



GREAT FUTURES START HERE.



1000 3<sup>rd</sup> Ave NE  
P.O. Box 833 (Mailing Address)  
Watertown, SD 57201  
605.886.6666  
[www.bgcofwatertown.com](http://www.bgcofwatertown.com)

# Welcome to the Club!

January 1<sup>st</sup> – December 31<sup>st</sup>, 2021

The Limited Main Club Site Program is open to children in **grades 1 – 6, beginning June 1<sup>st</sup>, 2021**

**Hours:** Hourly calendars are posted on our website, [bgcofwatertown.com](http://bgcofwatertown.com)

## School Year:

(Monday-Friday) 3:30 pm - 6:30 pm

(Watertown School Early Out Dismissal Days) 12:30 pm – 6:30 pm

(Watertown No school and Summer Days) 7:30 am – 6:00 pm as of June 1st

**Membership Fees:** Membership Fees are \$25.00 per child per calendar year. Annual memberships will begin January 1st, 2021 and expire on December 31st, 2021.

**\*\*Membership fees are non-transferrable and non-refundable\*\***

**Payment Options:** Check, credit/debit card, or cash (exact payment amount). You may stop by or call in to the main office to pay via credit or debit card during our business office hours of 9 am – 5 pm, Monday - Friday. Payment and completed membership applications/food service forms may be placed in the secure lockbox in the Club foyer between 8 am – 7 pm, Monday - Friday. Please secure payment to application.

**To Join the Club:** (2 forms required) the 2021 membership form and food service form (one food service form per family), along with the membership fee of \$25.00. Orientation must be completed by all members before attending the Club. Access **BGCOFWATERTOWN.COM** to register.

**Transportation:** Parents and Club members are responsible for their own transportation to and from the Club. Free bus service is available from the Watertown Intermediate School to the Boys & Girls Club after school. The bus number is #78. Members are encouraged to ride the bus.

**Meals and Snacks:** Healthy meals and snacks are provided to youth free of charge, which is part of their Club membership. During the school year, snack and supper are served. During the summer months, breakfast, lunch and a snack are served.

**Text to Pick Up:** During Covid, please pull up to the main entrance to pick up your child. Simply sign up for the BGC Pick Up remind and text us your child's name when you arrive. Text **@clubpick** to **81010** to sign up.

## Ways to Keep Informed of Boys & Girls Club Activities:

- **REMIND:** text the message **@clubpick** to the number **81010**
- **Website:** **@bgcofwatertown.com** or [www.bgcofwatertown.com](http://www.bgcofwatertown.com)
- **Facebook.com/bgcofwatertown**
- **Email:** Matt Steiner, Program Director: [steinermatt@bgcofwatertown.com](mailto:steinermatt@bgcofwatertown.com)
- **Phone:** (605) 886-6666



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BOYS & GIRLS CLUB  
OF WATERTOWN

2021

Limited Grade 1-6 Membership Application

Expires 12/31/2021

Annual fee is \$25/child

Office Use Only –Staff Fill Out This Section		
Membership #:	New or Renewal	Payment Type: Cash _____ Check # _____ CC _____
Orientation Year:		Payment Date: _____ Taken By (Staff Initial): _____
Trax8 Processed Date:	(Staff Initial)	Food Service Form (Staff Initial): _____
Card Printed Date:	(Staff Initial)	

**Member (Child's) Information:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_ Grade (2021-22 school year) \_\_\_\_\_

**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 \_\_\_\_\_

**Member primary address for mailing/correspondence:**

Street or PO Box \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Father/Guardian's Name:** \_\_\_\_\_

Father/Guardian's Primary Phone # for contact (cell/home) \_\_\_\_\_

Father/Guardian's 2<sup>nd</sup> Phone # for contact (cell/home) *if applicable* \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone # for contact *if applicable* \_\_\_\_\_

**Mother/Guardian's Name:** \_\_\_\_\_

Mother/Guardian's Primary Phone # for contact (cell/home) \_\_\_\_\_

Mother/Guardian's 2<sup>nd</sup> Phone # for contact (cell/home) *if applicable* \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone # for contact *if applicable* \_\_\_\_\_

