



BOYS & GIRLS CLUB
OF HENDERSON COUNTY

2025 Summer Application

Office use only.

App. Received by _____

Date Received: ___/___/___

Member number: _____

Tour Complete: _____

Child Information:

**** Please provide your child's full LEGAL name. ****

First Name: _____ Middle: _____ Last: _____

Nickname: _____ Date of Birth: _____ Age: _____

Gender: Male Female Other HCPS Student ID#: _____

General Child Description (in case of emergency):

Eye color: _____ Height: _____ Weight: _____

Any distinguishing markings: _____

**** Studies show youth who attend program with greater frequency benefit from improved outcomes in areas of academic success, physical health & fitness, and making positive personal decisions. Families are encouraged to support youth in regular attendance at the Club. You are responsible for making sure your child is picked up at the conclusion of the Club program day. If your child has not been picked up at close of business, we will make every effort to reach one of your alternative contacts. If no one can be reached, we will have no other alternative than to call the proper authorities.*

Application DOES NOT guarantee membership. Annual facility parent tour must be scheduled and completed before memberships can be made active

Tour will be scheduled and happen in the month of April

Parent Information:

Parent/Legal Guardians—Please list ALL legal guardians, even if they reside in different households*:

****Please include a phone number at which you can be reached at all times during BGC operating hours, per the policies as outlined in the 2025-2026 Parent Handbook. BGCHC has the right to request photo I.D.**

Parent/Guardian Name 1: _____

Marital Status: Never married Married Divorced Widowed Separated

When does child reside with this parent/guardian? Full Time Part-Time

Address: _____ City: _____ State: _____ Zip: _____

Primary Language Spoken in the Home: _____

Cell Phone: _____ Work Phone: _____

Relationship to Child: _____ Email: _____

Employer: _____ Occupation: _____

OPT OUT OF CLUB SCHEDULING AND NOTIFICATIONS:

Parent/Guardian Name 2: _____

When does child reside with this parent/guardian? Full Time Part Time

Address: _____ City: _____ State: _____ Zip: _____

Do you reside with this parent/guardian? Yes No

Home telephone: _____ Work Phone: _____

Primary Language Spoken in the Home: _____

Relationship to Child: _____ Email: _____

Employer: _____ Occupation: _____

Child Information:Hispanic/ Latino: Yes No

Race/Ethnicity (Circle One):

 Black White Multi-Racial Asian/Pacific Islander Native American Other

Address: _____

City: _____ State: _____ Zip _____

Will your child attend any full day/break programming? Yes No

School & Grade attending for 2025/2026 school year: _____

Does your child qualify for free/reduced school lunch? Yes NoHas your child been a Club member before? New Member RenewalIs your child **(Middle & High School ONLY)** allowed to **WALK HOME**? Yes NoParent Email ***REQUIRED***: _____Parent Cell Phone ***REQUIRED***: _____

Child's Medical Information:

Primary Physician: _____ Office Telephone: (____) _____

Permission for treatment by doctor? Yes _____ No _____

Medical Insurance information:

Do you have Medical Insurance? Yes _____ No _____

Medicaid _____ NC Care _____ Other health insurance _____

Insurance Carrier: _____

Policy # _____ Group # _____

Any operations, serious injuries, chronic illness or serious medical conditions? Yes _____ No _____
If Yes, please specify:

Please list any/all known allergies: _____

List all medications child is taking: _____

****If you request BGC staff to administer medication to your child, please complete the form entitled "PERMISSION TO ADMINISTER MEDICATION." Includes Over-the-Counter**

Does your child require an EpiPen or inhaler? Yes _____ No _____

If Yes, you agree to provide one to the BGC staff to keep on premises at all times, in case your child needs it.

If your child has any known physical, mental, or social difficulties or other information which may affect participation and/or for which special accommodations are needed, please email a Physician's statement which identifies the condition and gives the Physician's special instructions for your child's care.

Additional Information

Child participation in BGC shall be in accordance with program requirements and resources available. While we are unable to provide one-on-one care for any child in this program, we endeavor to meet the needs of children participating to the extent possible with program resources available. Please use the section below to let us know more about your child in order to best meet their needs.

