



WHAT DO YOU WANNA DO?

Regular Application

**Unit:**

**Teen Application:**

**Membership Fee:**

**Money Order / Check #** \_\_\_\_\_

**Receipt #**

**Membership Application**

MEMBER INFORMATION (PLEASE PRINT)			
Member's Name (First Middle Initial Last)		Home Telephone Number ( ) -	
Address (Street, City, State, Zip Code)		Social Security #	
Member Cell Phone Number ( ) -		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date (MMDDYY)
Race/Ethnicity <input type="checkbox"/> African American or Black <input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> American Indian and Alaska Native <input type="checkbox"/> Native Hawaiian and Other Pacific Islander	
<input type="checkbox"/> Asian <input type="checkbox"/> White		School Member Attends: _____	
Age	Grade	Member email address	

IDENTIFYING INFORMATION (PLEASE PRINT)			
① Parent/legal Guardian Name (First Middle Initial Last) Relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> _____		Home Number ( ) -	
Address (Street, City, State, Zip Code)		Cell Phone or Pager Number ( ) -	
Employed By (Or School Attending)		Hours of Employment From <input type="checkbox"/> am <input type="checkbox"/> pm To <input type="checkbox"/> am <input type="checkbox"/> pm	
Address (Street, City, State, Zip Code)		Work/School Number ( ) -	
② Parent/legal Guardian Name (First Middle Initial Last) Relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> _____		Home Number ( ) -	
Address (Street, City, State, Zip Code)		Cell Phone or Pager Number ( ) -	
Employed By (Or School Attending)		Hours of Employment From <input type="checkbox"/> am <input type="checkbox"/> pm To <input type="checkbox"/> am <input type="checkbox"/> pm	
Address (Street, City, State, Zip Code)		Work/School Number ( ) -	

EMERGENCY CONTACTS / AUTHORIZED PICK-UP (PLEASE PRINT)	
① Name - Other Than Parent(s) Or Doctor (First Middle Initial Last)	Telephone Number ( ) -
Address (Street, City, State, Zip Code)	Relationship to Child
② Name - Other Than Parent(s) Or Doctor (First Middle Initial Last)	Telephone Number ( ) -
Address (Street, City, State, Zip Code)	Relationship to Child

**ACADEMIC ENHANCEMENT AUTHORIZATION**

I give the Boys & Girls Clubs of Greater Kansas City permission to receive copies of my child's ( ) grade reports, test scores, and progress notes to assist with his/her academic enhancement.

School \_\_\_\_\_ Grade \_\_\_\_\_ School Counselor \_\_\_\_\_

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

**Please check all programs that apply:**

TANF  SSDI  SSI  Food Stamps  General Assistance  School Lunch Program  Day Care Voucher  Veterans Compensation

**Is Parent member of:**  Active Military  Reserve Military  None

**Annual Household Income: Please Indicate with an "X"**

9,000 or below  16,000 – 25,999  51,000 – 79,999  100,000 or above

9,001 – 15,999  26,000 – 50,999  80,000 – 100,000

Additional Information	
Admission Date:	Sign up for a date for Parent Orientation: _____ Time _____
Club Attended / When? _____	Program Participation: <input type="checkbox"/> RBI <input type="checkbox"/> RIF <input type="checkbox"/> Jr. WNBA <input type="checkbox"/> NBA

Enrolled in Club last year?  Yes  No If yes, which site?

Attending:  Daily Program  School Out Days  Summer Program

### AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize employees of the **Boys & Girls Clubs of Greater Kansas City** to contact:

Doctor/Clinic Name	Doctor/Clinic Phone Number (     )     -
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Doctor/Clinic Address (Street, City, State, Zip Code)

For Emergency Medical Treatment of My Child, My Preferred Hospital is:

Hospital Name	Hospital Phone Number (     )     -
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Hospital Address (Street, City, State, Zip Code)

### HEALTH REPORT

#### Child's Health History and Current Health Problems

Please list any allergies, special medical conditions, including chronic health problems.

