



DOING THE MOST GOOD



BOYS & GIRLS CLUBS OF GREATER CHARLOTTE

Club Member Name: \_\_\_\_\_

Membership #: \_\_\_\_\_

# The Boys & Girls Clubs of Greater Charlotte 2021/2022 Afterschool Membership Application

Please fill out the information below completely and accurately. If not applicable, please write N/A.

## HEAD OF HOUSEHOLD INFORMATION (relationship to child: \_\_\_\_\_)

(Parent/Guardian) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender:  Male  
 Female

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number 1: \_\_\_\_\_ Phone Type:  Home  Work  Cell  Other

Phone Number 2: \_\_\_\_\_ Phone Type:  Home  Work  Cell  Other

Email Address: \_\_\_\_\_ Email Type:  Work  Personal

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

(If Applicable) Military Branch: \_\_\_\_\_ Status: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Family Size: \_\_\_\_\_ Family Income (please check one):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-14,999      | <input type="checkbox"/> \$35,000-49,999 | <input type="checkbox"/> \$100,000-149,999 |
| <input type="checkbox"/> \$15,001-24,999 | <input type="checkbox"/> \$50,000-74,999 | <input type="checkbox"/> \$150,000 +       |
| <input type="checkbox"/> \$25,001-34,999 | <input type="checkbox"/> \$75,000-99,999 |  |

## OTHER PARENT/GUARDIAN INFORMATION (relationship to child: \_\_\_\_\_)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender:  Male  Female

Home Address (If different from above): \_\_\_\_\_

Phone Number 1: \_\_\_\_\_ Phone Type:  Home  Work  Cell  Other

Phone Number 2: \_\_\_\_\_ Phone Type:  Home  Work  Cell  Other

Email Address: \_\_\_\_\_ Email Type:  Work  Personal

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

(If Applicable) Military Branch: \_\_\_\_\_ Status: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

## TWO OTHER PEOPLE AUTHORIZED TO PICK UP CHILD

Name: \_\_\_\_\_ Phone Number 1: \_\_\_\_\_ Phone Number 2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number 1: \_\_\_\_\_ Phone Number 2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

## MEMBER INFORMATION

Child's First Name:\* \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name:\* \_\_\_\_\_

Child's Nickname: \_\_\_\_\_ Birth Date:\* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  Male  Female Ethnicity (Check One):

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Asian       | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Multiracial | <input type="checkbox"/> Native American        | <input type="checkbox"/> White           |
|                                      |   | <input type="checkbox"/> Other           |

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Household Type (Check Which Best Describes with Whom Child Lives):

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Both Parents      | <input type="checkbox"/> Mother Only         | <input type="checkbox"/> Father Only |
| <input type="checkbox"/> Both Grandparents | <input type="checkbox"/> Grandmother Only    | <input type="checkbox"/> Grandfather |
| <input type="checkbox"/> Foster Parent     | <input type="checkbox"/> Group Home Provider | Only <input type="checkbox"/> Other  |

Is this child involved in any custody issues?  No  Yes If yes, please explain briefly: \_\_\_\_\_

Does this child live in public housing?  No  Yes

Does this child receive:  Free Lunch  Reduced Lunch  Neither

Previously attended Boys & Girls Club?  No  Yes Location: \_\_\_\_\_

## MEMBER MEDICAL INFORMATION

Is the participant covered by family medical/hospital insurance?  No  Yes

If yes, what is the insurance company? \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

Current medications: \_\_\_\_\_

Any allergies, illnesses, or medical conditions: \_\_\_\_\_

Any behavioral/physical disabilities: \_\_\_\_\_  
physician: \_\_\_\_\_ Activities encouraged or limited by \_\_\_\_\_  
Dietary restrictions: \_\_\_\_\_

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which Club staff should be aware:  
\_\_\_\_\_  
\_\_\_\_\_

