

FOR OFFICE USE ONLY

Group: _____ Arrival Bus#: _____ Dismissal Bus#: _____ Membership#: _____
 Discount/Scholarship: \$ _____ Membership Fee: \$ _____ Frequency: _____
 Date/Staff Initial at Completion: _____
 MTS/StopWatch Updated: _____ Rosters Updated: _____ Membership Card Issued: _____

**Application for Membership**Program Year: **2024-2025**Session: Fall/Spring ☐ Summer ☐

NOTICE: This application does not guarantee admission. Fees are non-refundable. Transportation services financed in part by the U.S. Department of Housing and Urban Development (HUD) and Collier County Community and Human Services Division.

Has your child ever attended a BGCCC Program? No ☐ Yes ☐

Which location are you applying for: Naples or Immokalee? _____

How did you hear about us? ____ Friend/Family ____ Social Media ____ Magazine ____ Radio ____ Event

Child's Name:		Date of Birth:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Child's Social Security Number:		School:		Grade:	
Race: Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Indian/Alaskan Native <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____			Ethnicity: Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/>		
For Program Planning Use Only. Will Not Affect Services Offered					
Does your child receive free or reduced lunch at school? ____ Free Lunch ____ Reduced Cost ____ Neither				Student ID/Lunch Number:	
Does your child have any specific behavior conditions? ____ No ____ Yes, Include details below. (This does not restrict your child from enrolling) EH <input type="checkbox"/> SLD <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Other: _____					
Does your child receive any of the following supports: ____ None ____ IEP ____ 504 ____ Behavior Plan ____ Other: _____					
CHILD'S EMERGENCY/MEDICAL INFORMATION					
Name of Child's Physician/Medical Care Provider:		Phone:		Fax:	
Address:		City:		State: Zip:	
Permission to contact Doctor/Hospital in case of a medical emergency: No <input type="checkbox"/> Yes <input type="checkbox"/>		Does your Child have Medical Insurance? No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, Provider: _____		Policy Number: Group Number:	
Medications: If Yes, please list. No <input type="checkbox"/> Yes <input type="checkbox"/>		Allergies: If Yes, please list. No <input type="checkbox"/> Yes <input type="checkbox"/>		Other Medical Information: <input type="checkbox"/> None <input type="checkbox"/> Asthma <input type="checkbox"/> Disability <input type="checkbox"/> Diabetes <input type="checkbox"/> Other _____	
Medical or Dietary Information Necessary in an Emergency Situation: If Yes, please list. No <input type="checkbox"/> Yes <input type="checkbox"/>					



PARENT/GUARDIAN INFORMATION

PARENT INFORMATION IS REQUIRED ON BOTH PARENTS.

Do you have a COURT ORDER stating visitation or custody arrangements of parent/guardian? No ☐ Yes ☐

*Regulations require a COURT ORDER to be ON FILE at the facility should there be any restrictions regarding visitation or custody.

Primary Parent or Guardian:		Home Phone:	Cell Phone:	Permission for Text Communications: No <input type="checkbox"/> Yes <input type="checkbox"/>
Address:	City:	State:	Zip:	Email:
Employer/School:		Employer/School Phone (include ext.):		Fax Number:
Employer/School Address:		City:	State:	Zip:
Secondary Parent or Guardian:		Home Phone:	Cell Phone:	Permission for Text Communications: No <input type="checkbox"/> Yes <input type="checkbox"/>
Address:	City:	State:	Zip:	Email:

HOUSEHOLD INFORMATION

This section Must Be Completed and is used for our information only. This information confidential and does not determine membership status.

Reason for Joining Club: ☐ Social ☐ Academic Support ☐ Sports ☐ After School Care ☐ Full Day/Camp ☐ Other _____

The Club Member lives with: ☐ Mom ☐ Dad ☐ Step Mom ☐ Step Dad ☐ Grandparent ☐ Guardian ☐ Other _____

Current Head of Household: Male ☐ Female ☐

Single Parent?: ☐ No ☐ Yes

Number of people living in household: _____

Parent in Military? ☐ No ☐ Yes If Yes, Branch: _____

Number in household age 18 or younger: _____

Anyone in household handicapped: ☐ No ☐ Yes

Number in household age 65 or older: _____

TOTAL ANNUAL HOUSEHOLD INCOME: \$ _____

CHILD PICK-UP INFORMATION

Person(s) to Whom the Child May Be Released/Emergency Contact Information Besides Parents/Guardians Listed Above

Full Name	Phone	Emergency Contact?	Relation to Child
		No <input type="checkbox"/> Yes <input type="checkbox"/>	
		No <input type="checkbox"/> Yes <input type="checkbox"/>	
		No <input type="checkbox"/> Yes <input type="checkbox"/>	

PERMISSION TO WALK, DRIVE A CAR, OR RIDE A BIKE HOME Club Members 16 & Older ONLY

I give permission for my child to check out each day. The Boys & Girls Club is not responsible after they leave the program.

