



BOYS & GIRLS CLUB
OF WOOSTER

SUMMER MEMBERSHIP APPLICATION 2020

Contact: 330-988-1616 www.bgcwooster.org

**MEMBERSHIP IS MULTIPLE PAGES,
ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED**
Please return completed applications to Boys & Girls Club of Wooster @
Edgewood Middle School.
You may drop them off in person or mail them to:
PMB 149 3540 Burbank Rd. Wooster, OH 44691

Child's Name: _____
Home Phone: _____
Address: _____
City, State, Zip: _____
Age: _____ Date of Birth: _____

Parent/Guardian that the child lives with

Name: _____ Relationship: _____
Home Phone: _____
Employer: _____
Work Ph.: _____ Cell Phone: _____
Email: _____

Parent/Guardian #2 (Required)

Name: _____ Relationship: _____
Home Phone: _____
Employer: _____
Work Ph.: _____ Cell Phone: _____
Email: _____
Address (if different): _____
City: _____ State: _____ Zip: _____

Emergency Contact (Required)

Name: _____
Address: _____
Phone: _____

GENDER

___ Male ___ Female

ENTERING GRADE NEXT SCHOOL YEAR

3rd 4th 5th 6th

School Attending: _____

T-SHIRT SIZE

YS YM YL AS AM AL XL XXL

MEMBERSHIP STATUS

___ New Member
___ Renewing Member
___ Member during 2019-
2020 school year

RACE/ETHNIC BACKGROUND

___ African American
___ Asian
___ Caucasian
___ Hispanic
___ Native American
___ Multi-racial
Other _____

WHO DOES THE CHILD LIVE WITH?

___ 2 Parent Family
___ Mom Only
___ Dad Only
___ 1 Parent/1 Step Parent
___ Grandparent
___ Guardian (s)
___ Other

**IS YOUR CHILD ELIGIBLE FOR FREE OR
REDUCED LUNCH? If yes, mark Free or
Reduced:**

Yes: ___ Free ___ Reduced
No: ___

Pool Pass # _____

My Child is a Member of YMCA _____

All information requested on our membership application is kept strictly confidential. Free/reduced lunch status and race/ethnic background information is needed and only used for grant funding and reporting purposes.

I grant the Boys & Girls Club of Wooster permission to:

YES NO Use photographs of my child for publicity purposes

YES NO Ask my child to complete surveys that help evaluate the programs

SIGN OUT POLICY: During summer activities, children will be expected to stay from sign-in until sign out (3:30 pm). After 4:30 pm until 5:30 pm (when BGCW closes), our sign-out process becomes an open door policy, as explained below.

I understand that the Boys & Girls Club of Wooster is an open door facility and open to all youth members during posted hours of operation. My child will be supervised while at the Club. I set the boundaries and consequences if my child leaves the facility without my permission. Once a child has signed out, they will not be allowed to re-enter unless coming back from a pre-approved activity.

YES NO My Child is allowed to walk home

YES NO My Child is allowed to sign themselves out after BGCW Day Camp Programming (4:30 pm)

Please detail any other sign out restrictions for your child (Only certain people may sign out, Child may sign out under special circumstances, etc.) _____

Is there anyone **NOT authorized** to pick up your child?

Yes No

If applicable, please list them here:

I, the parent/guardian of the child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Wooster, 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 the use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

I certify that the information concerning the applicant is accurate:

Parent/Guardian Signature _____

Date _____

WAIVER OF DISABILITY AND DISCLAIMER/ACKNOWLEDGEMENT OF BEHAVIOR POLICY

In consideration of my child's membership and participation in the activities and program of the Boys & Girls Club of Wooster, I, as parent or guardian of named minor, my heirs, executors, administrators and assigns, waive, release, and discharge any and all rights and claims or damages against the Club and/or its sponsors for knowledge of the risks involved in said participation and that **my child is in good health and has no physical or mental condition which would make it dangerous for my child or for other participants when my child is involved in any of the sponsored activities.**

I have read and understand the BGCW's Code of Conduct. Initial _____

First Offense: Verbal Warning

Second Offense: Time Out of Activity

Third Offense: Sit-Down with Supervisor. Letter and/or Phone Call Home

Fourth Offense: Suspension or Removal from Program

BGCW reserves the right to "skip" offense levels depending on the severity of the action.