Please check all that apply to your child:

- | | |
|---|---|
| <input type="checkbox"/> ADHD/Hyperactivity | <input type="checkbox"/> Displays hopelessness/lack of future aspirations |
| <input type="checkbox"/> Exposure to gangs in community | <input type="checkbox"/> Developmentally Delayed |
| <input type="checkbox"/> Exposure to violence in community | <input type="checkbox"/> Down's Syndrome |
| <input type="checkbox"/> Discipline problems at school | <input type="checkbox"/> Dyslexic |
| <input type="checkbox"/> Hearing or Vision Impaired | <input type="checkbox"/> Family member(s) involved in prison system |
| <input type="checkbox"/> Speech/Language Impairment | <input type="checkbox"/> Poor grades/risk for failure |
| <input type="checkbox"/> English as Second Language | <input type="checkbox"/> Victim of violent crime |
| <input type="checkbox"/> Exposure to drugs/alcohol in community | <input type="checkbox"/> Gifted |
| <input type="checkbox"/> Anger/Aggressive Behavior | <input type="checkbox"/> Special Ed/Individualized Education Plan (IEP) |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> 504 Plan |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Handicapped/Physical Disability |
| <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Displays low self-esteem | |

Additional Comments/Concerns/Instructions

Emergency Contacts/Transportation Plan

Child Name: _____

The following people have my permission to pick up my child *in my absence*. At least ONE emergency contact other than a parent/guardian MUST be listed. ***

I understand that proper identification will be required. It is the responsibility of the parent/legal guardian enrolling their child to notify BGC staff immediately in writing of any changes to the Emergency Contacts/Transportation Plan. Under no circumstances will the child be released to anyone other than Legal Guardians, unless they are on this list, which included older siblings who attend the Club.

1.Full Name_____

Relationship to Child: _____

Phone_____

2.Full Name_____

Relationship to Child: _____

Phone: _____

3.Full Name_____

Relationship to Child: _____

Phone: _____

4.Full Name_____

Relationship to Child: _____

Phone: _____

5.Full Name_____

Relationship to Child: _____

Phone: _____

6.Full Name_____

Relationship to Child: _____

Phone: _____

Household information:

Number of Adults in Primary Household: _____

Number of youths in Primary Household under the age of 18, including member: _____

Are there any other Club members in the Household?

YES NO Names: _____

Who lives with member in primary household? *Check all that apply.*

Mom Dad
 Step Mom Step Dad
 Grandparent Foster Parent Legal Guardian

Other: _____

Is there a household member currently serving in the military? Yes No
 Or a Veteran? Yes No

If yes, what branch? _____

How many adults in the primary household are currently employed? _____

How many adults in the primary household are unemployed/Laid Off? _____

How many adults in the primary household are currently in school? _____

Annual Total Primary Household Income Level:

(This information is required for grants and other funding sources, and scholarship purposes. This does not affect eligibility status. Personal household information is kept confidential and is only reported in aggregate, never by individual.)

<input type="radio"/> \$0-\$15,000	<input type="radio"/> \$15,001-\$20,000
<input type="radio"/> \$20,001-\$25,000	<input type="radio"/> \$25,001-\$30,000
<input type="radio"/> \$30,001-\$35,000	<input type="radio"/> \$35,001-\$40,000
<input type="radio"/> \$40,001-\$45,000	<input type="radio"/> \$45,001-\$50,000
<input type="radio"/> \$50,001-\$55,000	<input type="radio"/> \$55,001-\$60,000
<input type="radio"/> \$60,000-\$65,000	<input type="radio"/> \$65,001 and up

Technology Policy

Any Member possessing a technology device or using Club technology must adhere to the following guidelines. The Boys & Girls Club adopts this policy to maintain a safe and secure environment for members, staff, volunteers and others.

A personally owned device shall include all member-owned devices that take photographs; play and record audio or video; input text; upload and download content and/or media; and transmit or receive messages or images. Devices currently include, but are not limited to, cell phones, computers, tablets, smartwatches and storage media (e.g., flash drives).

Any inappropriate use of a personally owned device, as determined by Club staff, can lead to disciplinary action including, but not limited to, confiscation of the device that must be picked up by the Member's parent/guardian, immediate suspension from the Club, termination of membership, or other disciplinary actions determined to be appropriate including, if applicable, referral to local law enforcement.

Members are expected to act responsibly and thoughtfully when using technology resources. Members bear the burden of responsibility to inquire with staff when they are unsure of the permissibility of a particular use of technology prior to engaging in its use. Inappropriate communication includes, but is not limited to, the following: obscene, profane, lewd, vulgar, rude, inflammatory, threatening, or disrespectful language or images typed, posted, or spoken by members; information that could cause damage to an individual or the Club community or create the danger of disruption of the Club environment; personal attacks, including prejudicial or discriminatory attacks; harassment (persistently acting in a manner that distresses or annoys another person) or stalking of others; knowingly or recklessly posting false or defamatory information about a person or organization; and communication that promotes the destruction of property, including the acquisition or creation of weapons or other destructive devices. If a member is told to stop sending communications, that member must cease the activity immediately. Members may not utilize any technology to harass, threaten, demean, humiliate, intimidate, embarrass, or annoy their peers or others in their community. This behavior is cyberbullying, bullying that takes place using emerging technologies and devices. Examples of cyberbullying include mean text messages or emails, rumors sent by email or posted on social networking sites, and embarrassing pictures, videos, websites, or fake profiles. Any cyber bullying that is determined to disrupt the safety and/or well-being of the Club, Club Member, Club Staff or community is subject to disciplinary action.

