_\_\_\_\_ Relationship to member: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

Guardian #2 Full Name: \_\_\_\_\_ Relationship to member: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

The individual(s) listed below may be contacted in case of an emergency or to pick up the child if a guardian cannot be reached. One emergency contact is required.

Contact #1 Full Name: \_\_\_\_\_ Relationship to member: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Contact #2 Full Name: \_\_\_\_\_ Relationship to member: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

### Section #3 Medical/Behavioral Information

Doctor: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Allergies / Medical Conditions: \_\_\_\_\_

Are there any behaviors we should be aware of?

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

Initials

Please initial below to indicate that you understand and agree to each policy

**Open Door Policy:** I understand that members are allowed check themselves in and out of the Club. Arrival and departure is a matter strictly between the parent/guardian and child. However, "open door" does not mean revolving door. Once a member arrives at the Club, the expectation is for them to remain at the Club until they leave for the day.

**Membership Handbook:** I have received the membership handbook and will support the discipline procedures of the BGCWC. I also fully understand that failure to accept responsibility for inappropriate actions by either myself or my child may result in loss of program access.

**Photo Release Consent (optional):** I hereby give my consent to Boys & Girls Clubs of Whatcom County (BGCWC) to use any images that may be taken of my child while registered as a Club member in marketing and promotional materials. I relinquish all rights to copyright, title, property interest and/or any other interest in said photographs and I waive the right to inspection and approval of the finished reproduction.

#### Section #4 Organizational Reporting

( must be filled out for membership to be processed)

We collect the information below for organizational grant reporting purposes. Grants help us to keep your membership fee at \$30

Should you choose to not complete section #4 your membership fee will be \$1500, the actual cost of a membership.

Child Lives With (check all that applies):  Mom  Step Mom  Dad  Step Dad  Grandparent  Foster Parent  Other:

Annual Income:  Under \$24,400  \$24,500-\$34,950  \$35,000-\$55,900  \$59,901-\$69,900  \$69,901 and over

**Military Service:** Are parents/guardians active duty military?  Yes  No If yes what branch:

Number of people living in this household? \_\_\_\_\_ Is this a single parent household?  Y  N

I understand that BGCWC may ask my child to participate in surveys about his or her Club experience, behaviors, skills and attitudes to assess program effectiveness.

I understand that the BGCWC will provide my child internet access from the Club's computer learning centers and that technology usage is a privilege and that Club staff may revoke this permission at any time.

On behalf of myself and my child, I agree to abide by all Boys & Girls Clubs policies, procedures, rules, standards and directives. I understand the Club to be a private program and private property. I further understand that mature and respectful conduct is a requirement in the Club and at all program sites (public and private) by all persons, youth and adult. I accept that the Club reserves the rights to discipline, remove, suspend, terminate and engage legal action with or without notice in order to protect the safety, values and ethics of persons, the Club and property.

The undersigned on behalf of themselves and their child agree to hold the Boys & Girls Clubs of Whatcom County, its agents, employees, and officials, while acting within the scope of their duties, harmless from all causes of actions, demands and claims, including the cost of their defense, arising in favor of the child participant or third parties on account of personal injuries, death or damage to property arising out of activities at the premises and in any way connected with the activities of the child participant in the Boys & Girls Clubs of Whatcom County programs, except those acts or commissions which are the sole negligence of the Boys & Girls Clubs of Whatcom County, its agents, employees and officials.

The undersigned consents to his/her child being given emergency treatment by a physician or hospital in case of an accident or illness.

I understand that I must attend a parent orientation along with my child before attending the Clubhouse Program

Parent/Guardian Signature:

Date:

#### Member Agreement

I promise to be respectful, responsible and safe. I will take care of my Club, respect Staff, Coaches, Officials and other Club Members. I also understand that I am expected to behave respectfully and follow all the rules. If I choose not to follow the rules I may lose the privilege to participate in sports programs or attend the Club.

Member Signature (if present):

## Concussion Information

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

**What can happen if my child keeps on playing with a concussion or returns to soon?** Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after the concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to a prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that the adolescent or teenage athlete will often under report symptoms of injuries; concussions are no different. As a result the education of administrators, coaches, parents and students is the key for the student- athlete's safety.

**If you think your child has suffered a concussion:** Any athlete suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion without medical clearance, regardless of how mild it seems or how quickly symptoms clear. Close observation of the athlete should continue for several hours. The "Zachary Lystedt Law" requires consistent and uniform implementation of long and well-established return-to-play concussion guidelines that have been recommended for several years: **A youth athlete who is suspected of sustaining a concussion or head injury in a practice or a game shall be removed from competition at that time" and "...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return from that health care provider."** You should also inform your child's coach if you think that your child may have a concussion. Remember that it is better to miss one game than to miss the whole season.

### **WHEN IN DOUBT, THE ATHLETE SITS OUT.**

For more information go to <http://www.cdc.gov/concussion/HeadsUp/youth.html>

#### **Symptoms may include one or more of the following:**

- Headache
- "Pressure in head"
- Nausea or vomiting
- Neck Pain
- Balance problems or dizziness
- Blurred, double or fuzzy vision
- Sensitivity to light or noise
- Amnesia
- "Don't feel right"
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional

#### **Signs observed by others include:**

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score or opponent
- Moves clumsily or is uncoordinated
- Answers questions slowly
- Slurred speech

**I will explain this document to my child.**

\_\_\_\_\_  
Name of Parent or Legal Guardian (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's signature (if present)

# Refund Policy

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Please note that the Refund Policy of the Boys & Girls Clubs of Whatcom County has changed.  
Please review the policy below and sign that you understand and agree to this policy.  
Thank you.

- **Membership fees** are non-refundable and are not prorated for any reason.
- **Transportation fees** are non-refundable and are not prorated for any reason.
- **Early Bird Fee** refunds, including during the summer program, will be given as a credit that can be used by any child in the household for one year from the date of credit. A credit in the amount of 50% will be granted if participation is canceled prior to the first day of scheduled use. If the participant cancels registration after the first day of scheduled programming no credit will be available.
- **Athletic Fee** refunds will be given as a credit that can be used by any child in the household for one year from the date of credit of credit and only if the participant is injured and has an excuse from a doctor stating that they are unable to participate. If the injury occurs prior to the start of practices a 50% credit will be granted. If an injury occurs after the first practice no credit will be granted.

Athletics participants who have received financial aid will be credited 50% of their out of pocket portion paid to participate in accordance with the schedule stated above and you forfeit all financial assistance granted for that program.

If you feel that you have an extenuating circumstance that you would like to have considered outside of this policy, you are welcome to submit your request with supporting documentation to the administrative offices for review.

I, the undersigned, have read, understand and agree to the above Refund Policy.

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

\_\_\_\_\_  
Date

### Office Use Only

Form Complete:					
Staff Name (printed)			Date		
Memb/Sport	Receipt #	Paid	Check, Cash, CC	Scholarship	Date
Memb/Sport	Receipt #	Paid	Check, Cash, CC	Scholarship	Date
Memb/Sport	Receipt #	Paid	Check, Cash, CC	Scholarship	Date
Memb/Sport	Receipt #	Paid	Check, Cash, CC	Scholarship	Date
Initial: Received ___ Complete ___ In Vision ___					