



**BOYS & GIRLS CLUBS**  
OF THE NORTH STAR

# 2023-24 After School Membership

**SEPTEMBER 5<sup>TH</sup> – JUNE 5<sup>TH</sup>**

**\$40 Membership fee**

Select Club Location:  Elk River Branch  Little Falls Branch

**YOUTH INFORMATION**

Youth First Name  Youth Last Name  Please circle one:  
**New or Renewing Member**

Male  Female Date of Birth:  Age:

Grade  School

Youth Lives with:  Both Parents  Mother  Father  Guardian (please check one)

Home Address

City  State  County and/or Township  Zip Code

Does your child have allergies or a medical condition? \* If yes please describe

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Ethnicity: (Check One)

Asian American  African American  Hispanic  
 Caucasian  Native American  Multi –Race Other \_\_\_\_\_

Does Your Family Qualify For Free or Reduced Lunch?  Yes  No

Are Parents of Youth Military?  Yes  No Military Id \_\_\_\_\_

**EMERGENCY CONTACTS**

#1 Emergency Contact Name	Relation To Youth?	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
#2 Emergency Contact Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>
#3 Emergency Contact Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>
#4 Emergency Contact Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>

Complete Both Sides & Signature Required → → →

PARENT/GUARDIAN INFORMATION <input type="checkbox"/>	Parent/Guardian Name	Cell Phone
	<input type="text"/>	<input type="text"/>
	Work Phone	Other Emergency Phone
	<input type="text"/>	<input type="text"/>
	Parent e-mail – please print clear, this is how we send club info.	Please circle one: <b>New</b> or <b>Renewing Member</b>
	<input type="text"/>	
Alt. Parent/Guardian Name	Cell Phone	
<input type="text"/>	<input type="text"/>	
Work Phone	Other Emergency Phone	
<input type="text"/>	<input type="text"/>	
Parent e-mail – please print clear, this is how we send club info.		
<input type="text"/>		

**Full Membership Payment, Parent/Guardian Signature on Membership Form & Parent/Guardian Signature on Acknowledgement Form BEFORE Youth Can Attend Club. There Are No Refunds.**

*I wish to become a member of the Boys & Girls Club. I agree to abide by the Club's guidelines and discipline policies. I promise to respect the Club, my fellow members, the staff and myself.*

**Member Signature:** \_\_\_\_\_

*My child is joining the Club with my consent. I understand that the utmost precautions will be taken as to the safety of my child at the Club and on field trips. I understand that there is an open-door policy and I cannot hold the Club responsible for the time nor the manner in which my child may arrive at or leave the Club, not for injuries sustained or property misplaced or stolen during Club activities. I further understand that the Club cannot be held responsible for any medical expenses my child may incur. I give consent for any photographs in which my child may appear in, to be used in good taste for positive Club promotion. I understand that membership will be terminated without a refund if member does not follow the discipline guidelines from the staff. If your child needs picked up for illness or discipline reasons and you do not come get them within 1 hour you may also lose your membership with no refund. Leave an emergency number that will answer when needed. Clubs are closed when schools are closed.*

**Membership expires June 5<sup>th</sup>, 2024**

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

--- OFFICE USE ONLY ---

Date: \_\_\_\_\_ Membership Fee Paid \$ \_\_\_\_\_ Cash or Check # \_\_\_\_\_

Receipt # \_\_\_\_\_ Received By \_\_\_\_\_

**New** or  **Renew** Entered in Vision System  Entered By \_\_\_\_\_

PARENT/GUARDIAN ACKNOWLEDGMENT FORM RECEIVED

CLUB CARD BAR CODE AND/OR NUMBER:

## Parent/Guardian ACKNOWLEDGEMENT FORM

**\* This page needs completed and turned in with Membership \***

- I have read and understand the Drop off and LATE PICK-UP POLICY. I understand and agree that there will be suspension if picked up late, and may result in loss of membership if late more than one time, youth also can lose membership if child is not picked up when called by the Club for sickness or behavior.
- I have read and understand the BEHAVIOR POLICY/DISCIPLINARY PROCEDURES *for children* stated by BGCNS. I understand that my child and I will need to abide by all rules of the BGC while at the Club or a Club event. I understand that if there is need for BGCNS or Social Services to do an investigation, youth will be suspended from Club until the investigation is complete.
- I have read and understand that I have to provide Emergency Contact Phone Numbers that will be answered promptly. I understand that when called there must be someone available to pick youth up if needed. Failure to respond to Emergency Calls/Pick Up could result in loss of Club membership and if necessary the police will be called if emergency contacts cannot be reached.
- The parents/guardians agree to inform the center within 24 hours or the next business day after their child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.
- I understand that youth are not allowed at Club if they have a fever or communicable disease, including head lice. If youth are sent home for illness they are not allowed back for 24 hours. If youth have a fever they are not allowed to Club until 24 after fever stops, Also not allowed back to Club until 24 hours after vomiting. Be respectful of this to minimize exposure to the other youth and the Club staff.
- BGCNS agrees to notify the parents/guardians whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible. The parent/guardians authorize the BGCNS to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately. If there is an objection to seeking emergency medical care, a statement should be obtained from the parents or guardians that states the objection and the reason for the objection and then membership will be determined.
- I realize that the BGCNS is not responsible for injuries that occur to my child at the Club. Parents should carry their own medical insurance and are responsible for medical costs that may be incurred in cases of emergency.
- There will be a \$35.00 fee for all returned checks. Upon receipt of any returned checks the Boys & Girls Clubs of the North Star will deny any other check written and will only accept either cash or money orders.

By signing this document I am acknowledging to have received and read a copy of the Parent/Guardian Guide and understand and agree to comply with the policies and procedures outlined within. I have reviewed these policies and procedures with my child and discussed their behavior expectations while attending Club.

Parent (Print Name): \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

Child/Children's Name(s): \_\_\_\_\_

Club Branch or Site: \_\_\_\_\_ Date: \_\_\_\_\_