Monitoring and Inspection: BGCHC reserves the right to monitor, inspect, copy, and review any device that is brought to the Club. Parents/Guardians may refuse to allow such inspections, but the member may be barred from bringing the device to the Club in the future.

Internet access: Any devices used at the Club are not permitted to directly connect to the "Staff" Internet through a phone network or other content service provider. All member devices must access the internet via the "Members" content filtered wireless network. BGCHC reserves the right to monitor

communication and internet traffic, and to manage, open or close access to specific online websites, portals, networks or other services. Members must follow Club procedures to access the Club's internet service.

Loss and Damage: Members are responsible for their personal and school-issued devices. Staff are not responsible for the security and condition of the member's devices.

Parental Notification and Responsibility: BGCA's (Boys & Girls Club of America) Internet Acceptable Use Policy restricts the access of inappropriate material and while using the internet, supervision of usage may not always be possible. Due to the wide range of material available on the internet, some material may not fit the particular values of members and their families. Because of this, it is not practical for BGCA to monitor and enforce a wide range of social values in student use of the Internet. If parents do not want members to access information beyond the scope of the Internet Acceptable Use Policy, parents should instruct members not to access such materials.

Club technology is a limited privilege. We take our oversight of this area very seriously. Violation of Club technology policies may be met with disciplinary actions including write-ups and/or being banned from any use of technology at the Club.

Member Technology Expectations

- Use of personal devices may not interfere with Club programs.
- Technology is not to be used on buses.
- Chromebooks are for academic or Club use only.
- All computer screens must be visible by at least one leader.
- No food and drink near computers.
- Club technology settings (including desktop functions) are not to be changed.
- No club member is ever to be on the Administrative account, even with leader supervision.
- Members must use the "ClubMembers" wifi server.

I have read and fully understand the Technology Policy set forth above.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Acknowledgement and Release of Liability

Therefore, I am requesting that my child, _____, participate in the Boys & Girls Club Program ("BGC") in strict compliance with BGC Terms of Participation (Terms) as reviewed by me in the Parent Handbook that appears at www.bgchendersonco.org. While in no way limiting those Terms, I specifically acknowledge and agree as follows:

1. Participation in BGC may result in injury or transmission of disease (including but not limited to COVID-19) to my child. My child's participation in this activity is a voluntary action in all respects and I assume, on behalf of myself, my child, my family and all third parties, any and all risks of disease transmission and injury (including death), damages, and loss that may result by my child's participation in BGC.
2. I acknowledge that it is my responsibility to consult with my child's physician (or another appropriate medical provider) prior to my child's participation in BGC. If my child requires the dispensing of medication during BGC hours of participation, I have completed a **Dispensing Medication Permission and Release Form.**
3. I acknowledge my obligation to (a) respond to a call and/or text from BGC within thirty (30) minutes of such call/text, and, (b) if requested by BGC staff, I (or an authorized individual identified in my child's application packet) will pick up my child within thirty (30) minutes of that request.
4. My child has no right to continue participation in BGC under any circumstance; provided, however, BGC will make reasonable efforts to provide at least twenty-four (24) hours' notice in the event Club services are no longer available for my child. However, failure by me or my child to strictly comply with the Terms of BGC, as solely determined by BGC leadership, will result in the immediate termination of my child's participation in BGC. A decision of termination for non-compliance by me or my child is final.
5. In the event of an emergency, I authorize any physician and/or medical personnel to provide my child any treatment deemed necessary for his/her immediate care and agree that I will be responsible for payment of any and all medical services rendered on my child's behalf.
6. I acknowledge that **Boys & Girls Club is not responsible for any loss or theft of personal property** brought to any BGC location. I release BGC, including its governing Board members, officers, employees, and agents, from any liability related to such loss or theft.
7. Additional Acknowledgements, Permissions and Releases:
 - a. *I understand that proper attire for my child, suitable for school and physical activity, is required. (See Membership Handbook)*
 - b. *I hereby give BGC staff permission to administer first aid for minor injuries, including ice packs, antiseptic, bandages, antibiotic based ointment, bee sting ointment in case of injury, and/or secure or transport my child for emergency medical treatment. Every attempt will be made to contact me or my emergency contacts. I hereby authorize transportation to a medical facility and/or the calling of a physician to provide whatever emergency medical treatment is necessary.*
 - c. *I hereby give BGC staff permission to transport my child to activities/field trips.*
 - d. *I hereby give permission for my child to participate in age-appropriate programs designed to help youth practice positive, personal decision making and avoid risky behaviors such as substance use and premature sexual activity with an abstinence-first approach.*
 - e. *I hereby give permission for BGC to use my child's image for the purposes of marketing and furthering the mission of BGC. No last names or confidential information will be shared. The Boys and Girls Club cannot control how images are used after they are posted on social media or online.*
 - f. *I hereby give permission for my child to complete program-related pre- and post-surveys at the Club. This information is kept strictly confidential, like all member records, and will only be used to report outcomes for the Club as a whole, with no member names or identifying information.*

