

GREAT FUTURES START HERE.



BOYS & GIRLS CLUBS
OF MARTIN COUNTY

Club Location	
Accepted By (full name)	Date
Verified By _____ <small>Please Print - Must be a member of Club Leadership</small>	

We appreciate the on-going support we receive from:



2019 Membership Application
Proof of Age is Required

Member First Name			Middle Initial		Last Name			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (MM/DD/YY)		Age	School Name		School ID Number	
Current Grade	School Lunch Program <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Ineligible		List any Allergies:					
			List Daily Medications:					
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> African-American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Two or More Races	<input type="checkbox"/> Other	
Photo/Publicity Release Permission for member to be photographed and/or videotaped for promotional materials: <input type="checkbox"/> Yes <input type="checkbox"/> No					ELC Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No		Member Number:	

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Household Information (This information is required by several of our funders and is required for participation in our program)

Street Address (Including Apartment Number)		City, State, Zip		
Total Number in Household (adults & children)	Single Parent Household? <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran or active of the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what branch?	Child Lives With: <input type="checkbox"/> Single Parent <input type="checkbox"/> Dual Parents <input type="checkbox"/> Other
List Any Accommodations/Assistance Your Child May Need to be Successful in our Program		Annual Gross Household Income: <input type="checkbox"/> \$0-9,999 <input type="checkbox"/> \$20,000-29,999 <input type="checkbox"/> \$40,000-49,999 <input type="checkbox"/> \$10,000-19,999 <input type="checkbox"/> \$30,000-39,999 <input type="checkbox"/> \$50,000 & UP		

Parent/Guardian Signatures & Waivers

Medical Treatment

In the event that I cannot be reached in an emergency, I hereby give permission to the physician, and/or Hospital selected by Boys & Girls Club staff to hospitalize, secure proper treatments for, to order injection, anesthesia or surgery for my child as named herein. In the event that my child, as named herein, should require basic first aid and/or minor treatments, as ordered by Boys & Girls Club staff, I give permission for the health care professional to administer such aid or treatment for my child.

Parent/Guardian Release

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 Martin County, 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 or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death 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. I understand that the Boys & Girls Club is not responsible for lost or stolen items.

Off Site Programming Release

I, the parent/guardian of the minor child listed on this application, grant permission for my child to attend Boys & Girls Clubs of Martin County sponsored field trips as part of the normal day to day program and activity schedule. I understand that these trips may require vehicle transportation and include trips to one of our other Boys & Girls Clubs.

Information Release

I, the parent/guardian of the minor child listed on this application, do hereby give my child permission to attend and participate in activities sponsored by the Boys & Girls Clubs of Martin County. I agree that the information provided here may be used by the funders, partners or affiliates of this program {e.g. Children's Services Council, Boys & Girls Clubs of America (BGCA) etc.} for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to the funders, partners or affiliates of this program may include 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 Martin County, including data collected via surveys or questionnaires. All information provided to the funders, partners or affiliates of this program will be kept confidential.

National Youth Outcomes Initiative (NYOI):

Our Club is one of a group of Clubs across the country participating in this survey that asks how members feel about the activities and time they spend at the Club, education plans, and involvement in community service and work. If you do not want your child to participate, please request an Opt Out Form.

I have read, understand, and will abide by all of the above. All information provided in this form is true and complete. I agree that any false or misleading representation or material omission may disqualify my child/ward (member) from participating in the Boys & Girls Clubs of Martin County programs.

Print Parent/Guardian Name

Relationship to Member

Parent/Guardian Signature

Date

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BOYS & GIRLS CLUBS
OF MARTIN COUNTY

Student Assessment Results Request and Consent to Release Student Records

Student Information: (please print)

Last Name of Member (please use the name that would be listed with the School District)		First Name		Middle Name	
Street Address		City		State	Zip
Date of Birth	Current School	Current Grade	Student ID Number	Current Teacher	

I request and give consent to the School District of Martin County and the Boys & Girls Clubs of Martin County to release and obtain the following student records:

Information to be Released:

- Student Assessment Results for Reading/Language Arts
Kindergarten – 2nd Grade Members: i-Ready Student Profile Reports; Pre, Mid and End of year
3rd – 5th Grade Members: i-Ready Student Profile Reports - Pre, Mid and End of year, Florida State Assessment (FSA)
Middle School Members: Florida State Assessment (FSA) and End Of Course Assessment (EOC).
- Academic Programming information regarding tutoring, academic enrichment programs, etc.
- Martin County School District Teachers are able to speak with Boys & Girls Clubs of Martin County Personnel including administration, staff and tutors on students' academic areas.

