

**MEMBER INFORMATION:**

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

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Gender: \_\_\_\_ Male \_\_\_\_ Female

Ethnicity:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic/Latino
- Native Hawaiian / Other Pacific Islander
- Two or more Races
- White
- Other \_\_\_\_\_

**EDUCATION INFORMATION**

Name of School: \_\_\_\_\_ (If homeschooled, please write Homeschooled)

Member's Grade (as of 8/20): \_\_\_\_\_ Teacher: \_\_\_\_\_

**GENERAL INFORMATION**

Previous Member of a Boys & Girls Club: \_\_\_\_ Yes \_\_\_\_ No Previous Club Name: \_\_\_\_\_

Member Interests: \_\_\_\_\_

Best ways to comfort Member: \_\_\_\_\_

Are there any activities that you prefer that your child NOT participate in?

If so, please list: \_\_\_\_\_

# GENERAL HEALTH APPRAISAL FORM

## PARENT

Please complete, date, and SIGN.

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergies:  None OR  List food/medication: \_\_\_\_\_

Diet:  Breastfed  Age appropriate  Special-Describe: \_\_\_\_\_

Skin Care:  Sunscreen/creams may be applied as requested in writing by parent unless skin is broken or bleeding.

Sleep: Your healthcare provider recommends that all infants less than 1 year of age be placed on their back for sleep.

I, \_\_\_\_\_, give permission for my child's healthcare provider to share this form and applicable attachments with my child's school, childcare, or camp. Contact information for the person to receive this form:

Name: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

## HEALTH CARE PROVIDER

Please complete after parent section has been completed.

Date of most recent health appraisal: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Physical Exam:  Normal  Abnormal-describe: \_\_\_\_\_

Allergies:  None OR  List food/medication: \_\_\_\_\_ Type of Reaction \_\_\_\_\_

Current Medications:  None OR  List: \_\_\_\_\_

A separate medication authorization form ([link](#)) is required for medications given in school, childcare, or camp.

Current Diet:  Breastfed  Age appropriate  Special-describe: \_\_\_\_\_

A separate diet statement ([link](#)) is required for food provided at school, childcare, or camp.

Health Concerns:  Severe Allergies  Asthma  Seizures  Diabetes  Hospitalizations  Behavior Concerns

Developmental Delays  Vision  Hearing  Oral Health  Under/Overweight  Other: \_\_\_\_\_

Explain above concerns (if necessary, include instructions to care providers): \_\_\_\_\_

Immunizations:  See attached immunization record or official exemption form  Next vaccine due date: \_\_\_\_\_

## HEALTH CARE PROVIDER

Please complete if appropriate. This information is required by Early Head Start and Head Start Programs per the State EPSDT Schedule.

Height: \_\_\_\_\_ B/P: \_\_\_\_\_ Head Circumference (up to 12 months): \_\_\_\_\_ HCT/HGB: \_\_\_\_\_

Lead Level:  Not at risk OR  Lead level: \_\_\_\_\_ TB:  Not at risk OR Test Result:  Normal  Abnormal

Screens Performed:  Vision:  Normal  Abnormal  Hearing:  Normal  Abnormal

Oral Health:  Normal  Abnormal Developmental Screen:  ASQ  PEDS  Other: \_\_\_\_\_

Developmental Concerns: \_\_\_\_\_ Recommended Follow-up: \_\_\_\_\_

## PROVIDER SIGNATURE

Next Well Visit:  Per AAP Guidelines\* or  Age: \_\_\_\_\_

This child is healthy and may participate in all routine activities in school, childcare, or camp. Any concerns or exceptions are identified on this form.

\_\_\_\_\_  
Signature of Healthcare Provider (certifying form reviewed)

\_\_\_\_\_  
Date

\*The AAP recommends Well Child Visits at 2, 4, 6, 9, 12, 15, 18, 24, and 30 months, and annually after 3 years.