**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)

### Emergency Contact Information:

List two other people to contact in an emergency if parents/guardians aren't able to be reached. These people MUST live in the Watertown area. 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 \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship to Member \_\_\_\_\_

Relationship to Member \_\_\_\_\_

Primary Phone # for Contact \_\_\_\_\_

Primary Phone # for Contact \_\_\_\_\_

2<sup>nd</sup> Phone # for Contact *if applicable* \_\_\_\_\_

2<sup>nd</sup> Phone # for Contact *if applicable* \_\_\_\_\_

### Medical Information:

Clinic: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Doctor Phone: \_\_\_\_\_

Counselor: \_\_\_\_\_

Counselor Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Dentist Phone: \_\_\_\_\_

Please indicate any medical needs, mental health diagnosis and/or allergies: \_\_\_\_\_

Please indicate any medication presently taking: \_\_\_\_\_

Please list any additional concerns or comments: \_\_\_\_\_

## Parental/Guardian Consent

### Publicity/Media Release

The Boys & Girls Club of Watertown has my permission to my child's photograph or video footage 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.

\_\_\_\_ (Parent /Guardian initial)

### Travel

I give permission for my child to leave the Club in a Boys & Girls van/public school bus for local field trips/activities. I understand that I will be notified for all out of town trips via permission slip.

\_\_\_\_ (Parent /Guardian initial)

## Permission & Release

### Policies and Waivers

I agree to adhere to all Boys & Girls Club policies and waivers, which can be found online at [bgcofwatertown.com](http://bgcofwatertown.com), or at the reception desk upon request. Such policies include, but are not limited to, Member Guidance, Property Damage, Bullying, Medication, Technology Usage, etc.

### Lost/Stolen Items

I understand the Boys & Girls Club is not responsible for lost or stolen items. Please ask staff to check the lost and found closet if items are missing.

### Data Collection

I give my permission to the Boys & Girls Club of Watertown to collect information via online or written surveys (i.e. BGCA National Youth Outcomes Initiative survey), 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.

### Release of Information

I give my permission to the Boys & Girls Club of Watertown, Watertown School District, surrounding school districts, mental health professionals, and other community agencies 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.

### Mentor Program Permission

I give my permission for my child to participate in the Mentoring Program at the Boys & Girls Club. I fully understand that the program involves mentors, who shall be selected from the community and will be screened (including a criminal background check) and trained before beginning in the program. A mentor will be expected to spend a minimum of one hour per week with my child on-site at the Boys & Girls Club. The mentor is not allowed to take or meet my child beyond the Club facility.

I understand that my child will participate in an orientation session at the Club in which the program will be explained. The program is planned to last one year and continuation may then be discussed. I understand that during the course of the mentoring program there may be special group events (incorporating all mentors and youth) and family events planned. I understand that the staff of the Club will provide ongoing monitoring of the mentoring activities.

I give the Boys & Girls Club Mentoring Program Coordinator permission to obtain my child's academic and attendance records from my child's school. I permit the Mentoring Program staff and the Boys & Girls Club to utilize photographs of my child taken during his/her involvement in the mentoring program and waive all rights of compensation.

### Safety

I accept responsibility in the unlikely event that an accident might take place, and hereby acknowledge that I am solely responsible for the cost of health care for my child, even as a result of my child's participation in Club programs or activities.

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, Board of Directors, 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.

### Authorization for Medical Care

In case of serious accident/injury, I hereby authorize the staff of the Boys & Girls Club of Watertown and those individuals named on the above Membership/Emergency form to give any necessary treatment to my child. You may call the doctor and/or ambulance if necessary at my exclusive expense. I agree that I am solely responsible for updating medical information to the Boys & Girls Club of Watertown.

**Medication Policy**

The Boys & Girls Club of Watertown urges parents to schedule any necessary medication that needs to be taken prior to attending the Club or after Club hours. If medication must be administered during Club hours, it must be done so in accordance with the following policy:

- The Club will store medication in a locked box located in the front lobby area.
- Child must ask for medication at the appropriate time or parent /guardian may call. Staff will not be responsible for administering medication to youth or reminding youth to take medication.
- Medication must be self-administered by member or parent/guardian.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Second Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Nondiscrimination Statement Link: <https://fns-prod.azureedge.net/sites/default/files/cr/Nondiscrimination-Statement.pdf>

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