School Year 2024-2025



Dear Parents/Guardians:

Please return the following items prior to Club enrollment:

* $15.00 NONREFUNDABLE Annual Membership Fee
* $15.00 NONREFUNDANBLE Weekly Fee
* Completed Membership Application (Rising 1st grade to graduating12th grade)
* Copy of:

 Birth Certificate

 Most Recent Physical

 Most Recent Immunization Record

 Most Recent Report Card

\*Once your child is enrolled, if your child is in the Tween or Teen Center they are only required to pay the $15.00 nonrefundable annual membership fee.

Once the application is received, the Unit Director will let you know a start date. If you have any questions, please contact the 9th Street Club at the number below. If you are mailing in your application and membership fee please mail to:

Boys & Girls Clubs of SWVA

Attention: 9th Street Unit Director

1714 9th Street, SE

Roanoke, VA 24013

Phone: (540) 985-8600

Fax: (540) 985-3748

www.bgcswva.org

Thank you and welcome to the Boys & Girls Clubs of Southwest Virginia!

|  |  |
| --- | --- |
| BGC OFFICE USE ONLY:Date Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Member\_\_\_\_\_\_\_ Renewal Member\_\_\_\_\_\_\_ Former Member After School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ All Day Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Summer Camp: \_\_\_\_\_\_\_\_\_\_\_\_\_ | Birth Certificate on File: \_\_\_\_\_\_\_Yes \_\_\_\_\_\_ No Recent Physical on File: \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_ No Immunizations on File: \_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_NoYear Physical Completed: \_\_\_\_\_\_\_\_\_\_Membership Fee: Receipt # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cash: \_\_\_\_\_\_ Credit Card: \_\_\_\_\_\_ Check#:\_\_\_\_\_\_\_ Money Order#: \_\_\_\_\_\_\_\_ Waived: \_\_\_\_\_\_\_\_ |

9th STREET MEMBERSHIP APPLICATION

9th Street Club

1714 9th Street, SE

Roanoke, VA 24013

Club Phone: (540) 985-8600

 www.bgcswva.org

**Member Information: All areas must be completed.**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male / Female Primary Telephone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_ Race: \_\_\_\_\_\_\_\_\_ Ethnicity: Hispanic or Non- Hispanic

Height: \_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_ Eye Color: \_\_\_\_\_\_\_\_\_\_ Hair Color: \_\_\_\_\_\_\_\_\_\_ T-Shirt Size: \_\_\_\_\_\_\_\_\_\_\_\_\_

Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade: \_\_\_\_\_\_\_\_\_\_

**Household Information: The Boys & Girls Clubs of Southwest Virginia is a non-profit organization. As such, we rely heavily on grant funding to operate our facilities and programs. The following information is necessary for us to report to our funding sources.**

Annual Gross Household Income: **0 to $12,760 $12,761 to $25,520 $25,521 to $34,480 $34,481 to $43,440**

 **$43,441 to $52,400 $52,401 to $61,360 $61,361 to $70,320 $70,321 to $79,280 $79,281 and over**

Does the child live with their: Mom Step Mom Dad Step Dad Grandparents Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a member of the household 65 years old or older: **Yes / No** Is there a member of the household handicapped: **Yes / No**

Current Head of Household: **Female / Male / Both** Current Number in Household: \_\_\_\_\_\_\_\_\_\_

Current Marital Status of Parent/Guardian: **Married\_\_\_\_\_\_ Separated\_\_\_\_\_\_ Divorced\_\_\_\_\_\_ Widowed\_\_\_\_\_\_ Single\_\_\_\_\_**

Number of Brothers: \_\_\_\_\_\_ Ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Sisters: \_\_\_\_\_\_ Ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this child have parents in the military: **Yes / No** If yes, which branch: \_\_\_\_\_\_\_\_\_\_ Does the child live on a military base: **Yes / No**

Does your child receive free or reduced lunch: **Yes / No** Does your child receive TANF: **Yes / No**

**Medical Information:**

Doctor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permission for Doctor/Hospital: **Yes / No**

Does your child have Medicaid or Famis: **Yes / No Who is the provider**: Anthem: \_\_\_\_\_ Aetna: \_\_\_\_\_\_ Cigna: \_\_\_\_\_\_ Optima: \_\_\_\_\_

Magellan: \_\_\_\_\_\_ United Healthcare: \_\_\_\_\_\_ VA Premier: \_\_\_\_\_\_\_ Other Policy (Please Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Policy#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Group #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list allergies or intolerances to food, medication, or any other substances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any chronic physical problems, pertinent development information and/or any specific accommodations your child may need: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medications your child is currently taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of Medical Emergency:**

