



Program

- Waldo County
- Kennebec County
- Sagadahoc County

2023-2024 BGCE Membership Form

MEMBERS INFORMATION

First Name: _____ Middle: _____ Last: _____ Age: _____
 DOB (mm/dd/yyyy): ____/____/____ Gender: Male Female Transgender Non-Binary
 Address: _____ City: _____
 State: _____ Zip: _____ Home Phone: _____ Shirt Size: _____
 Name of School: _____ Grade Fall 23' _____ Teacher/Team: _____

IS THIS CHILD A SWIMMER? YES NO If Yes, what level: Beginner Intermediate Advance

CHILD CARE ONLY: The Club has my permission to apply sunscreen on my child? Y / N

Special Instructions: _____

THE INFORMATION BELOW IS USED FOR GRANTS & BGCKV FUNDING

Is Member US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Race-Nationality: <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial	State Programs: <input type="checkbox"/> SSDI <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Free School Lunch <input type="checkbox"/> Reduced School Lunch <input type="checkbox"/> Day Care Voucher	Household Income: <input type="checkbox"/> Under \$30,000 <input type="checkbox"/> \$30,001-\$40,000 <input type="checkbox"/> \$40,001-\$50,000 <input type="checkbox"/> \$50,001-\$60,000 <input type="checkbox"/> \$60,001-\$70,000 <input type="checkbox"/> \$70,001-\$80,000 <input type="checkbox"/> \$80,001-\$90,000 <input type="checkbox"/> \$90,001 +	Participant Lives with: <input type="checkbox"/> Mother ONLY <input type="checkbox"/> Father ONLY <input type="checkbox"/> Both Parents <input type="checkbox"/> Shared/Joint Custody <input type="checkbox"/> Parent/Step Parents <input type="checkbox"/> Other Relatives <input type="checkbox"/> Foster Care <input type="checkbox"/> Grandparent
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Number of People in Household? _____

PARENT/GUARDIAN'S INFORMATION: Please Print

Parent/Guardian Name: _____ Cell Phone: _____
 Email: _____ Do you Reside with member: YES NO
 If No, Address: _____
 Employer: _____ Work Phone: _____
 Have you ever been Active Military? Y / N If Yes Branch _____ Year Active _____
 Parent/Guardian Name: _____ Cell Phone: _____
 Email: _____ Do you Reside with member: YES NO
 If No, Address: _____
 Employer: _____ Work Phone: _____
 Have you ever been Active Military? Y / N If Yes Branch _____ Year Active _____

EMERGENCY CONTACTS/PICK UP LIST

This is someone who can assume temporary care of your child if we cannot reach you.

Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____

MEDICAL INFORMATION

Doctor's Name: _____ Phone: _____
 Dentist's Name: _____ Phone: _____
 Allergies / Dietary Restrictions: Please List _____
 Medication: Please List _____
 Reasons for Medication: _____

Members Name: _____ School _____ Gr. _____

RELEASE INFORMATION

MEDICAL TREATMENT

_____ I give permission to the Boys & Girls Clubs of Kennebec Valley to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment. That includes emergency transportation.

SURVEYS AND QUESTIONNAIRES

_____ I, the parent/guardian of the minor child listed on this application, give permission for the Boys & Girls Clubs of Kennebec Valley to survey my child about his or her Club experience and behaviors, skills and attitudes using Boys & Girls Clubs of America's Youth Development Outcome Measurement Tool Kits surveys or other survey instruments.

EQUIPMENT USAGE

_____ My child has permission to use any/all age-appropriate equipment while they are attending the Boys & Girls Clubs of Kennebec Valley.

MISCELLANEOUS

_____ I understand the Boys & Girls Clubs of Kennebec Valley is not responsible for lost or stolen items.

_____ I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the Boys & Girls Clubs of Kennebec Valley and its activities.

_____ I give the Boys & Girls Clubs of Kennebec Valley permission to take my child on scheduled field trips such as or including swimming and or wading activities.

_____ I have read this form and completed it to my full potential. I have also read and understand the Boys & Girls Clubs of Kennebec Valley program handbook.

_____ I understand that all BGCKV programs are powered by Project Learn a BGCA program. Project Learn reinforces the academic enrichment and school engagement of young people during the time they spend at the Club

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Kennebec Valley, and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organization such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury and any claim of damages resulting from use of facilities owned or controlled by the above organization, or participation in activities of said organizations either at or away from the Club.

Parent/Guardian Signature: _____ Date _____

PLEASE PRINT NAME: _____