Physician: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

**PLEASE READ. INITIAL. AND SIGN BELOW SHOWING THAT YOU UNDERSTAND THE FOLLOWING:\***

\_\_\_\_\_ I understand that The Salvation Army Boys & Girls Clubs of Greater Charlotte claims no responsibility for injuries or illnesses which my child may sustain as a result of his/her participation in any Club activities, sports programs, the use of any equipment, exercise, or other activities. I expressly acknowledge that I assume the risk for any and all injuries which may result from his/her participation in these activities. In consideration of the privilege of participating at the Clubs, I hereby voluntarily release and discharge The Salvation Army Boys & Girls Clubs of Greater Charlotte, its agents, servants, and employees from any and all claims for injury, illness, death, loss, or damage which my child may suffer as a result of his/her participation in these activities. A parent/guardian must discuss with the Unit Director any special conditions or circumstances involving his/her child. This must be completed prior to registration.

\_\_\_\_\_ I hereby give permission to the medical personnel selected by the Unit Director to order X-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Unit Director to secure and administer treatment, including hospitalization, for my child.

\_\_\_\_\_ I understand that no accident or medical insurance is provided with this activity.

\_\_\_\_\_ I give permission to The Salvation Army Boys & Girls Clubs of Greater Charlotte, without limitation or obligation, to use photographs, video footage, or tape recordings which may include my child's face or voice for purposes of promoting or interpreting Club programs and release the camp from any claim or liability to that use.

\_\_\_\_\_ I give my consent for the staff of the Boys & Girls Club to contact my child's school and/or teachers for purposes benefitting my child in connection to homework and schoolwork. I give permission for the Boys & Girls Club to receive a copy of my child's school report card each quarter of the school year.

\_\_\_\_\_ I give permission for the Boys & Girls Club to conduct surveys with my child regarding the Club program and/or my child's participation in activities. Survey results will be kept confidential.

In order for the Club member to use the Club's Technology Center, the Club must have a signed Acceptable Use Policy on file. Please note you only need to sign the policy once; it does not need to be renewed each year.

The information I have provided on this form is correct as far as I know, and the person herein described has permission to engage in all Club activities except as noted.

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

**THE SALVATION ARMY BOYS & GIRLS CLUBS OF GREATER CHARLOTTE RULES**

- I will respect and take care of the Club property and supplies
- I will treat all other people and their property with respect
- I will keep my hands to myself
- I will handle conflict in appropriate ways
- I will obey Club staff at all times
- I understand that possession of weapons, including knives and firearms, are cause to terminate my membership
- I will talk in ways that are not offensive to others
- I will abstain from tobacco, alcohol, and other drugs

I wish to join The Salvation Army Boys & Girls Clubs of Greater Charlotte. I understand that I am responsible for taking care of the Club and everything in it. I understand that every member of the Club deserves respect and courtesy. If I fail to live up to the rules and codes listed in the Club Handbook, my membership may be suspended or terminated. If membership is terminated, I understand that I will be giving up all privileges to attend the Club, and my membership fee will not be refunded.

Child Applicant Signature: \* \_\_\_\_\_ Date: \* \_\_\_\_\_  
Parent/Guardian Signature: \* \_\_\_\_\_ Date: \* \_\_\_\_\_

**DRESS CODE**

- Hats should not be worn inside the Club building
- Off-the-shoulder, see-through, and bare midriff blouses, dresses, skirts, or short shorts are not permitted
- Tank tops in poor taste are not permitted
- T-shirts with offensive or negative messages are not allowed
- Pants must be able to stay on waist, or else be worn with a belt
- Shoes are to be worn at all times (no flip-flops for recreational activities)
- Male members should keep shirts on at all times while in Club

**FOR OFFICE USE ONLY**

Payment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Receipt #: \_\_\_\_\_ Registration Amount Paid: \$ \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Age Group: \_\_\_\_\_ Membership #: \_\_\_\_\_ Membership Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Attended Parent Orientation:  No  Yes Signed Copy of Acceptable Use Policy on File:  No  Yes Birth Certificate on File:  No  Yes



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BOYS & GIRLS CLUBS OF GREATER CHARLOTTE

NAME OF CHILD/YOUTH PARTICIPANT (PLEASE PRINT):

\_\_\_\_\_

PARENT AND/OR LEGAL GUARDIAN OF CHILD/YOUTH PARTICIPANT:

