

MEDICAL INFORMATION

Are your immunizations up-to-date? Yes No

Does your family have health and/or accident insurance? Yes No

Do you have any serious health problems? Yes No **If yes, please explain:** _____

Health Insurance: Yes No Policy Name: _____ Policy No: _____

Medicaid: Yes No Policy Name: _____ Policy No: _____

Are there any limitations of member's participation in Boys & Girls Club five Corps Program i.e. Character & Leadership; Health & Life Skills; The Arts; Sports, Fitness & Receptions and Education & Careers?

Parent or Guardian's Signature: _____

No Yes (Please specify)

I promise to take care of my Club and property. If at any time I am asked to return my card, I understand no dues will be returned to me.

Member's Signature _____

I hereby give my permission to my child to become a member of the Boys & Girls Club. I understand that the Club is Not Responsible for the time or manner in which he/she may arrive at or leave the Club, and that the Boys & Girls Club and its property are not responsible for loss of personal property.
Press Release

I agree and give the Orangeburg Area Boys & Girls Club permission for my child to participate in events and activities where there is a possibility that the news media will be there for coverage. I give permission for my child to be interviewed, for his/her picture to be taken and for his/her picture to be used in published reports regarding the program. I understand and agree these reports may identify my child by name, photographs, film or videotape. I grant permission to allow Orangeburg Area Boys & Girls Club and the media to report on and promote this positive community service being provided to children.

My child also has my permission to be dropped off by his or her school bus at their club location. I give permission to Orangeburg Area Boys & Girls Club and Boys & Girls Club of America to collect and maintain information on my child in a database to be used to evaluate Boys & Girls Club programs.

Parent's (guardian's) signature _____

Staff signature _____

STAFF USE ONLY

SECTION 4 (Club staff member will complete the section below)

Membership fee \$50.00 of which \$20.00 due upon return of application

Application Date: _____ Expiration/Renewal Date: _____

Fee Fully Paid? Yes No Receipt # _____