



Concord Suncook Hopkinton Warner
2011-2012 After School Application

Member #: \_\_\_\_\_

v1

CONCORD BOYS & GIRLS CLUB

[ ] Middle School Dance

Member (Last Name) (First Name) (MI) Gender: Male Female

Home Phone DOB / / Age School Grade in fall 2011

Mailing Address

City State Zip

Billing Information: Payer Name
[ ] SAME AS MAILING Address
City State Zip

Father's Name Home #: Cell #:
Employer Work #: Email:

Mother's Name Home #: Cell #:
Employer Work #: Email:

Additional Guardian's Name Relationship Home #:
Employer Work #: Cell #

Name of Person Member Lives With: How did you hear about the Club?

REQUIRED! Emergency Contact: Please list at least one person other than Parents/Guardians listed above to contact in case of emergency:

Name Relationship Phone #
Name Relationship Phone #

People authorized to pick up my child OTHER than those listed above:

HEALTH HISTORY

Please describe conditions and treatment where applicable. Medication will not be dispensed without proper authorization. Please ask for the forms.

Name & Phone # of Child's Doctor:

Does child wear a medic-alert tag? [ ] No [ ] Yes please describe

Allergies (drugs, foods, insect stings, etc.) [ ] No [ ] Yes please describe

Recent Injuries, Illnesses, Operations, etc. [ ] No [ ] Yes please describe

Physical Disabilities or Chronic Conditions [ ] No [ ] Yes please describe

Psychological, Emotional or Behavioral Disorders [ ] No [ ] Yes please describe

Is there anything else we should know about child's physical or emotional condition? [ ] No [ ] Yes please describe

Does the Member take medication? [ ] No [ ] Yes Will Member need to take medication at the Club? [ ] No [ ] Yes \* if yes, please ask for a medication authorization form

Please list all medications & doses:

Staff Initials:



The following information is kept confidential. These statistics are used in grant writing to provide funding for our Club.

<b>Child Lives With:</b> <i>Circle One</i>	Two Birth/Adoptive Parents	One Birth Parent	One Birth & One Step	<b>Total Children in Household:</b> _____					
	One Birth & 2 <sup>nd</sup> Adult	Foster Family	Other Relative	<b>Total Residents Household:</b> _____					
<b>Race (circle one)</b>	Caucasian	African American	Hispanic	Asian	American Indian	Multi-Racial			
<b>Does Family Member Utilize:</b> (check all that apply)	<input type="checkbox"/> Free School Lunch	<input type="checkbox"/> Gov. Housing	<input type="checkbox"/> TANF/WIC/Welfare						
<b>Household Income (check one)</b>	<input type="checkbox"/> Under \$15,000	<input type="checkbox"/> \$15,000-19,999	<input type="checkbox"/> \$20,000-24,999	<input type="checkbox"/> \$25,000-29,999	<input type="checkbox"/> \$30,000-34,999	<input type="checkbox"/> \$35,000-39,999	<input type="checkbox"/> \$40,000-44,999	<input type="checkbox"/> \$45,000, 49,999	<input type="checkbox"/> \$50,000 and over

**Waiver and Release of Liability, and Authorization for Minors: (IMPORTANT – READ BEFORE SIGNING!)**

In consideration of being allowed to participate in any way in the Concord Boys & Girls Club and related events and activities, the undersigned agree to the following:

- As the parent or legal guardian of the participant I will instruct the minor participant that prior to participating, we will inspect the facilities and equipment to be used, and if I believe or the participant believes that anything is unsafe, we will immediately advise a coach, instructor, supervisor, or other event organizer of such condition(s) and refuse to participate.
- We acknowledge and fully understand that each participant will be engaging in activities that involve risk of damage to personal property or serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, the conditions of the premises, or of any equipment used. Further, there may be other risks not known or reasonably foreseeable at this time.
- We assume all the foregoing risks and accept personal responsibility for all expenses, medical or otherwise, following any such damages, injury, permanent disability or death.
- We release, waive, discharge and covenant not to sue the Concord Boys & Girls Club, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, volunteers, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to the participant, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.
- By signing this form I hereby authorize that the minor participant may receive emergency medical treatment for illness or injury that may befall him/her while being transported to or from, or while engaging in the Concord Boys & Girls recreational program or related events and activities.
- I, Parent or Legal Guardian, give/grant the Concord Boys & Girls Club permission to use any films, photographs, audio or videos, and internet uses taken for the purpose of informing the public about the Concord Boys & Girls Club. I further grant them the right to exhibit, distribute, sell or otherwise dispose of these materials.
- I assume full responsibility for the member's health being such that the activities will in no way aggravate any condition present. If in doubt, medical advice will be sought and followed. I agree that the Concord Boys & Girls Club will be notified in advance of any changes in the member's health status that may affect the member's needs during club activities. I declare the statements on this form to be true.
- This waiver may not be modified in any way. If any part of this waiver is determined to be invalid by law, all other parts of this waiver shall remain valid and enforceable.

WE HAVE READ THE ABOVE WAIVER AND RELEASE, AND AUTHORIZATION, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNED IT VOLUNTARILY.

_____	_____	_____	_____
Parent/Guardian Signature	Date	Member Signature	Date

**Transportation Authorization**

The Concord Boys & Girls Club may transport my child from school via bus and may transport my child home via bus if I participate in the late bus program. I HAVE INFORMED THE CHILD CARE PROGRAM OF MY CHILD'S SCHEDULED DAYS OF ATTENDANCE, ARRIVAL AND DEPARTURE TIMES. I AGREE TO NOTIFY THE CHILD CARE PROGRAM PRIOR TO SCHEDULED ARRIVAL TIME, OF ANY SCHEDULE CHANGES OR ABSENCES. **THE CHILD CARE PROGRAM AGREES TO NOTIFY ME IF MY CHILD DOES NOT ARRIVE AT THE CHILD CARE PROGRAM AS SCHEDULED. I UNDERSTAND THAT THE LICENSED CHILD CARE PROGRAM IS RESPONSIBLE FOR MY CHILD ONLY FROM THE TIME HE/SHE ARRIVES AT THE PROGRAM SERVICE SITE UNTIL HE OR SHE LEAVES THE PROGRAM.**

_____	_____
Parent/Guardian Signature	Date

**Use of Sunscreen:** I give permission for my child to wear sunscreen. Boys & Girls Club Staff have permission to apply the sunscreen on my child. If my child does not have his/her own sunscreen, I give Boys & Girls Club staff permission to use a sunscreen, provided by the Club, for my child.

_____	_____
Parent/Guardian Signature	Date

**Consent for Club/School Communications:** I give permission for the staff at the Concord Boys & Girls to openly communicate with school officials and teachers regarding my child's academic and behavioral development; and I authorize the school representatives to release information about my child to the representatives of the Concord Boys & Girls Club in order to provide my child with the best possible service.

_____	_____
Parent/Guardian Signature	Date

The licensing authority for this program is the bureau of licensing and certification child care licensing unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents and must make them available for parents to review upon request. Statement of findings and corrective action plans are also available on-line at <http://childcare.dhhs.nh.gov> or by calling the bureau at 603-271-4624 or 1-800-852-3345, extension 4624. During the licensing, monitoring, and complaint investigation visits to licensed program the department shall speak with children regarding the care they receive at the program if in the judgment of the licensing specialist the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to interview in a manner that is respectful and non-leading. **However, if you do not want your child interviewed, or if you wish to be informed prior to your child being interviewed you must give the site director or designee, and update annually, a signed, dated statement indicating your preference.**