

CLUB ON-THE-GO SUMMER 2025 APPLICATION FORM



CLUB ON-THE-GO

YOU **MUST** REGISTER YOUR CHILD BEFORE THEY CAN ATTEND

Member Information

CHILD'S Legal Name: _____ Age: _____ DOB: _____

CHILD'S Preferred Name: _____ Child's Pronouns: _____

School your child attends: _____ Grade (25/26): _____

Race/Ethnicity: ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American
☐ Native Hawaiian/Pacific Islander ☐ White ☐ N/A or prefer not to disclose

Physical Address: _____

Parent/Guardian: _____ Home# _____ Work# _____ Cell # _____

Parent/Guardian: _____ Home# _____ Work# _____ Cell # _____

Which parent/guardian should be called in case of emergency? _____

Who cannot pick up your child? Additional documentation may be required.

If so, please name, relationship, descriptions, etc. _____

Emergency Contact Information

AUTHORIZATION FOR OTHERS TO PICK-UP YOUR CHILD/EMERGENCY CONTACTS:

List below each person who is authorized to pick-up your child from our program. Please inform Club staff if someone other than a parent/guardian will pick-up your child. Also, in an emergency and if a caregiver cannot be reached, these people will be called to pick-up or take responsibility for your child. Local phone numbers, if possible, and **list 3 contacts**:

Name: _____ Home # _____ Work # _____ Cell # _____

Name: _____ Home # _____ Work # _____ Cell # _____

Name: _____ Home # _____ Work # _____ Cell # _____

Transportation (please check one of the following statements)

- ☐ Parent/guardian or an emergency contact will pick-up my child at the site by 5:00PM each program day.
☐ My child has permission to walk/bike home at _____ PM and/or after the program ends at 5:00PM, and once my child leaves the program I release all liability from the Boys & Girls Club at this time.

Signature of Parent/Guardian: _____ Date: _____

Medical Information

Health restrictions or special needs (allergies, vision, hearing, etc.)

Does your child have an Individual Education Plan (IEP)? _____

Is your child on any regular medication? ☐ YES ☐ NO

If yes, describe: _____

Name of Doctor: _____ Phone # _____

Any comments which will help us to better understand and serve your child?

Any condition(s) that might result in a medical emergency?

Additional Information:

Contract Information

____ I understand this program operates in a 1:10 ratio, if my child cannot function in this ratio they may be asked to leave the program.

____ I understand that my child must follow behavior expectations and rules, if they are unable to abide the expectations they may be asked to leave the program.

Signature of Parent/Guardian: _____ Date: _____

STAFF ONLY CHECKLIST

- ☐ Completed Application
- ☐ Proof of Address
- ☐ Signed Permissions & Waivers

Staff Name: _____ Staff Signature: _____ Date: _____