In case of an emergency, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent / guardian), give my permission for the Boys & Girls Clubs Staff to obtain medical care for my child if necessary **Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** I give Boys & Girls Club Staff permission to administer CPR and First Aid to my child until rescue personnel have arrived. **Parent’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts: Must be filled out completely.**

 **Parent/Guardian & Emergency Contact information should list four different people. In case of an emergency we will start with the first parent/guardian listed. Emergency Contacts will be called when a parent cannot be reached.**

 **Parent 1/ Guardian 1** **Parent 2/ Guardian 2**

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

Email Address (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address (if different than child’s): Home Address (if different than child’s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_

Phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_

 **Emergency Contact #1** **Emergency Contact #2**

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_

Phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_

**Persons Authorized to Pick up Child (Other than Parents/Guardians & Emergency Contacts Already Listed) (see also OPEN DOOR POLICY on following page):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Persons NOT Authorized to Pick up Child:**

Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental Consent, Disclaimers and Permission Statements:**

**Please initial the appropriate lines.**

**Request for Information**

In order to provide quality educational programs and to be in compliance with funding sources, we will request a copy of your child’s report card and SOL scores from the school. Member information will remain strictly confidential and will only be used by the Club and its staff for monitoring of success and reporting purposes. Strict guidelines are in place to ensure confidentiality, and each party has received appropriate training. At no point will individual student data be publicly released. In addition to academic records, copies of members’ Birth Certificates, physicals, and immunization records may be requested for safety and/or licensing purposes. All of the above information is required for a child to participate in Boys & Girls Clubs.

\_\_\_\_\_ **I do** agree for my child’s academic records, including report cards and SOL scores, Birth Certificate, physical and immunization record to be release by the school to the Boys & Girls Clubs of Southwest Virginia.

\_\_\_\_\_ **I do not** agree for my child’s academic records, Birth Certificate, physical, and immunization record to be collected and therefore will not be enrolling my child in the Boys & Girls Club.

**Permission for Field Trips**

Throughout the school year and summer Boys & Girls Club members have the opportunity to go on field trips. The Boys & Girls Club bus will be used to transport children on these field trips. Parents who have their child (ren) participate in our afterschool or summer programs give his/her approval to participate in field trips.

There will be an additional permission slip for activities scheduled beyond Club operational hours (i.e. skate night, lock in, basketball, etc.)

By signing below, parents assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. Parents do further release, absolve, indemnify and hold harmless the organizers, sponsors, or any of the supervisors appointed by them including Boys & Girls Clubs of Southwest Virginia. Parents likewise release from responsibility any person transporting their child (ren) to or from the activities.

\_\_\_\_\_ I **do** give my permission for my child to participate in Club field trips.

\_\_\_\_\_ I **do not** give my permission for my child to participate in Club field trips.

**Social Media**

I give the Boys & Girls Clubs permission to use any photographs or videos that my child appears in for any promotional materials, including social media, for the Club.

\_\_\_\_\_ I **do** give permission for my child’s photographs or videos to be used in print or online.

\_\_\_\_\_ I **do not** give my permission for my child’s image to be used.

**Permission for Sunscreen**

I give permission for my child to wear sunscreen. The Boys & Girls Clubs Staff have permission to apply the sunscreen on my child if assistance is needed. (Please clearly label all sunscreen with your child’s name.) If my child does not have his/her own sunscreen I give the Boys & Girls Club staff permission to use hypo-allergenic Sunscreen with SPF 30 or higher, on my child.

\_\_\_\_\_ I **do** give permission for my child to use hypo-allergenic sunscreen SPF 30 or higher. My child has these known adverse reactions to sunscreen. **Please list any adverse reactions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_ I **do not** give permission for my child to use sunscreen. If my child uses sunscreen I will provide it.

**Member’s Swimming Ability**

My child is a (n):

 \_\_\_\_\_\_\_\_\_\_\_\_ **Beginning Swimmer** (Cannot swim/ should stay in shallow water)

 \_\_\_\_\_\_\_\_\_\_\_\_ **Intermediate Swimmer** (Still learning or requires minor assistance in water over 4 feet)

\_\_\_\_\_\_\_\_\_\_\_\_ **Expert Swimmer** (Needs no assistance swimming in water over 4 feet and may use diving boards and water slides)

**Discipline Procedures:**

Please read the discipline procedures on the following page carefully.

**\_\_\_\_\_\_\_\_\_** I have read and understand the Boys & Girls Clubs of Southwest Virginia discipline procedures. I agree to support the staff of the Boys & Girls Clubs in enforcing these rules and regulations. I understand that my child may be removed from the program for repeated infractions.

