Summer Year:	Unit:	Date:	Fee:	Membership #
Processed by:				-



APPLICATION FOR SUMMER MEMBERSHIP 2022



On the Care of the Children of the Care of			BOYS & GIRLS CLUI OF LUMBEE TRIBE OF NOTH CAROLINA
Child's First Name:	MI	Last Name:	
Child's First Name: Preferred First Name:	IVII	Last Name	Female:
911 Address:		Gerider. Male	State: 7in:
Mailing Address:	Birth	Oity/	State: Zip:
Mailing Address: State:		Home phone:	Cell:
School:	ZipGrade:	Tiome phone: Teache	r·
School:Race: check all that apply 1. American Indian	Orado	3. African American	4. Other
If American Indian/Native American, please te	Il what tribe you identify	v with:	
If American Indian/Native American, please te If your child is an enrolled member of the Lum	bee Tribe, please give	the enrollment #:	
Does your child have any health problems, all Explain:	ergies or handicaps? (ex. ADHD, asthma, etc.)	Yes No
Does your child have <i>any</i> medical, physical or Please Identify:			
Please list any medications your child takes: _			
Does a hospital or doctor have permission to t	reat your child in the ca	ase of an emergency?	Yes No
Will your child walk or ride from the Club?	Please note, a	all riders, must have a	pick-up/release form completed
and only those individuals will be allowed t	to pick up a member.		
Additional I	Emergency Contact <u>Oth</u>	<u>er</u> Than Parent/Guardian	s
Name: Re	lationship:	Phone	Number:
The Following information is necessary for our records an Boys & Girls Club. The answers you provide will be kept	confidential. Thank you for y	your cooperation.	
Who does child live with: Total # of children in hom	Head of househo	ld: ☐ male ☐ female Singl	le parent home: Dyes Dno
Total # in the home Total # of children in hom	e ages: 0-5 6-12	13-18	
*Ann	ual Family Income level	(please check one)	
\$0-\$4,999	\$5,000-\$		\$10,000-\$14,999
\$15,000-\$19,999 \$30,000-\$34,999	\$20,000- \$35,000-		\$25,000-\$29,999 \$40,000 and abov
Please check all that apply for the household:		.439,999	
□TANF □SSDI (DISABILITY) □DAY CARE	VOUCHER DFOOD STAN	µPS □GENERAL ASSISTA	NCE PUBLIC HOUSING
□SECTION 8 □FREE LUNCH □REDUCED			
Legal Guardian 1:			
Relationship to child:			
Employer's Name:		Employer's Name:	
Position:		Position:	
Work Phone:		Work Phone:	
Work Hours:			
Email:		Email:	
I hereby make application for my child's membership to dues are non-refundable and membership may be te child and understand that the Clubs nor the Lumbee Tof its activities away from the Clubs. I understand that Clubs. I understand that this program is not a license and go as they desire. Employees cannot force a child the building or grounds, nor will they be responsible reproduction, publication and use of photographs/vid publications, Web sites, advertisements and publicity consent to any testimony or text written about the publications, advertisements and publicity materials, stay at the Clubs without his/her membership card. If time and members may be taken to the local police stated on this form and have counseled my child to Girls Clubs. Please read the above information careful	to the Boys & Girls Clubs of rminated anytime, at the difficiency will not be responsible Clubs nor are the Lumber child care program and difficiency to the club, there be for my child participate for my child participate for the company of the person named above the without limitation or resefurther understand that the tation to wait for their ride conform to the rules of the	The Lumbee Tribe of North liscretion of the Boys & Girl of any accident to my chile e Tribe not responsible for it operates under an Open Efore the Boys & Girls Clubsing in any activity without ld for advertising, education icon or reservation, as deem at may accompany said phrvation, as deemed appropressors & Girls Clubs will not after closing time. I fully undafter closing time. I fully undafter closing time.	Carolina. I understand that all members is Clubs. I have explained the rules to d on the premises or while engaged in a rany lost, stolen or damaged items in boor Policy, therefore members may cowill not be held liable for my child leaven my permission. I hereby consent to all and/or publicity purposes in any and ed appropriate by the organization. I actographs or stand-alone in any and iate by the organization. No member in be responsible for members after closterstand and agree to all of the conditions.
	Club Member's Sign	 nature	 Date





PICK-UP/RELEASE FORM

The following people have authorization to pick my child up from the Boys & Girls Clubs.