☐ No ☐ Yes - If Yes, I give permission for my child to: ☐ Walk ☐ Ride a Bike ☐ Drive a Car

I further give permission for my teen child to check out their younger siblings:

☐ No ☐ Yes - If Yes, list siblings' names: _____

PARENT/GUARDIAN ACKNOWLEDGMENT OF PICKUP POLICY:

I understand The Boys & Girls Club of Collier County closes promptly at 7:00PM, and 6:00PM during Early Dismissal, Full Days, and Camps. The Club may refuse to allow my child to be transported home by anyone (including myself) that they feel may have their driving ability impaired due to drugs, alcohol, or other circumstances. I understand that this is for safety reasons only and The Boys & Girls Club will contact another authorized individual included on this application to pick up my child. I further agree that any late fees incurred will be my responsibility. Beginning at 1 minute past the closing time a late fee of \$1.00 per minute, per family, will be charged. The late fee must be paid in full before the child may return to the program. The Club will notify the appropriate authorities for any child remaining 30 minutes after close of business. As the Parent/Guardian, I agree that I am responsible for picking up special notices each day which will alert me to any changes in scheduling. I understand that if I am frequently late, my child's membership may be revoked without refund.

Parent/Guardian Initials : _____



EXCHANGE OF SCHOOL INFORMATION

I authorize The Boys & Girls Club and Collier County Public Schools to share information about the listed minor child. This includes academic details such as grades, test scores, and other indicators, in accordance with Department of Education regulations. This exchange aims to support the student's success in school, at The Club, and in life. This permission can be revoked by contacting The Boys & Girls Club of Collier County in writing at any time.

☐ No ☐ Yes

Parent/Guardian Initials : _____

PARTICIPATION IN SURVEYS & QUESTIONNAIRES

I authorize The Boys & Girls Club of Collier County to survey my child regarding their Club experience, behaviors, skills, and attitudes using local and national survey instruments. I also allow sharing of my child's information with the Boys & Girls Clubs of America (BGCA) for research and program evaluation purposes. This includes data from membership application forms, school-provided information, and survey responses. All shared information will remain confidential.

☐ No ☐ Yes

Parent/Guardian Initials : _____

TECHNOLOGY & INTERNET USE

I give permission for my child to participate in The Boys & Girls Club of Collier County's Internet activities and programs, supervised by Club Staff. My child will only access approved online sites. Personal electronics or devices are not allowed during Club programs. It is advised to turn off and store devices during activities. The Club is not liable for lost or damaged items. I understand that inappropriate computer use may lead to suspension or membership revocation for my child.

☐ No ☐ Yes

Parent/Guardian Initials : _____

PARTNERED INSTRUCTORS & PROVIDERS

I acknowledge that my child may receive instruction or support services from partnered outside agencies, including Collier County Public Schools, The Immokalee Foundation, United Arts Council, and Collier County Sheriff's Office, among others. All instructors will have a Level I background clearance and will be supervised directly by Boys & Girls Club staff. I hereby authorize my child to receive instruction from these individuals. Additionally, I grant permission for a reasonable exchange of information about my child to these outside agencies for reporting and planning purposes.

☐ No ☐ Yes

Parent/Guardian Initials : _____

VOLUNTEERS & MENTORS

I acknowledge that volunteers and mentors may be present on-site to engage with Club Members, support their personal goals, assist with school work, and provide mentorship. All volunteers and mentors will have a Level I background clearance and will be directly supervised by Boys & Girls Club staff. It's understood that volunteers and mentors may not contact Club Members outside of Club activities. I hereby authorize my child to receive support and mentorship from these individuals.

☐ No ☐ Yes

Parent/Guardian Initials : _____

PHOTO/VIDEO AUTHORIZATION

I authorize my child to participate in all photo/video opportunities at The Boys & Girls Club of Collier County. I understand that promotional photos/videos may be taken during programming for use in local and social media, brochures, and on the bgccc.com website.

☐ No ☐ Yes

Parent/Guardian Initials : _____

INJURY AND MEDICAL EMERGENCY

In case of injury or medical emergency, I authorize The Boys & Girls Club to arrange necessary medical treatment if I can't be reached. I agree to cover any costs incurred. The understand that the Club does not have a nurse on staff or handle medication.

