Before/After School Program

Membership Card – ALL INFORMATION IS CONFIDENTIAL

CLUB MEMBER INFORMATION

First Name		MI Mst Name		
Address		City	State	Zip
DOB	Age (Gender Male / Female	Home Phone ()	
Ethnicity: African A	merican / Asian / Hispanic / La	tino / Native American /	Caucasian / Other Single Pa	arent Household: Y/N
Current Teacher		Current School		School Grade
	PARI	ENT/GUARDIAN INF	<u>ORMATION</u>	
Relationship	First Name		Last Name	
Employer		Work #	 Cell #	
Relationship	First Name		Last Name	
			Cell #	
		*EMERGENCY CON	<u>TACT</u>	
Relationship	First, Last Name	e	Home/Work Cell	
Relationship	First, Last Name	e	Home/Work Cell	
	ergency contact other than yo		·	
which Hospital de	o you use? Tahleq	uah City Hastings <u>DISCLAIMER</u>		
	ON FOR: s card to become a member of the r treatment procedures to my child		sion to a hospital	r employees may administer
	AT: e responsible for dropping off and, r Keys Public Schools is responsible			operation. The Boys & Girls
-	Reys Fublic Schools is responsible	tion loss of their of persona	(Please Initial)	
I UNDERSTAND THA	Δ Τ ·		(Ficuse illicial)	
	roblems could result in removal of	the program.		
-		(Please Initia		
		,	•	
	ADDITIONAL INFO	DRMATION		
My child has pern	nission to be used in public nission to release his/her gr ticipate in all club activities	ades to the program of	director (for after-school tu	
PARENT / GUAR	DIAN SIGNATURE			DATE

Program Participants

RELEASE OF LIABILITY

The undersigned releases and agrees to hold harmless the Board of Directors, the staff, the funders, Tahlequah Public Schools, Keys Public Schools, the National Boys & Girls Clubs of America with whom the Boys & Girls Club of Tahlequah, Keys Unit, is affiliated, and the Southwestern Regional Office of Boys & Girls Clubs of America, from any liability, injury, damages, loss, accidents, delay or irregularity related to the undersigned individuals planned participation or involvement in the following project:

MISSION STATEMENT

To enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens.

POWER HOUR: Boys & Girls Club of America requires the first hour to be an academic success program. Example: homework help, tutoring and high-yield learning activities.

BEFORE /AFTER SCHOOL PROGRAMS

This release covers all rights and actions of every kind, nature and description, which the undersigned ever had or will have. This release includes the undersigned, his heirs, representatives and assignees.

(Child's) Participants Signature:					
Parent / Legal Guardians Signature:					
Date:					
TRANSPORTATION AUTHO	************************ <u>-</u> <u>DRIZATION</u>				
Parents are responsible for picking up their children by 5:30. If parents a availability, bus transportation will be furnished for After-School participa	• • • •				
I will pick up my child from the After-School Program. Below a child:	are the names of persons authorized to pick up my				
I give permission for my child to walk home each day from the program staff will not be responsible for my child once he/she leaves the					
I would like my child to be considered for bus transportation from	rom the program site.				
PARENT/GUARDIAN SIGNATURE	DATE				

Revised: January 2018