**Late Pick-Up Policy**

Each Family is allowed one free late pick-up, provided that it is not more than 15 minutes after closing. After this one free late pick-up has been used, parents will be charged $1.00 per minute per child for each minute they are late. This late fee is due when the child is picked up or a payment schedule must be made. Parents who have a total of five incidents of late pick-up will be charged $5.00 per minute per child, and/or may be asked to make other pick-up arrangements for their child. If they are not picked up one hour after closing, The Department of Social Services will be contacted.

**Communicable Disease & Illness Policy**

The Boys & Girls Clubs agree to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the Club. The parent(s)/guardian(s) agree to inform the Boys & Girls Clubs within 24 hours or the next business day after his/her child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for a life threatening disease which must be reported immediately.

**Disclaimers and Permission Statements**

I request that my child be admitted to membership. In case of an accident, I give the Boys & Girls Clubs of Southwest Virginia my consent to seek medical attention for my child. If an emergency occurs, I authorize the Boys & Girls Clubs to obtain immediate medical care (911). If the parent(s)/guardian(s) cannot be located immediately, an emergency contact will be notified. I understand that the Boys & Girls Clubs operates under an OPEN DOOR POLICY and members are allowed to come and go as they please. We will attempt to notify parents if their child leaves the Club unaccompanied by an authorized pick-up person. Supervision is not provided outside of scheduled times. Parents should instruct their children to stay on Club grounds at all times. The Boys & Girls Clubs is not liable or responsible, financially or otherwise, for injuries that occur to your child at the Club. Parents should carry their own medical insurance for their child. My child may participate in all Boys & Girls Clubs activities in or adjacent to the Club building.

**Signatures:**

By signing below, you acknowledge that you have read, understand and agree to the, late pick-up policy, communicable disease and illness policy, and the disclaimers/permissions statement:

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Note: This application MUST be filled out COMPLETELY and signed by parent and Club Administrator for it to be valid.***

**Disciplinary Procedures**

Boys and Girls Clubs of Southwest Virginia

The Boys & Girls Clubs of Southwest Virginia handles behavioral problems on an individual basis. It is the responsibility of the parents and guardians to let us know if the member has developmental delays at home or at school, so that we have information to better understand the member’s behavior. If the behavior is ongoing or extreme, then the member will be sent to the Unit Director for disciplinary action. If the Unit Director, staff or Club member cannot resolve the problem, **PARENTS WILL BE CONTACTED**. The Unit Director has the option of suspending or dismissing the Club member. The Club member will not be readmitted until there is a parent conference with the Unit Director. The Boys & Girls Clubs has a **NO TOLERANCE POLICY FOR BULLYING.**

**Infraction I**

Infraction I is defined as any minor disruptive behavior such a yelling, running, being out of your assigned area, cursing, misuse of Club equipment, not removing head gear, or showing inappropriate signs of affection.

**Age Occurrence 1 Occurrence 2 Occurrence 3 Occurrence 4**

5-8 Warning 10- Minute 20 Minute Suspended for

 Time-Out Time-Out One Day

9-11 Warning 20-Minute Suspended for Suspended for

 Community Service One Day Three Days

12 & Up Warning Suspended for Suspended for Suspended for

 One Day Three Days A Week

**Infraction II**

Infraction II is defined as any behavior that disrupts Club activities or disrespects Club, staff, or members. Behavior in this category includes but is not limited to outright defiance, disrespecting staff, intimidation, encouraging or instigating a fight, pornography, confrontations without harm, and very minor vandalism.

**Age Occurrence 1 Occurrence 2 Occurrence 3**

5-8 20 Minute Time Out Suspended for One Day Suspended for Three Days

9-11 Suspended One Day Suspended Three Days Suspended for One Week

12 & Up Suspended Three Days Suspended One Week Suspended Two Weeks

**Infraction III**

Infraction III is defined as any behavior which endangers members, staff, or Club facilities. Behavior in this category includes but is not limited to repairable vandalism, minor theft, and fighting.

**Age Occurrence 1 Occurrence 2 Occurrence 3**

5-8 Suspended One Day Suspended One Week Suspended One Month

9-11 Suspended Three Days Suspended Two Weeks Suspended Two Months

12 & Up Suspended One Week Suspended One Month Suspension TBD by Unit Director

**Infraction IV**

Infraction IV is defined as any infraction that is criminal or damaging to Club, members, or staff in a permanent or longstanding way. Behavior that is included in this category is participating or being involved in a mob assault (banking), weapon possession, major theft, drug possession, threat to staff or major vandalism. Accompanying discipline action in Infraction IV will be a police report.

**Age Occurrence 1 Occurrence 2 Occurrence 3**

5-8 Suspended One Month Suspended Two Months Permanently Suspended

9-11 Suspended Two Months Permanently Suspended

12 & Up Suspended Three Months Permanently Suspended

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