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**Flag Football Membership Form**

**Membership Price: $80**

The Boys & Girls Clubs of Bandera County will not EVER turn a child away due to finances. If payment is an issue, please speak to the Executive Director

**Registration Deadline:**

**June 30th at 4:00PM!**

Mailing Address: PO Box 3155, Bandera, TX 78003

Phone: 830-796-8109

**Please Complete ALL Information below**

**All 6 year olds are required to submit copy of birth certificate.**

Member’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_

Physical Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_

Home Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please circle appropriate answer:** Male/Female **Ethnicity:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Information:

Head of Household \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to youth \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-Mail Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: Home Work

Lives with Youth: Yes No

Additional Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to youth\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-Mail Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type: Home Work

Lives with Youth: Yes No

Emergency Contact/Additional ADULTS able to work with my child:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Release**

Please list any medical concerns such as allergic reactions, seizures, chronic conditions, medications that staff need to be aware of and recommended procedures to be taken:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please circle appropriate answer:**

**Home Type:** Foster Grandparents Immediate Family Single Parent

**Family Setting:** Both Parents Grandparents Guardians Single Father Single Mother

Father & Step Mother Mother & Step Father

**Family size:** Children\_\_\_\_\_\_\_\_ Adults\_\_\_\_\_\_\_\_

**Family Income:** Below $15,000 $15,000-$25,000 $25,000-$35,000 $35,000-$45,000 $45,000-$55,000 Above $55,000

**Receiving the Following Services:** SNAP Free/Reduced Lunch Amerigroup TANF Medicaid

SSDI SSI None

**Parental Permission - Required**

**I give my permission and understand the following:**

* For the Club to administer occasional anonymous surveys to my child for purposes of better understanding the needs of my child and the impact of the Club on my child.
* That the Boys & Girls Clubs of Bandera County may share information about the minor child listed on the application with the 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 the Boys & Girls Clubs of Bandera County including data collected via surveys or questionnaires. All information collected will be kept confidential.
* For the Club to make and retain copies of my child's report cards and/or progress reports or to be given access to school records pertaining to my child in order to better understand the academic needs of my child and to better assist him/her in his/her educational pursuits. I understand that copies made of report cards and/or progress reports will remain confidential and will only be viewed by Boys & Girls Club staff. Play is not determined by grades.
* For the Club to obtain age verification of my child from their current school.
* That the Boys & Girls Clubs of Bandera County is not responsible for lost or stolen items
* In the event of an emergency, I authorize Boys & Girls Clubs of Bandera County staff to secure medical treatment for my child and that I, as the legal guardian, will assume any and all responsibility for paying medical expenses associated with such treatment.

**By signing this form**:

I hereby agree that the Boys & Girls Clubs of Bandera County, any of their Staff, volunteers or representatives shall not be held liable for any accidents or misfortunes while in route to, or returning from any Boys & Girls Club outings in Club provided vehicles. This form only gives permission for youth to travel with the Boys & Girls Clubs of Bandera County. I consent to and authorize the use and reproduction by, or as authorized by, the Club, of any and all photographs, videotape, or social media outlets which the Club may take of my child, for any legal purpose whatsoever without any compensation to me or my child. All negatives and positives, together with all prints involving such photographs and any videotape, shall constitute the sole and exclusive property of the club. Also, some information, demographic and otherwise, may be shared with representatives of Boys & Girls Clubs of Bandera County and with Boys & Girls Clubs of America. I hereby release the Boys & Girls Clubs of Bandera County, Boys & Girls Clubs of America and any of its members, employees, directors, staff, and volunteers from any and all claims and causes of action, whether in law or in equity, which may at any time exist as a result of my child’s membership in the Club and his/her participation in Club activities.

**This form WILL NOT be accepted without payment and/or scholarship information**

**Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**As a parent, would you like to sign up to become a volunteer Head Coach or Assistant Coach? Yes No**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The Boys & Girls Clubs of Bandera County offers a scholarship program for those in need of assistance. Would you like to give an additional amount to help those requesting assistance?** Yes, an additional $\_\_\_\_\_ No

**Receipt #\_\_\_\_\_\_\_\_ Amount Given $\_\_\_\_\_ Staff initials \_\_\_\_\_**