☐ No ☐ Yes

Parent/Guardian Initials : _____

SPECIAL ACTIVITIES & FIELD TRIPS

I grant permission for my child to participate in special activities and field trips that require transportation in Club or hired vehicles, supervised by Club Staff. Additionally, I authorize my child to take part in swimming activities in Club pool or at local pools and beaches, under Club supervision. I understand that The Boys & Girls Club of Collier County is not liable for accidents, damages or injuries during transportation and/or activity. Notice of all special activities and field trips will be available at the Club's Front Office.

☐ No ☐ Yes

Parent/Guardian Initials : _____

Parent/Guardian Name Printed

Parent/Guardian Signature

Child's Name (Print Clearly)

Date



Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in The Boys & Girls Club of Collier County Programs, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the Parent/Guardian of the minor named below, do hereby acknowledge and agree that participation in The Boys & Girls Club of Collier County activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with The Boys & Girls Club of Collier County participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with The Boys & Girls Club of Collier County participation and that said list in no way limits the operation of this Agreement.

Initial

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my child's participation in The Boys & Girls Club of Collier County, I, Parent/Guardian of the minor named below, agree to release and on behalf of myself and the minor named below, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE The Boys & Girls Club of Collier County, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against The Boys & Girls Club of Collier County on account of past or future personal injury, property damage, death or accident of any kind, arising out of or in any way related to the past or future use of The Boys & Girls Club of Collier County facilities/equipment or participation in The Boys & Girls Club of Collier County programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor's participation in The Boys & Girls Club of Collier County, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's past or future The Boys & Girls Club of Collier County participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in The Boys & Girls Club of Collier County participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any past or future loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in Boys & Girls Club of Collier County and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in Boys & Girls Club of Collier County.

Initial

I further certify that my Date of Birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the Parent/Guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Parent/Guardian Name Printed

Parent/Guardian Signature

Child's Name (Print
Clearly) Updated 4.1.2024

Date



Counseling for Community Wellness **Group Informed Consent- Minor**

GROUP EXPECTATIONS

Counseling for Community Wellness (CCW) will be offering group counseling sessions that are both educational and therapeutic. Topics will vary from group to group. This form provides information on informed consent for group counseling and gives your child permission to participate in all group sessions conducted through CCW. Personal information may be shared by group members during the group session. To maintain a respectful and trusting environment for all participants, we ask that group members do not share private and confidential information heard in group sessions. Group members are asked to treat other members with respect and adhere to agreed upon group rules.

CONFIDENTIALITY

Our policies about confidentiality, as well as other information about your privacy rights, are as follows: Any information discussed with counselors-in-training and supervisors is confidential and will not be released to outside persons or agencies without a signed release of information from the clients.

However, there are certain limitations to confidentiality.

- In cases where child abuse or neglect, including sexual abuse, elder abuse, or abuse of vulnerable population are suspected or reported.
- When a client poses an immediate threat of harm to self.
- If a client threatens to harm another. (Action will be taken to warn the potential victim.)
- If a court orders the release of records by a valid subpoena.

Occasionally we may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name. It is possible you may encounter a counselor-in-training, supervisor, or staff member when out in public. We will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to us, and we do not wish to jeopardize your privacy. However, if you acknowledge us first, we will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the counseling office.

HIPAA

Due to the importance of your confidentiality and the importance of minimizing dual relationships, we do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, Instagram, etc.). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality along with the counseling relationship and/or respective privacy.

MINOR INFORMED CONSENT

I have read and I understand the statements above. My signature indicates that I give free and full informed consent for my child to receive group services from Counseling for Community Wellness under these conditions and I, as the parent or guardian, have the legal right to consent to treatment for my child.

Child's Full Name: _____

Parent/Guardian's Full Name: _____

Parent/Guardian's Signature: _____ Date: _____



Individualized Mental Health Counseling and Release of Information

NOTE: By signing below you are providing the Club permission to share this document with Counseling for Community Wellness (CCW).

I am interested in **my child** receiving **mental health counseling services** and would like for the CCW to reach out to me to begin the process of my child receiving mental health counseling care **at the Boys & Girls Club**. I understand the counseling sessions will happen on-site in a confidential room that has been allocated for counseling services. I authorize Boys & Girls Club to release my child to CCW staff at the scheduled day/time for session, and allow re-entry into the Club afterward.

My child is in:

___Elementary School ___Middle School ___High School

Parent/Guardian Contact Information:

Parent/Guardian Full Name: _____

Relation to Member: _____

Email Address: _____

Telephone: _____

_____ I have other children that would benefit from mental health counseling and would like for Counseling for Community Wellness to reach out to me for scheduling.

Parent/Guardian Signature: _____ Date: _____