Name	Relationship	Contact #
1		
2		
3		
4		
5		
W	AIVER AND RELEASE OF LIAE	BILITY
risk, whether foreseeable or no participation in activities of recrea activities. On behalf of my minor a the Boys and Girls Clubs of the Lu	acknowledge that he/she will be engaged of the Lumbee Tribe of North Carol of reasonably foreseeable, on behavion and instruction at Boys and Girland his/her legal representatives, I he umbee Tribe of NC and their affiliates, byees, other participants, and sponsor out of my minor child's involvement of the Tribe of North Carolina.	ina. I do recognize and assume that ilf of my child, in connection with Is Clubs of the Lumbee Tribe of NC reby release and agree to indemnify administrators, directors, managers.
Parent/Guardian's Signature	Club Member's Signature	 Date





PARENTAL RELEASE FORM

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 Clubs of the Lumbee Tribe of NC, 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 Clubs.
Medical Treatment I give permission to the Boys & Girls Clubs of the Lumbee Tribe of NC to seek emergency medical treatment (Initials) for my minor child if I cannot be reached. I will be responsible for all costs of medical attention and treatment.
Surveys and Questionnaires I, the parent/guardian of the minor child listed on this application, give permission for Boys & Girls Clubs to survey my child about his or her Club experience and behaviors, skills and attitudes using Boys & Girls Clubs of America's Youth Development Outcome Measurement Tool Kit surveys or other survey instruments.
Technology As a member of the Boys & Girls Clubs, your child will have access to the Internet. While precautions are being taken, it is possible that she/he may access inappropriate sites. Boys & Girls Clubs will have rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access.
Miscellaneous I understand that the Boys & Girls Clubs is not responsible for lost or stolen items. Parents and club members are responsible for their own transportation to and from the clubs. I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the Boys & Girls Clubs of the Lumbee Tribe of NC and its activities. I also understand that the Clubs are not, nor claim to be, a licensed day care center.
I have read the completed application and this form, understanding the rules of the Boys & Girls Clubs and request that my child be admitted into membership.
Demont Counting to City Many hours City and the City and
Parent/Guardian's Signature Club Member's Signature Date





HEALTH FORM

Name				Gender	DOB	Age
_	Last	First	MI			_
Parent/						
Guardian				Phone		
	Last	First	MI		Day	Evening
Home Addı	ress		Mailing	Address		
Tiome radi	Number and Street		Mailing Address		PO Box	
	City		State		Z	ip Code
Emergency	Contact OTHEI	than Parent/Gua	nrdian			(Must be 18 or older)
Relationshi	p to child		Home Phone		Cell/Work Phone	;
In case of e	mergency please	take my child to			hospital for	medical treatment.
MEDICAL	Policy Ho	lder's Name		Name o	of Insurance Carrier	
	Policy/Gro	up's Number		Address	of Insurance Carrie	er
to participat Authorizati administer t	te in club activition ion for treatment treatment, includ	es unless noted a	ermission to the med and necessary tra	dical personnel	listed above to se	cure and
	urdian's Signatu	re Cl	ub Member's Signa	ture		ate





PERMISSION FORM

My childseven (7) Boys & Girls Club site	has my permission to travel as needed between the & Girls Club sites on tribal vehicles as events are sponsored at various sites.				
Culture Center, Pembroke Rec	articipate in club sponsored/tribal sponsored activities at the Lueation Complex and the Robeson County Career Center. The imming, stickball events, gardening activities and other cultura	se activities			
	PHOTO RELEASE FORM				
I hereby consent to the reprodu	ction, publication and use of photographs/video footage taken	ı of			
	by				
for Name	Club's Name	Member's			
publicity materials, without limit consent to any testimony or textimony or textimony or stand-alone in	rposes in any and all publications, Web sites, advertisements a ation or reservation, as deemed appropriate by the organization of the person named above that may accompany any and all publications, advertisements and publicity materials are appropriate by the organization.	on. I also said			
Bus/Van Su	MMER FEEDING PROGRAM RELEASE FORM				
	hild permission to ride the bus/van from for the Summer Feeding Program. This form will e				
	ous/van from the club to the lunch site and back to the club. B e	•			
Parent/Guardian's Signature	 Date				