



**BOYS & GIRLS CLUB**  
OF HANCOCK COUNTY

# 2021 Summer Camp Membership Application

For Club Use Only	
Fee Received: Y / N	Date: _____
Membership Number	_____
Behavior/Disability confirmation: Y / N	
Household Demographic confirmation: Y / N	
Orientation Complete: Y / N	
Staff Initials for intake:	_____

**Full Name:** \_\_\_\_\_

**Nickname/Preferred Name** \_\_\_\_\_

**Birthdate:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Age:** \_\_\_\_

**Gender:**  Male  Female  Non-Binary

**Race/Ethnic Identity** (select all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Some Other Race                     |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Two or More Races                   |
| <input type="checkbox"/> Don't Know                       | <input type="checkbox"/> White                               |
| <input type="checkbox"/> Hispanic or Latino               |  |

**Is Member in Foster Care?**  Yes  No

School Information for 2020 / 2021

**School Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Does your child receive additional support in school/community?** (check all that apply)

- Individualized Education Plan (IEP)  504 (accommodation)  Speech Coach
- Meets with School or Private Counselor  Other: \_\_\_\_\_

Medical / Health Information

### Allergies

Food:  Peanuts  Tree Nuts  Dairy/Lactose  Soy  Gluten  Seafood/Shellfish  
 Eggs  Other: \_\_\_\_\_

Medicine:  Penicillin  Aspirin  Amoxicillin  Other: \_\_\_\_\_

Environmental:  Bee Stings  Pollen  Dust  Mold  Grass

Other:  Latex  Perfumes/Colognes  Lotions  Other: \_\_\_\_\_

### Medical Conditions

- Asthma  Diabetes  Hearing Impairment  Blindness  ADHD  Autism  Seizures
- Anxiety/Depression  Other: \_\_\_\_\_

**Does your child use an inhaler?**  Yes  No **Does your child use insulin?**  Yes  No

\*\* Youth Information Only \*\*

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**Does your child self-administer medication?**  Yes  No If so, which medications \_\_\_\_\_

Please list any physical, mental or medical limitations of your child below and discuss them with the Youth & Family Services Associate upon submitting your application: \_\_\_\_\_

**Insurance**

Insurance Carrier \_\_\_\_\_ Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_

BGCHC is committed to providing youth an opportunity for full and equal enjoyment of the Club experience. Our goal is to learn as much as possible about our members to make any reasonable accommodation or support to ensure their success at the Club. If your child requires behavior support due to any serious behavioral problems or special circumstances involving physical, medical, or psychological concerns, especially if they could cause harm to themselves, other members, staff or volunteers, or if they pose as a potential flight risk, the Unit Director should be notified of this so reasonable accommodation can be considered. Please list any applicable circumstances: \_\_\_\_\_

Has your child threatened or intentionally caused harm to themselves or others?  Yes  No If yes, please explain \_\_\_\_\_

\*\* Parent/Guardian Information \*\*

**Head of Household**

**Relationship to Member** (circle): Mother / Father

Step-Parent / Aunt/Uncle / Sister / Brother

Cousin / Grandparent / Foster Parent / Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

**Parent/Guardian 2**

**Relationship to Member** (circle): Mother / Father

Step-Parent / Aunt/Uncle / Sister / Brother

Cousin / Grandparent / Foster Parent / Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

**Emergency Contact** Please list additional contact(s) other than those above.

**Name:** \_\_\_\_\_

**Relationship to Member** (circle): Aunt/Uncle

Sibling / Cousin / Grandparent / Family Friend

Other: \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Is this person authorized to pick up member?**

Yes  No

**Name:** \_\_\_\_\_

**Relationship to Member** (circle): Aunt/Uncle

Sibling / Cousin / Grandparent / Family Friend

Other: \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Is this person authorized to pick up member?**

Yes  No

**Pickup Contact** Please list additional contact(s) other than those above.

**Name:** \_\_\_\_\_

**Relationship to Member** (circle): Aunt/Uncle

Sibling / Cousin / Grandparent / Family Friend

Other: \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship to Member** (circle): Aunt/Uncle

