



# BOYS & GIRLS CLUBS OF BAY MILLS

My child/children will primarily attend:

Bay Mills Unit: \_\_\_\_\_

Brimley Unit: \_\_\_\_\_

CAMP Site: \_\_\_\_\_

Please return to: CLUB STAFF  
Questions or comments? Call  
(906) 248-8579

<b>OFFICE USE ONLY</b>	
Membership Date	_____
Expiration Date	_____

## MEMBER REGISTRATION

Child 1 Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

### EMERGENCY CONTACT MUST be filled out prior to registration

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### MEDICAL INFORMATION

Medical Conditions: \_\_\_\_\_

Any known allergies: \_\_\_\_\_

Behavioral Needs: \_\_\_\_\_

Medications: \_\_\_\_\_

### GENDER

- Female
- Male
- Other: \_\_\_\_\_
- Prefer not to answer

### MEMBERSHIP STATUS

- New member (s)
- Renewing member (s)

Total Household Income: \_\_\_\_\_

Total # in Household: \_\_\_\_\_

### RACE/ETHNIC BACKGROUND

- Native American
- Caucasian
- African American/Black
- Asian
- Hispanic
- Other: \_\_\_\_\_
- Prefer not to answer

### WHO DOES THE CHILD LIVE WITH?

- Both parents
- Mom only
- Dad only
- One parent/step-parent
- Grandparent(s)
- Guardian(s)
- Other: \_\_\_\_\_

\*USE NEXT PAGE TO ADD ADDITIONAL YOUTH

Child 2

Name	Age	Birthdate	
Gender	Race	Hispanic (Y or N)	Member Status (New or Renewing)

Medical Information:

Child 3

Name	Age	Birthdate	
Gender	Race	Hispanic (Y or N)	Member Status (New or Renewing)

Medical Information:

Child 4

Name	Age	Birthdate	
Gender	Race	Hispanic (Y or N)	Member Status (New or Renewing)

Medical Information:

Child 5

Name	Age	Birthdate	
Gender	Race	Hispanic (Y or N)	Member Status (New or Renewing)

Medical Information:

**COVID-19 POLICY UPDATES: PARENTS/GUARDIANS PLEASE INITIAL**

I grant Boys & Girls Clubs permission to:

- Check the temperature of my child(ren) before entering the Club
- Deny entry to the Club if my child(ren)'s temperature is at or above 100.3 degrees
- Deny entry to the Club if my child(ren) exhibit Covid-19 symptoms
- Remove my child(ren) from the program if I fail to pick them up on time (2 strike rule)
- Remove my child(ren) from the program for the day if their behavior becomes a hindrance to the safety of the program at the discretion of Club leadership

*I acknowledge the above policy updates regarding COVID-19 and agree to the terms listed above.*

*Parent/Guardian Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*I have received a copy of the programming packet on behalf of Boys & Girls Clubs of Bay Mills – Bay Mills, Brimley, C.A.M.P.*

*Parent/Guardian Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**MEMBER CODE OF CONDUCT**

I will give my best effort in all Club activities, treat others respectfully and through my positive behavior, promote a sense of fair play, honesty, and good sportsmanship. If I am not adhering to the expectation established by the staff and the Club, I understand I will be held accountable for my action through the discipline system (3 strike system). If at any time I am suspended from attending the Club, I cannot attend any Club sites until after my suspension. I understand that the Boys & Girls Clubs is not responsible for any lost, stolen, or damaged property.

*I agree to uphold the Member Code of Conduct:*

Member's Signature: \_\_\_\_\_

Guardian's Signature \_\_\_\_\_

**PARENTS/GUARDIANS: PLEASE CHECK YES or NO**

I grant Boys & Girls Clubs of Bay Mills: Bay Mills, Brimley, C.A.M.P. permission to:

- YES  NO Use videos/and or pictures of this member
- YES  NO Take this member on local field trips \*See info in after school programming packet
- YES  NO Apply sunscreen when needed to my child
- YES  NO Apply bug spray when needed to my child
- YES  NO Provide surveys to this member

ABOVE PERMISSIONS: Videos and photos of members can be used for Club promotions. Guardians will receive notice in advance of field trips. The reason to contact school would be for receiving or sending progress reports. Surveys would be used to assess youth needs, typically with program needs.

WAIVER OF DISABILITY AND DISCLAIMER: In consideration of my child's membership and participation in the activities and program of Boys & Girls Clubs of Bay Mills, 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, Bay Mills Indian Community, 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.

EMERGENCY AUTHORIZATION: I hereby give permission to medical personnel selected by Boys & Girls Clubs of Bay Mills, its employees, agents, directors, volunteers, or sponsors to provide or seek emergency treatment, (including x-rays) for my child in the event I cannot be reached in an emergency. However, the giving of my permission does not obligate Boys & Girls Clubs, Bay Mills Indian Community, its employees, agents, directors, volunteers, or sponsors to arrange such care except as may be directed by medical personnel.

*I certify that the information concerning the applicant is accurate:*

*Parent/Guardian's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

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.