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Any special medication and/ or restrictions?

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### MEMBER INTERESTS & ACTIVITIES

What activities are you interested in:

- The Arts (fine arts, crafts, photography, digital arts, dance, music, drama, jewelry making, etc...)
- Sports, Fitness & Recreation (basketball, volleyball, baseball, league play, socials, dances, pool, air hockey, table soccer, etc...)
- Character & Leadership Development (Keystone Club, community service events, Jr. Staff, Club Service, etc...)
- Education, Technology & Career Development (ACT/SAT Prep, computers, web design, Job Ready, homework assistance etc...)
- Health & Life Skills (personal development, financial literacy, healthy habits, abstinence education, etc...)

What other things would you like to learn about or participate in?

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### AGREEMENTS

- I give consent for my child to take part in field trips or excursions with the Boys & Girls Clubs of Greater Kansas City under proper supervision. It is my understanding that I will be notified when such trips are planned.
- I understand that the Club will contact or notify me about any medical emergency, accident, injury, or at-risk situation.
- I do give consent for my child and family to be included in pictures, recordings, evaluations, and screenings associated with the Boys & Girls Clubs of Kansas City.
- I have explained the rules to my son/daughter and agree that the Boys & Girls Clubs of Greater Kansas City will not be responsible for any accidents to my child while on Club premises or engaged in any of its activities away from the Club.

The information given herein is true and complete. I understand and agree to the policies indicated above. I am hereby enrolling my child \_\_\_\_\_ in the Boys & Girls Clubs of Greater Kansas City.

Parent or Legal Guardian Signature:

Date:



**BOYS & GIRLS CLUBS  
OF GREATER KANSAS CITY**

**COMPUTER/INTERNET USAGE POLICY**

The Boys & Girls Clubs of Kansas City provides computer and internet access at the following sites- Thornberry, Troost Midtown, East Side and Wyandotte County. Access is and will be available to staff, youth members, parents, Board Members, Advisory committee members, and the community at large.

**POLICIES**

1. Use of computers and access to internet is for business or educational purposes only.
2. Users **MUST** keep passwords private. Accounts and/or passwords may not be shared. If passwords are shared and there is misuse of the system using your password, you shall still be personally liable for the violation.
3. Materials created and/or stored on the system are **NOT** guaranteed to be private. Network administrative staff may review the system from time to time to ensure that the system is being used properly.
4. Users may **NOT** download, copy or store any software, shareware, clip art or freeware without permission from the network administrator (administrative computers) or the Technology Coordinator (youth labs).
5. The network may not be used for commercial purposes.
6. Use of the network for advertising or lobbying is prohibited.
7. The network may not be used for any activity or to transmit any material that violates United States or local laws. This includes, but is not limited to, illegal activities such as threatening the safety of another person or violating copyright laws.
8. Users may not use vulgar, derogatory, obscene or slang language, Users may not engage in personal attacks, harassment of another person, or post private information about another person.
9. Users may not log into someone else's account or attempt to access another user's files. "Hacking" or otherwise trying to gain access to another person's or organization's computer system is prohibited.
10. Users may not access web sites, news groups or chat areas that contain material that is obscene or that promotes illegal activities. If a user accidentally accesses this type of information, they should immediately tell the instructor or the network administrator.
11. Users may not engage in "spamming" (sending e-mail to more than 10 people at the same time) or participate in chain letters.
12. When saving materials to a floppy disk, be sure to run a virus scan on the disk unless it is new.
13. If you encounter a virus or are having problems with your computer, please notify your instructor or the network administrator immediately.

**SAFETY GUIDELINES**

1. **NEVER** give out personal information- your last name, address, phone number, parent's names, sibling's names, school name, sports team name, or other identifying information.
2. **NEVER** agree to meet a person you met online unless you have a parent or other responsible adult accompany you.
3. Notify an adult immediately if you receive a message that is inappropriate or makes you feel uncomfortable or if you come across any material that violates the Computer/Internet Usage Policy.