Sibling / Cousin / Grandparent / Family Friend

Other: \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship to Member** (circle): Aunt/Uncle

Sibling / Cousin / Grandparent / Family Friend

Other: \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship to Member** (circle): Aunt/Uncle

Sibling / Cousin / Grandparent / Family Friend

Other: \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship to Member** (circle): Aunt/Uncle

Sibling / Cousin / Grandparent / Family Friend

Other: \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship to Member** (circle): Aunt/Uncle

Sibling / Cousin / Grandparent / Family Friend

Other: \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

Your Responses below are kept **Confidential** and are essential for our funders. This information helps keep membership fees low. All information is required for membership. Thank you!

**School Lunch:**  Free/Reduced  Entire School is free  
 Not Eligible

**Is this a military family?:**  Yes  No

If yes, please list branch, status and I.D. number:

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**Please check all assistance programs you receive:**

- Food Stamps/SNAP
- Medicaid
- Social Security
- SSI (Supplemental security income)
- SSDI (Social security disability insurance)
- Housing (section 7, section 8, etc.)

**How many adults and youth live in your household:**

#adults \_\_\_\_\_ #youth \_\_\_\_\_

**Housing Type**

- Permanent (Own, rent, etc.)  Group Home
- Public Housing  Foster Home

**Please indicate your total household income by placing a checkmark in the appropriate box**

- 0 - \$20,000
- \$20,001 - \$35,000
- \$35,001 - \$50,000
- \$50,001 - \$65,000
- \$65,001 - \$80,000
- \$80,001 - \$95,000
- \$95,001 - \$110,000
- \$110,001 - \$125,000
- \$125,001 - \$140,000
- \$140,001 - \$155,000
- \$155,001 - \$170,000
- \$170,001 - \$185,000
- \$185,001 - \$195,000
- \$195,001 - \$200,000
- \$200,000+

**Household Composition**

<b>Single Adult Household</b>	
Who is the adult in the single adult household?	<input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Grandparent <input type="checkbox"/> Other relative <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Care <input type="checkbox"/> Joint Custody
<b>Two + adult household</b>	
Who are the adults in the household?	<input type="checkbox"/> Parents <input type="checkbox"/> Grandparents <input type="checkbox"/> Other relative <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Care <input type="checkbox"/> Parent and other adult(s)
<input type="checkbox"/> <b>Self</b> ( <i>teen must demonstrate they are 18 or emancipated</i> )	



**BOYS & GIRLS CLUB  
OF HANCOCK COUNTY**

# SUMMER CAMP 2021

Summer Hours 7:30am-5:30pm  
(\$75 per week, per child\*)  
(Breakfast, Lunch and a snack provided each day)

\*Each additional child will result in \$5.00 discount per member of family

-Doors will NOT open until 7:30am for drop off and all members must be picked-up by 5:30pm.-  
(Safe Child Policy will go into effect for late pick-ups!)

\*Fees must be paid on the Friday before the attending Session.

**Member's Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Grade in School for 2021-22** \_\_\_\_\_

**Parent/Guardian Names:** \_\_\_\_\_

**\*\* IN CASE OF EMERGENCY \*\***

**Name/Phone:** \_\_\_\_\_

Please circle the Session(s) that your child will be attending this summer.

Session Dates	Amount Paid	Cash/ Check #	Session Dates	Amount Paid	Cash/ Check#
June 7 - June 11	_____	_____	July 5 - July 9	_____	_____
June 14 - June 18	_____	_____	July 12 - July 16	_____	_____
June 21 - June 25	_____	_____	July 19 - July 23	_____	_____
June 28 - July 2	_____	_____			



# Application for Scholarship Assistance

Applicants looking for scholarship assistance must provide copies of the following items in order to be eligible. **Application will not be processed until all documents are submitted.**