- g. *I hereby give permission for Henderson County Public Schools to release my child's education records to BGC for use for tutoring purposes, academic success tracking, and grant reporting. This release authorization remains in effect for the 2025-2026 school year.*
- h. *BGC staff will maintain all children's files in a confidential manner. Pertinent information may be shared professionally with a Boys & Girls Club staff member, NC Department of Social Services Case Manager (if legal investigation has been initiated), law enforcement or the Henderson County Public School System. Files for all programs funded in whole or in part by the NC Department of Public Instruction or the NC Department of Juvenile Justice are available for monitoring and subject to audit by the funding agency. Communication of individual children's information to persons or agencies other than those listed here will require express written approval from the child's parent or legal guardian. I agree to the release of information to persons or agencies as listed above. I understand that any release of information to persons or agencies other than those mentioned above will require my written approval.*
- i. *I understand that this application and all waivers remain in effect for the duration of the BGC program. I understand that it is my responsibility to ensure current and accurate information is on file with BGC staff, and I agree to inform BGC staff immediately if there are any changes to my information as listed in this packet.*
- j. *I have read all Policies for BGC detailed in the Parent Handbook posted at and I certify that I, and my child, will abide by all such stated policies. I understand that failure to do so may result in the immediate dismissal of my child from the BGC program.*
- k. *I understand that repeated early or late pick-ups could result in a suspension for my child from activities.*
- l. *I understand that if my child is sick, they must stay home for at least 24 hours after they no longer have a fever without the use of fever-reducing medicines. They should stay home even if they are using antiviral drugs. If it's an illness or condition that is contagious, they must stay home until there is no threat of spreading the illness. If my child is sick at the club, I will be called to pick up my child. If I request BGC staff to administer medication to my child, I will complete the form entitled "**Dispensing Medication Permission and Release.**"*
- m. *I have read and understand the above disclaimers and agree, as parent and/or guardian, to comply with the policies of the BGC.*

I have participated in the orientation where these items were covered and fully understand this Acknowledgement and Release of Liability set forth above.

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____



The mission of the Boys & Girls Clubs of Henderson County (BGCHC) is to inspire and enable all young people, especially the ones who need us most, to realize their full potential as productive, responsible, caring citizens. This Parent's Code of Conduct identifies the standards of conduct needed to support the objectives of BGCHC and to provide our Club members, their families, our volunteers, and our staff a right to a safe, positive environment for all who come through our doors.

We strive to be active partners with parents towards the best interest of our members. If a parent has concerns or questions about anything that happens at BGCHC, they should feel free to voice ideas, suggestions, or complaints in a professional, non-threatening manner to our administration. BGCHC has established rules and regulations for the convenience and protection of all of its Club members, parents/guardians, and staff. BGCHC will not tolerate verbal or physical abuse of any person on the premises or at any BGCHC event.

Parent Code of Conduct:

As the parent of a BGCHC member, you have a tremendous impact upon the lives of children involved in our programs. This impact is not only upon your children but upon other children, parents, volunteers, and staff, whether directly or indirectly. The examples you set and the attitudes you take are the driving forces in creating a positive atmosphere. It is this positive atmosphere from which our kids can best build self-esteem and develop character.

Therefore, we ask all parents to commit to the following standards:

- Respect the rights and property of others
- Treat all staff, adults, and other youth with respect
- Speak appropriately and courteously
- Seek positive alternatives to verbal and physical conflicts
- Support the organization, its programs, and its staff
- Model appropriate language and behavior at all times
- Remember that children learn best by example

- Ensure that you and your child treat other Club members and staff with respect regardless of national origin, race, creed, color, sex, ability, or socioeconomic standing
- Promote child growth and development in a positive and supportive manner
- Understand that BGCHC staff work as quickly as possible to address your needs; please exercise patience with any decision-making process

Document/Report Policy:

- The Club will not release any Club documentation, reports, or audio/video files. All Club documentation and or reports remain the sole property of the Boys & Girls Clubs of Henderson County.
- I have this day received a copy of BGCHC's Parent Code of Conduct, and I understand that I am responsible for reading the policy and procedures described within it.
- I understand that the policy may be modified by the Club at any time.
- I understand that my child(ren)'s membership privileges and my access to BGCHC or Club events may be suspended or revoked if I do not honor the Parent Code of Conduct:

Signature

Printed Name

Date