### COMPUTER LAB EXPECTATIONS

- Please request permission before entering the computer lab.
- Sorry! No food or drinks.
- Please wash your hands before using the computers.
- Please ask for permission to leave the computer lab.
- You must follow the Instructor's instructions **at all times.**
- There is absolutely no running or horseplay allowed in the computer lab.
- Do not turn computers ON/OFF WITHOUT being told to do so.
- Do not share your password or login with anyone.
- Do not spin and/or roll around in the room in the chairs.
- Please be gentle with the equipment, do not hit the computers or kid the chairs and tables.
- Do not move or remove any computer equipment without permission.
- Do not save anything on the hard drive of the computer.
- If you are having a problem making something work, please **SEE THE INSTRUCTOR!**
- If you are not sure about something, please **ASK THE INSTRUCTOR.**
- Please be respectful and keep your voice low.
- Please do not bother others while they are working.

Not following the expectations listed above will result in loss of computer lab privileges. Re-entry to the computer lab is at the sole discretion of the Computer Lab Instructor and/or the Technology Coordinator.

\_\_\_\_\_  
Signature of member/employee/community participant

\_\_\_\_\_  
Date

As the parent/guardian of the above member, I authorize Boys & Girls Clubs of Greater Kansas City to allow my child to access the Internet and the PUPNet under supervision of an authorized computer instructor. In addition, I give permission to have my child's pictures taken in the computer lab to be used for media and promotional services.

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

\_\_\_\_\_  
Relationship to child

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Youth Member

\_\_\_\_\_  
Date



## Teen and Parent / Guardian LIFE Coach Agreement

As a teen participating in the LIFE Coach Program of the Boys & Girls Clubs of Greater Kansas City, I, \_\_\_\_\_, agree to:

Printed Name

Please initial the following:

- \_\_\_\_\_ Attend a training session before beginning the Program
- \_\_\_\_\_ Be on time for scheduled meetings
- \_\_\_\_\_ Notify the Teen Director if I must cancel a meeting with my mentor
- \_\_\_\_\_ Engage in the relationship with an open mind
- \_\_\_\_\_ Accept assistance from the Club and its Program Staff
- \_\_\_\_\_ Ask staff when I need assistance or have questions
- \_\_\_\_\_ Notify the Teen Director of any changes in my attendance, address, and telephone number
- \_\_\_\_\_ Notify the Teen Director first of any desire to terminate the relationship with my mentor
- \_\_\_\_\_ Work with mentor to develop a personal goal plan and implementation plan.

\_\_\_\_\_  
Teen Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teen Services Director Signature

\_\_\_\_\_  
Date

**LIFE Coach Program  
Parent/Guardian Consent Form**

I, the parent or legal guardian for \_\_\_\_\_ hereby gives my permission for my child to participate in the LIFE Coach Program (Program) at the Boys & Girls Clubs of Greater Kansas City.

I fully understand the Program involves mentors (LIFE Coach), who shall be selected from the community and will be screened (including a criminal background check) and trained before beginning the Program. The LIFE Coach will spend a minimum of two hours per month with my child at their home Club site at the Boys & Girls Clubs of Greater Kansas City. The LIFE Coach is not allowed to take or meet my child beyond the Club facility.

I understand my child will participate in an orientation session at the Club in which the Program will be explained. The Program will last one year after which continuation may be discussed.

I understand during the course of the Program there may be special group events (incorporating all LIFE Coaches and youth) and family events planned. I understand Boys & Girls Clubs of Greater Kansas City staff will provide ongoing monitoring of the Program's activities.

I give Boys & Girls Clubs of Greater Kansas City Teen Services Director permission to obtain my child's academic and attendance records from their school.

I permit the Program staff and the Boys & Girls Clubs of Greater Kansas City to utilize photographs of my child taken during his/her involvement in the mentoring program and waive all rights of compensation.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

Please sign the permission form and return to the Boys & Girls Clubs of Greater Kansas City Teen Services Director by \_\_\_\_\_ (date to be returned).

I understand my child will not be assigned a LIFE Coach without my consent.