



GREAT FUTURES START HERE.



1000 3rd Ave. NE
P.O. Box 833 (Mailing Address)
Watertown, SD 57201
605.886.6666
www.bgcofwatertown.com

Welcome!

The Main Club Site and Teen Center programming is available for youth grades 1 – 12.

Annual memberships will begin on January 1st, 2017 and expire December 31st, 2017.

Annual Membership Fee: \$25.00

Youth Day Pass: \$2.00

Replacement Cards may be purchased for \$2.00

Memberships may be purchased anytime during Club hours. You may pay with cash, check or credit card. All memberships will expire on December 31, 2017

**Take home calendar with hours located in paper bin on Rose outside office wall.*

New Member / Parent Orientation: Held on Tuesday's at 5:30pm

Ways to keep informed of Boys & Girls Club activities:



www.bgcofwatertown.com



facebook.com/bgcofwatertown



605.886.6666



Kyle Thyen, Director of Program Services:
thyenk@bgcofwatertown.com



Remind

Method 1:

To receive message via text, text
@bgcwtm to **81010**. You can opt-out
of Messages at any time by replying
'unsubscribe @bgcwtm'

Enter this number here:

To:
81010

Text this message:

Message:
@bgcwtm

Method 2:

To receive messages via email,
send an email to

bgcwtm@mail.remind.com.

To unsubscribe, reply with
'unsubscribe' in the subject
line.

New Message

To: bgcwtm@mail.remind.com

Subject: (You can leave the subject blank)



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BOYS & GIRLS CLUB
OF WATERTOWN

OFFICE USE ONLY

Payment Type: ___ Cash ___ Check (Check # _____) or ___ Credit Card

Payment Taken By (Staff Initial): _____ Date _____ Membership #: _____

New or Renewal _____ Orientation Completed Date: _____

Membership Processed Date: _____ (Staff Initial): _____ Food Service Form Completed (Staff Initial): _____

2017 Grade 1-12 Membership Application

Annual fee is \$25/child for grade 1-12

Member Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Age: _____ Birthday: _____ - _____ - _____ Gender: _____ School: _____ Grade: _____

Home Address for mailing/correspondence::

Street or PO Box _____ City: _____ State: _____ Zip: _____

Additional Home Address for mailing/correspondence::

Street or PO Box _____ City: _____ State: _____ Zip: _____

Member Race/Ethnicity (Please Check):

- African American
- Asian
- Caucasian
- Hispanic
- Native American
- Native Hawaiian / Other Pacific Islander
- Multi-Racial
- Other _____

Member Household Information:

Member Lives With (Please Check): Mom and Dad ___ Mom only ___ Dad only ___ Mom/Step Parent ___

Dad/Step Parent ___ Foster Care ___ Grandparent ___ Grandparents ___ Guardian(s) ___

Other _____

Father/Guardian's Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Place of Employment: _____

Mother/Guardian's Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Place of Employment: _____

Parent/Guardian E-mail Address for mailing/correspondence: _____

Additional E-mail Address for mailing/correspondence: _____

The following information is necessary for our records and the funding our organization receives. The answers you provide are confidential. Your cooperation in providing this information is both appreciated and necessary.

Number of Family Members in the Household: _____ Parent Active In Military Yes ___ No ___

Annual Household Income \$ _____

****Note:** It is legal for either parent to pick up their child unless we have a copy of a court order restricting visitation. Is either parent legally restricted from visitation with your child? _____ No _____ Yes (If yes, please attach copy of court order)

Additional Emergency Contacts:

Emergency Contact Information. These people **MUST** live in the Watertown area. **MUST HAVE TWO LISTED.** If an emergency situation were to arise, and we are unable to reach you or your emergency contacts, Law Enforcement may be contacted to assume responsibility for your child.

1. Name _____ Relationship _____ Phone # _____ Additional Phone # _____	2. Name _____ Relationship _____ Phone # _____ Additional Phone # _____
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Medical Information:

Doctor Name: _____

Clinic: _____

Doctor Phone: _____

Dentist Name: _____

Dentist Phone: _____

Please indicate any medical problems and/or allergies: _____

Please list any special instructions: _____

Please indicate any medication presently taking: _____

Travel Authorization:

I DO **I DO NOT (Circle one)** give permission for my child to leave the Boys & Girls Club for trips in a Boys & Girls Club van/public school bus for field trips. _____ (Parent /Guardian initial)

Additional restrictions set by parents:

Publicity /Media Release (Release to utilize youth information and to photograph, film or record vocally for publicity purposes)

The Boys & Girls Club of Watertown has my permission to my child's photograph publicly to promote activities and programs of the Boys & Girls Club. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. **I DO** **I DO NOT (Circle one)** give permission. _____ (Parent /Guardian initial)

New Member/Parent Orientation

Held Tuesday's @ 5:30p.m.

All new members who will be attending the Boys & Girls Club of Watertown are required to attend a fun filled orientation and tour of the facility.

This orientation is designed to give members and parents a better understanding of the Club!!

www.bgcofwatertown.com

Parental 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 Club of Watertown 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 and 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. ____ (Parent/Guardian initial)

Medical Treatment

I give permission to the Boys & Girls Club of Watertown to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment. ____ (Parent/ Guardian initial)

Data Collection

I give my permission to the Boys & Girls Club of Watertown to collect information via online or written surveys, questionnaires, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members. ____ (Parent/Guardian initial)

School Information

I give my permission to the Boys & Girls Club of Watertown and Watertown School District to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting Watertown School District or the Boys & Girls Club in writing. ____ (Parent /Guardian initial)

Technology

As a member of the Boys & Girls Club, your child will have access to the Internet. While precautions are being taken, it is possible she/he may access inappropriate sites. The Boys & Girls Club will have rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access. ____ (Parent /Guardian initial)

Miscellaneous

I understand the Boys & Girls Club is not responsible for lost or stolen items. Parents and Club members are responsible for their own transportation to and from the Club. As a drop-in facility, we are not responsible for Club members' whereabouts. ____ (Parent /Guardian initial)

Afterschool Bus Transfer:

Members are encouraged to **ride Bus #78** from the Intermediate School to the Boys & Girls Club.