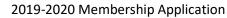




☐Kindergarten through 5 th Grade	□6 th through 8 th Grade	□9 th through 1	.2 th Grade			
Membership Type: ☐ Programs ☐ After	School Summer					
First Name:	Middle:	La	st Name:			
Gender: ☐Male ☐Female ☐ Gender	Neutral Birthday:		Age:			
School:		Current Grade:	Shirt YS YM YL Size: AS AM AL AXL			
Toochor's Name:						
Address of Youth:						
City:						
Parent/Guardian Name #1:						
Parent/Guardian Name #2:						
		Phone:				
	not be reached.		1110110.			
Power School	Password:					
Food Allergies:						
Medication? If so, Please include dosage and times here.						
Ethnic Background: American Indian or Alaska Native Black or African American	☐Two or More Races	Household Type: ☐ Single Parent ☐ Both Parents	Child/Teen Lives With: ☐ Both Parents ☐ Dad Only ☐ Mom Only ☐ Step Parents			
☐ Hispanic / Latino	□White	☐ Grandparents	☐ Grandparents ☐ Guardian			
☐ Native Hawaiian	□Other / Unknown	□Guardian	☐ Foster Parents ☐ Other			
Annual Household Income: □<\$16,240	□\$16,241 - \$29,699	□\$29,700 - \$36,405	□\$36,406 - \$60,749 □>\$60,750			
Does your Child / Teen participate in the f	ollowing: □TANF □Foo	d Stamps ☐HUD/Section	8 Medicare/Hoosier Healthwise			
Number of Individuals living in the househo	old? Guard	ian a member of the milita	ry? □Yes □No Branch:			
<u>Authorized Pickup:</u>						
Name:	me: Phone #:		Relationship:			
			Relationship:			
Authorization to Leave Premises Unescort	ed:					
☐ My child is at least 12rs old and has my p	permission to check him/h	erself out of BGCM and wa	alk home or catch MITS route home.			
☐ My child is younger than 12 years old, b	ut has my permission to le	eave the BGCM with:				
Grade: Relation	nship: □Brother □Siste	er □Cousin □Aunt/l	Jncle			





Please initial for approval of each statement.

	I give consent for	ohotographs	& video in which my	y child may appear, to be used in a	ny way the BGCM may care to use them.
	once a child has e	entered the the BGCM is	building, they will no	t be allowed to leave until a paren	rom coming and going as they please. I understand that t/guardian/authorized adult arrives to retrieve them. I hysically restrain children who insist on leaving without
	BGCM owned/lea behavior with my	sed vehicles child and u	s, MITS or other arra	nged transportation. I also confirm iolation of these expectations may	facilitated by the BGCM. Transportation may include that I have discussed my expectations of proper cause him/her to lose transportation privileges. I ALSO LATER THAN THE MORNING OF THE CHANGE.
	child. This include membership at B	es discussing GCM. I unde	grades, behavior, so erstand that BGCM m	holarship opportunities, program ay request information such as gr	nd teachers to communicate with BGCM regarding my participation and other opportunity to benefit my child's ades, behavior reports, and absenteeism, and may share contracting the school corporation or BGCM in writing.
					nsideration of said minor being permitted to enter any ities and/or equipment or participation in any program, I
	liability to me for	any loss or ctly with the	damage to property Club, its officers, dir	or injury or death to person, whet	ents, representatives (collectively "Releasees") from all her caused by Releasees or by any person associated r otherwise while my child is in or near any Club branch or
	them from any in any person assoc Releasees or othe expense and risk	jury to perso iated directl erwise, whet shall defenc	ons or property susta y or indirectly by him ther the said injury o l any and all actions,	nined by any person caused by any n upon or in connection with this a r damage occurs upon or adjacent suits or other legal proceedings th	nd indemnify and hold harmless Releasees and each of act, neglect, default, or omission of the undersigned or of ctivity or whether caused by the negligence of the to the property. The undersigned at his own cost, at may be brought or instituted against the Club on any st the Club in any such action, suit or legal proceedings or
	I assume full resp	onsibility fo	r, and risk of, bodily	injury, death or property damage	due to the negligence of Releases or otherwise.
	medical, dental, o special supervision hospital, whether	or surgical di on of, any ph r such diagn	agnosis or treatmen ysician and surgeon	t, and hospital care which is deem licensed under the provisions of th	ct to said minor, to any x-ray examination, anesthetic, ed advisable by, and is to be rendered under general or ne Indiana Medical Practice Act on the medical staff of any cian or at the hospital. I understand that the Club is not
			as broad and inclusiv ontinue in full force		e state of Indiana; if any portion hereof is held invalid, I
Signatu	re of Guardian: _				Date:
				FOR OFFICE USE ONLY:	
Receipt	Date		Receipt #:	Membershi	o Paid:
Cash:		Check #: _		Credit Card last 4:	
Processed By:			School:		