- Applicant must provide most recent tax return, unless otherwise waived.
- Applicant must provide most recent (30 day) pay stub or verification of unemployment (can be obtained from the nearest unemployment office)

Child(ren) Name \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Email Address \_\_\_\_\_

Child lives with: Mother Only \_\_\_\_\_ Mother & Father \_\_\_\_\_ Relatives \_\_\_\_\_ Guardians \_\_\_\_\_  
 Mother & Stepfather \_\_\_\_\_ Father Only \_\_\_\_\_ Father & Stepmother \_\_\_\_\_

Total number living in household \_\_\_\_\_ Receive free/reduced lunches at school? Yes \_\_\_\_\_ No \_\_\_\_\_

Current Insurance Provider for child \_\_\_\_\_

Please list all weekly support payments or other child care benefits that each parent or guardian in household receives (weekly amount and type of benefit such as disability, child support, unemployment, TANF, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list the Boys & Girls Program you are requesting scholarship assistance for: After-school \_\_\_\_\_ Summer Camp \_\_\_\_\_

Please list what you are are financially comfortable to afford: \_\_\_\_\_

Did you receive a scholarship in the past? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when \_\_\_\_\_

I certify that all the above information is true and verifiable:

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

\_\_\_\_\_  
 Date

All rates are based upon the discretion of the BGCHC Directors. All rates are final.

REVIEW OF DOCUMENTS WILL TAKE PLACE ONCE ALL PAPERWORK IS SUBMITTED

Decisions could take up to 1 week

### STAFF USE ONLY

Staff Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Scholarship assistance given and any specifications: \_\_\_\_\_  
 \_\_\_\_\_



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## 2020 - 2021 Releases & Waivers

**Releases & Waivers: Please select response for all checkboxes and sign the bottom of this page.**

**Data Collection:** I give my permission for the BGCHC to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, BGCA, funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members. This release may be revoked at any time by contacting the BGCHC in writing.

Yes  No

**Medical:** I give permission to the BGCHC to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.

Yes  No

**Technology:** As a member of the Boys & Girls Club, your child may have access to the internet. While the Boys & Girls Club has rules prohibiting such conduct and precautions are taken by the Club to prevent such access, it is possible your child may access inappropriate sites. The Boys & Girls Club will not be responsible for such unauthorized access.

Yes  No

**Data Sharing:** I give my permission to the BGCHC to share information about the minor child listed on this application with BGCA for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information by BGCHC, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential. This release may be revoked at any time by contacting BGCHC in writing.

Yes  No

**Press:** I give permission for my child's picture, video image, or any other graphic depiction or likeness, to be used by BGCHC, Boys & Girls Clubs of America and its affiliates or donors and acknowledge neither my child nor I will receive payment for same.

Yes  No

**Miscellaneous** I understand that the Boys & Girls Club is not responsible for lost or stolen items. Each Club has the right to make membership decisions based on the resources and capacity of their facility and staff. BGCHC reserves the right to decline the application, rescind the enrollment of, or suspend any youth that cannot successfully associate with other club members.

Yes  No

**I, the parent/guardian of the minor child listed on this application, on behalf of the minor child listed herein and for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Hancock County (BGCHC) and Boys & Girls Clubs of America (BGCA), 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 \_\_\_\_\_

\*Your signature confirms that all information above is true and accurate.

**Assumption of the Risk and Waiver of Liability Relating to  
Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and has significant person-to-person spread. As a result, federal, state, and local governments and federal and state health agencies have recommended social distancing measures and have, in many locations, required ongoing prohibitions on the congregation of groups of people of various sizes.

Boys & Girls Clubs of Hancock County (“Club”) has put in place preventative measures to reduce the spread of COVID-19. These include, but are not limited to, social distancing, wellness monitoring, increased sterilization, required hand-washing, etc. However, the Club **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, attending the Club could increase your risk and your child(ren)’s risk of contracting COVID-19.

.....

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at the Club or participation in Club programming (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

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Signature of Parent/Guardian

Date

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Name of Parent/Guardian

Name of Club Participant(s)