## OFFICE STAMP

Or write Name, Address, Phone Number, Email



**BOYS & GIRLS CLUBS  
OF THE HIGH ROCKIES**

**Parent Release**

Child's Name: \_\_\_\_\_

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 the High Rockies and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors, contractors, and 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 use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

**Sunscreen**

(Circle one) I give / I do not give permission for Club staff to apply sunscreen to my child. The club may use their sunscreen (Please circle any brands that your child can use) - Coppertone Banana boat Solimo (amazon brand).

**If my kid can use none of these brands, I will provide the club with sunscreen labeled with my kids name.**

**First Aid**

(Circle one) I give / I do not give permission for Club staff to treat minor injuries with band aids and/or ice packs.

**Data Collection**

(Circle one) I give / I do not give my permission to the Boys & Girls Clubs of the High Rockies to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be aggregated and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, Boys & Girls Clubs of America (BGCA), donors, and other community stakeholders as evidence of program effectiveness and/or Club impact on members.

**School Information**

(Circle one) I give / I do not give my permission to the Boys & Girls Clubs of The High Rockies and Platte Canyon RE-1 School District to exchange information, such as, but not limited to, academic progress, grades, homework, behavioral and other socio-emotional information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Club and in his/her daily life. This release is valid for the current membership year and may be limited or revoked at any time by contacting the Boys & Girls Clubs of the High Rockies in writing.

**Data Sharing**

I understand that the Boys & Girls Clubs of the High Rockies may share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by Boys & Girls Clubs of the High Rockies including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

### **Technology**

As a member of the Boys & Girls Clubs of the High Rockies, your child will have access to the Internet. While precautions are taken, it is possible that s/he may access inappropriate sites. The Boys & Girls Clubs of the High Rockies will have rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access. Members will sign a Tech Center Use and Agreement form that outlines technology-related expectations and consequences.

### **Video Games and Movies**

The Boys & Girls Clubs of the High Rockies incorporates the use of video games in positive youth development programs. With limited time of play, video games can be an excellent platform to encourage teamwork, cooperation, and good sportsmanship at the club. Full length movies may also be played at the club, usually on Friday afternoons and special events. By initialing below, your member will have permission to participate in and watch video games or movies of the stated ratings.

\_\_\_\_\_ ALL of the Movie and Video Game ratings listed  
\_\_\_\_\_ NONE of the Movie and Video Game ratings listed

My member is only allowed the following ratings:

\_\_\_\_\_ PG  
\_\_\_\_\_ PG-13  
\_\_\_\_\_ E (Everyone)  
\_\_\_\_\_ E10+ (Everyone 10+)  
\_\_\_\_\_ M (Mature)

### **Miscellaneous**

I understand that the Boys & Girls Clubs of The High Rockies is not responsible for lost, stolen, or damaged items. Parents and Club members are responsible for their own transportation to and from the Club. As a drop-in facility, I give permission for my child to sign themselves in and out of the Club. Club members Grade 5 and younger are discouraged from bringing their own toys or electronics. It is highly recommended that Club members Grade 5 and younger do not bring any money over \$2.00 to the Club unless there is a scheduled field trip or other special circumstance.

**(Circle one)** I give / I do not give my permission for my child to sign themselves in and out of the club (Note: we will only release your child to a parent, guardian, or emergency contact who is authorized to pick up. Giving permission for this means that you will not have to sign your child in and out of the club.)

**(Circle one)** I give / I do not give my permission for my child to participate in any local events or field trips (within a 12 mile radius of the Club) throughout the year and this will serve as a blanket permission slip for such activities. Reasonable notice will be provided in the event of a local trip.

I have read and agree to abide by the current year's Policies and Procedures, Club rules, and ethics, and to review them with my child. Further, I understand that my child may be asked to leave the facility for misbehavior or other Club policy violation, and that I or my emergency contact will be notified in such an event.

**(Circle one)** I give / I do not 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 the High Rockies and its activities.

I have read and completed all this membership application, understand and agree to abide by the rules of the Boys & Girls Clubs of the High Rockies and request that my child be admitted into membership.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Club Member's Signature

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_