Reason for Release: This information will be used to assess and evaluate your child's progress in all academic programming at the Boys & Girls Clubs of Martin County as well as provide the Martin County School District with information on students receiving extra support and enrichment.

Release Records to:

- Boys & Girls Clubs of Martin County
- Academic Program Teachers contracted with the Boys & Girls Clubs of Martin County
- Martin County School District

By my signature below, I consent to releasing information protected by the Family Educational Rights and Privacy Act of 1974 (FERPA, as amended in 1988) and for BGCMC to retain those records for assessment purposes.

Parent/Guardian of Minor Student PRINTED NAME

DATE

Parent/Guardian of Minor Student SIGNATURE

DATE

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**BOYS & GIRLS CLUBS
OF MARTIN COUNTY**

***Prevention Programming Parent/Guardian Consent Form
2019***

The **SMART Moves** (Skills Mastery and Resistance Training) program is a prevention and education program designed to address problems such as drug and alcohol abuse and premature sexual activity. This program is broken into three age-appropriate modules: SMART Kids (ages 6 to 9), Start SMART (ages 10 to 12) and Stay SMART (ages 13 to 15).

The program is designed to teach youth ages 6 to 15 how to say “no” by involving them in relevant discussions and activities to learn resistance and refusal skills, as well as how to develop assertiveness, strengthen decision-making skills and analyze media and peer influences. The ultimate goal is to promote abstinence from substance abuse and premature sexual activity through the practice of responsible behavior.

The **Street SMART** (Skills Mastery and Resistance Training) program is a prevention and education program designed to address topics such as Gang Awareness and Resistance, Conflict Resolution, Anger Recognition/Awareness, Causes of Conflict, Empathy, Impulse Control and Its Consequences, Recognizing and Avoiding Dangerous Conflict, Mediation, Communication Skills, Positive Peer Pressure, Making Good Decisions, Accepting Differences, Giving Back, Identifying Leadership Skills, Defining Diversity, Introspection, Individual/Group Identity, Building Allies, Making a Difference and Celebrating Differences. Please note that your child may wish to talk to you about some of the topics we’ll address. In addition, as part of our prevention programs, we will be administering a pre and post-test to assess their knowledge and understanding of some of these topics.

If you have any questions about your child’s participation, please attend our parent/guardian orientation. For additional information, to review the curriculum or to express suggestions or concerns, please contact the Club.

I DO give permission for my child to participate in the referenced prevention programs.

I DO NOT give permission for my child to participate in the programs.

Child’s Name _____ **Age** _____

Your Name (printed) _____

Your Signature _____ **Date** _____

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BOYS & GIRLS CLUBS
OF MARTIN COUNTY

Special Authorization for Access to Student Education Records

As an effort to better serve your child's needs in improving their academic performance and behavior, we are requesting that you grant permission for our organization to analyze their school records.

Instead of waiting for every Progress or Quarterly Report, by providing their Student ID number, we will be able to immediately serve their needs. This information will be kept strictly confidential among the Boys & Girls Clubs of Martin County and their individual student data will not be released publicly.

By my signature below, I consent to releasing information protected by the Family Educational Rights and Privacy Act of 1974 (FERPA, as amended in 1988).

I give authorization to The Boys & Girls Club of Martin County to obtain the following information concerning:

- Report cards and interim progress reports
- Number of days absent from school
- Behavior issues at school

Yes, I grant the Boys & Girls Clubs of Martin County permission to access my child's school records.

This authorization is for the exclusive use of the Boys & Girls Clubs of Martin County's, Education & Career Development Programs and at no time will your child's name or personal information be shared.

Print Parents/Legal Guardian Name

Child's Name

Parent/Legal Guardian Signature

Date

Should you have any questions with regards to this authorization form, program, or any other matter, please feel free to contact our administrative office at 772-545-1255. Thank you for your cooperation and support.

Thank you for your cooperation and support!

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OF MARTIN COUNTY

By signing this document I am acknowledging to have received and read a copy of the Parent Handbook and understand and agree to comply with the policies and procedures outlined within. I have reviewed these policies and procedures with my child.

List Your Child's Name

Print Parent/Guardian Name

Print Parent/Guardian Signature

Date