Parent Signature: _____

Date: _____

Child Signature: _____

Date: _____

Registration and Payment

CHILDS NAME: _____

GRADE: _____

My family's fee category (please circle)

1 **CATEGORY 1 (\$5/week per child)** **CATEGORY 2 (\$40/week per child)** **CATEGORY 3 (\$80/week per child)**

Please mark with an X the weeks your child is registering for:

2

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Total Weeks

Is your child already a Club Member for the 2019-2020 school year (Aug. 2019—June 2020)?

3

<input type="checkbox"/> Yes, my child is already a member.	<input type="checkbox"/> No, my child is not a member I owe an additional \$15 for membership	<input type="checkbox"/> No, my child is not a member but my family is in Category 1. My membership fee is waived.
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4 **Total Owed** _____ To find total owed, take your fee level multiplied by number of weeks in attendance.
If necessary, add \$15 for membership fee.

2020 Fee Structure

To find your family's fee category:

- Determine the number of family members residing in your household.
- Determine the annual income of the household.
- Follow the chart to determine your fee category.

For example:

A family of 4 earning \$50,000/year would be Category 2

Household Size	Household Income Category 1	Household Income Category 2	Household Income Category 3
1	\$23,107 or less	\$23,108 - \$31,225	\$31,226 or greater
2	\$31,284 or less	\$31,285 - \$43,100	\$43,101 or greater
3	\$39,461 or less	\$39,462 - \$54,300	\$54,301 or greater
4	\$47,638 or less	\$47,639 - \$65,500	\$65,501 or greater
5	\$55,815 or less	\$55,816 - \$76,700	\$76,701 or greater
6	\$63,992 or less	\$64,993 - \$87,900	\$87,901 or greater
7	\$72,169 or less	\$72,170 - \$99,100	\$99,101 or greater
8	\$80,346 or less	\$80,347 - \$110,300	\$110,301 or greater
Each additional Member	+\$8,177		

- If you have multiple children registering, **you must fill out a separate application for each child.**
- If you cannot make the payment at the time it is due, please contact us by phone (330)988-1616.
- If you wish to adjust weeks, you must re-submit **this form before the payment deadline**. BGCW will assume that any weeks indicated on this form are going to be attended by your child, and you will be charged as such. Refunds will NOT be given for unattended weeks.
- You may be **ineligible** to register for summer programming if you have outstanding balances from previous BGCW programs.

Week Number	Dates	Registration and Payment due by:
1	June 8—June 12	May 29
2	June 15—June 19	May 29
3	June 22—June 26	May 29
4	June 29—July 2 *Camp is closed July 3*	May 29
5	July 6—July 10	June 26
6	July 13—July 17	June 26
7	July 20—July 24	June 26
8	July 27—July 31	June 26

Child's Name: _____

Date of Birth: _____ Grade _____

Emergency Medical Authorization
Summer 2020

This form should list all facts concerning the child's medical history including allergies, medications being taken, and any physical impairments of which the Boys & Girls Club of Wooster professional staff and/or emergency medical staff should be aware. This information will be held confidential. This information is being requested so that we may better serve your child.

	Primary Contact	Secondary Contact
Parent/Guardian Name		
Home Phone		
Cell Phone		
Work Phone		
Employer		
	Emergency Contact other than those already listed	
Name & Relationship to Member		Phone Number:

EMERGENCY AUTHORIZATION:

___ I give permission to Boys & Girls Club of Wooster to seek emergency medical treatment for my child if I cannot be reached. I understand that treatment may include emergency transportation, x-rays or surgery in some circumstances, 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 Boys & Girls Club of Wooster to seek emergency medical treatment for my child if I cannot be reached. **Please note: A BGCW staff person will reach out to you if you choose this option.**

_____ Parent/Guardian Initials

Please list any and all allergies and member's reaction:

Please list any and all medical conditions or physical limitations of member:

Please list any and all emotional or behavior limitations of member:

Please list any and all medications taken by member (include OTC medications, dose and frequency):

Please tell us anything else we should know about your child:

Registration and payment for Weeks 1-4 is due by May 29. Registration and payment for Weeks 5-8 is due by June 26.