\_\_\_\_\_

## Consent to Publication by The Salvation Army

I certify that I am at least 21 years of age, and the legal parent or guardian of the child named above. I hereby grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission, and consent to use and reuse, disseminate, copyright, print, reproduce, publish and republish, for any and all trade publicity, display, publication or media, my child's name, signature, likeness, and any portraits, pictures, photographic prints or other representations of my child, or in which my child may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, which such additions, deletions, alterations, or changes therein as you in your discretion may make, either separately or together with my child's name or fictitious name, or the name of another person, with or without any statements or testimonials made by my child, or authorized by me which you may, in your discretion, prepare for use in connection therewith. I warrant that I have not limited or restricted the use of my child's name or photograph to the use of any organization or person. I hereby grant unrestricted use of audio tracks or text by The Salvation Army for such purposes as The Salvation Army may deem appropriate.

I hereby release and discharge The Salvation Army, its successors, assigns and agents from any and all claims and demands rising out of or in connection with the use of any of the foregoing, including any claims for defamation, invasion of privacy of any statutory right.

### AUTHORIZATION RELATING TO A MINOR OR INDIVIDUAL UNDER LOCAL GUARDIANSHIP

*I hereby certify that I am the parent/legal guardian of a minor child or dependent \_\_\_\_\_, and have executed this release.*

CHILD/YOUTH'S NAME

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE



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BOYS & GIRLS CLUBS OF GREATER CHARLOTTE

## Special Events & Field Trips

NAME OF CHILD/YOUTH PARTICIPANT (PLEASE PRINT):

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PARENT AND/OR LEGAL GUARDIAN OF CHILD/YOUTH PARTICIPANT:

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I understand that the child named above will be participating in Boys & Girls Club activities from September 1, 2021 until September 1, 2022. I understand that during this period my child/youth will take part in activities such as games, sports, field trips, and other activities consistent with the purposes of the unit/program.

I agree that my child/youth can be transported in a Salvation Army Boys & Girls Club vehicle to and from school and any Club activity.

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SIGNATURE OF ADULT HOUSEHOLD MEMBER

PRINTED NAME

DATE



## Parents/Guardians Notice & Consent Form

The Salvation Army Boys & Girls Clubs of Greater Charlotte will soon be implementing sessions of the SMART Moves program, and we would like your permission for your child to participate. The program has three parts, described below:

- SMART Moves: Emotional Wellness- Builds the abilities of youth to identify their emotions and self-regulate when they are feeling strong emotions by using coping strategies such as meditation, deep breathing and positive self-talk.
- SMART Moves: Core – Builds the abilities of youth to communicate effectively, make healthy decisions and refuse to engage in unhealthy behaviors.
- SMART Moves Modules – The content in the various modules will dive specifically into knowledge, attitudes and skills that support the prevention of specific unhealthy behaviors.

Note that your young person may wish to talk with you about some of the topics we'll address, including: identifying emotions, how to manage their emotions, their goals for the future, peer pressure, assertive communications, refusing unhealthy behaviors and healthy decision making. Please let Club staff know if you would like to review any content of the program in advance.

Please sign below where indicated and return this letter with your child's application. Thank you for your time and support.

- Yes, I DO give permission for my child to participate in SMART Moves.
- No, I DO NOT give my permission for my child to participate in SMART Moves.

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CHILD/YOUTH'S NAME

AGE

BOYS & GIRLS CLUB SITE

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PRINTED NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

DATE



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BOYS & GIRLS CLUBS OF GREATER CHARLOTTE

I consent to Charlotte-Mecklenburg Schools releasing the following data for my child to The Boys & Girls Clubs of Greater Charlotte for the purposes of evaluating our program effectiveness, tracking member progress, and planning for future programs and activities. This consent remains in effect until notification from a parent or legal guardian is received by this agency notifying the agency to discontinue services and program involvement, or alternatively for one year. Data will also be collected for prior years. Data collected will include:

- Demographic data (that is, gender, race/ethnicity, grade level, school name)
- Limited English Proficiency (LEP) Status
- Exceptional Children (EC) and/or Gifted (AIG) Status
- Course Grades
- Standardized Test scores, levels, proficiency (that is, beginning, middle and end of year district and state tests)
- Attendance Data
- Behavior data (suspensions)
- Promotion/Retention
- GPA (High School Students Only)
- Graduation Status (High School Students Only)
- Credits Earned and Credits Attempted (High School Students Only)

Student Name (Legal First and Last Name)

\_\_\_\_\_

Boys & Girls Club Location

\_\_\_\_\_

Student CMS ID #

\_\_\_\_\_

Student Birthdate (month, day, and year of birth)

\_\_\_\_\_

Grade Level

\_\_\_\_\_

Parent/Guardian Name

\_\_\_\_\_

Parent/Guardian Signature to release data for monitoring student progress

\_\_\_\_\_

Date

\_\_\_\_\_





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BOYS & GIRLS CLUBS OF GREATER CHARLOTTE

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Salvation Army Boys and Girls Clubs of Greater Charlotte has put in place preventative measures to reduce the spread of COVID-19; however, The Salvation Army **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending The Salvation Army could increase** your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending The Salvation Army and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at The Salvation Army may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Salvation Army employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at The Salvation Army or participation in Salvation Army programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless The Salvation Army, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of The Salvation Army, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Salvation Army program.

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Signature of Parent/Guardian

Date

---

Name of Parent/Guardian

Name of Salvation Army Participant(s)



Office Use Only:  
Date Registration Fee Paid: \_\_\_\_\_  
Receipt #: \_\_\_\_\_

## The Salvation Army Boys & Girls Clubs of Greater Charlotte 2021 Cheerleading Registration Form

### *Registration Fee Required*

Date \_\_\_\_\_

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Top Size (specify adult or child size) \_\_\_\_\_ Bottom Size \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

In Case of Emergency: Name: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Other Phone Number (\_\_\_\_) \_\_\_\_\_

Has participant ever been a cheerleader? \_\_\_\_\_ If yes, please list for what organization(s)/team(s): \_\_\_\_\_

Past/Present Medical Conditions: \_\_\_\_\_

My child is a current member of the Boys & Girls Club. I give permission for my child, \_\_\_\_\_, to participate in the Cheerleading program with The Salvation Army Boys & Girls Clubs of Greater Charlotte. I understand that I am required to attend practice to be prepared to cheer on games days.

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





BOYS & GIRLS CLUBS  
OF GREATER CHARLOTTE

## The Salvation Army Boys and Girls Clubs of Greater Charlotte 2021 Basketball Registration Form

**\*Registration fee required**



**Club Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

*Male*

*Age as of October 1, 2021* \_\_\_\_\_

*Female*

**Home Phone # (\_\_\_\_)** \_\_\_\_\_ **Work Phone # (\_\_\_\_)** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Parent/Legal Guardian Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Past/Present Medical Conditions**  
\_\_\_\_\_

**Current Medications** \_\_\_\_\_

**Contact person in case of emergency:**

**Name** \_\_\_\_\_ **Phone (\_\_\_\_)** \_\_\_\_\_

**Parent/Legal Guardian Signature** \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>		
<b>Payment Date:</b> ____/____/____	<b>Receipt #</b> _____	<b>Staff Initial</b> _____



## The Salvation Army Boys and Girls Clubs of Greater Charlotte 2021 Flag Football Registration Form

- Registration fee required



**Club Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

*Male* *Age as of October 1, 2021* \_\_\_\_\_

*Female*

**Home Phone #** (\_\_\_\_) \_\_\_\_\_ **Work Phone #** (\_\_\_\_) \_\_\_\_\_

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Parent/Legal Guardian Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Past/Present Medical Conditions**  
\_\_\_\_\_

**Current Medications**  
\_\_\_\_\_

**Contact person in case of emergency:**

**Name** \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_\_

**Parent/Legal Guardian Signature** \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>		
<b>Payment Date:</b> ____/____/____	<b>Receipt #</b> _____	<b>Staff Initial</b> _____