



Date: _____

BGC Randolph Registration Form
2010-2011 Power Hour and Clubs, Grades 1-6

Child's Name: _____ D.O.B. _____

Parents / Legal Guardians: _____

Mailing Address: _____

Email Address: _____

Household Type (who does your child live with):

- Both Parents Single Parent
 Extended Family Other _____
 Non-Family Guardians

Which best describes your child's swim ability level:

- Cannot Swim Can Swim in Deep End
 Can Float with Assistance Knows some Strokes
 Can Swim Independently Advanced Swimmer

Important Information:

- The BGC Randolph Program is a drop-in program for OSSU youth in grades 1-6 consisting of Power Hour homework help 4 days per week, and afterschool clubs 3 days per week. Participants who are registered for the program may attend any or all of the BGC offerings in the program and while attendance is taken on a daily basis, there is no requirement for participants to attend.
- Power Hour will run weekly Monday through Thursday immediately after school, beginning on Monday, 9/13/10, and ending in early June. BGC Clubs will run weekly Tuesday through Thursday immediately following Power Hour and will begin on 9/14/10. We follow the OSSU public school calendar and are closed during any days that the school is closed, including school vacation weeks. If school is cancelled or dismissed early due to inclement weather, the BGC Randolph program will also be closed.
- On days when the BGC Randolph program must close, all families will be notified via email as early in the day as possible so you can make alternative arrangements for after school care. If you do not have an email address, please contact our office for additional information.
- To participate in the 2010-2011 program, all participants must become members of the Boys and Girls Club of the White River Valley (\$20 annual membership fee). There are no additional costs for participation in the program. As this is a drop in program, program staff will have a list of all children able to attend, but families are not required to notify us if their child will *not* be attending. If you need alternative arrangements or information regarding scholarships please contact our administrative office.
- Afternoon snacks are provided to all program participants on a daily basis.

CONTINUED ON THE REVERSE →

Medical Release and Release of Liability: I authorize the staff and volunteers of the Boys and Girls Club of the White River Valley (BGCWRV) to provide basic first aid or to call additional medical care on my child's behalf in the event of an emergency if I cannot be reached or when delay would be dangerous to my child's health. I further agree to release BGCWRV and their staff and volunteers from any liability connected with my child's participation in the program listed above.

Parent/Guardian Signature: _____ Date: _____

Walk home from Program: I authorize the BGCWRV staff to allow my child to walk home independently at the end of the BGCWRV program, or at an earlier time as indicated in writing to the BGCWRV staff.

Parent/Guardian Signature: _____ Date: _____

Photo Release: I authorize the BGCWRV staff take photographs of my child while participating in BGCWRV programs. I understand that BGCWRV may use these photographs in any way they deem appropriate including (but not limited to) press releases, websites, and Club publications.

Parent/Guardian Signature: _____ Date: _____

Walking Field trip: I authorize the BGCWRV staff to take my child on walking field trips in the immediate vicinity of the program site. I understand that these trips will always be supervised by BGCWRV staff and volunteers and that notification of upcoming walking trips will be posted near the sign in / sign out book at least one week prior to the trip.

Parent/Guardian Signature: _____ Date: _____

Please **check** the program(s) you wish to sign up for and **circle** the days your child will be attending:

Power Hour Program (2:30 – 4:00 pm)	Mon	Tue	Wed	Thur
Afternoon Clubs (4:00 – 5:30 pm)		Tue	Wed	Thur

Club Schedule beginning September, 2010:

Tuesdays 4:00 – 5:30 pm	Chess Club: Participants will learn the basics of chess and have a chance to play against friends.
Wednesdays 4:00 – 5:30 pm	Young Engineers: Creating and building workshop using tools like legos and k'nex and also with a variety of creative materials.
Thursdays 4:00 – 5:30 pm	Torch Club: Boys and Girls Club program to foster learning and fun through community service.

My signature below indicates that I understand that my child must have a current membership to BGCWRV (\$20 annual) to participate in Power Hour and / or Clubs at Randolph Elementary. I have indicated above the days that BGCWRV staff can expect my child to attend the BGC Randolph program. I also understand that should I wish to change my child's expected attendance, I must report these changes in writing to the Program Director, before such changes are approved.

Signature: _____ Date: _____

Please return to: Boys & Girls Club of the White River Valley, P.O. Box 237, Randolph, VT 05060

Membership Information Form

BGC of White River Valley
PO Box 237
Randolph, VT 05060

P: (802) 728-3010

Confidentiality: Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Required fields are denoted with an asterisks(*)

Head of Household (Please Print)

First Name:*	Last Name:*	Gender:
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:*		Address Type:*
(Line 1)		<input type="checkbox"/> Home
(Line 2)		<input type="checkbox"/> Work <input type="checkbox"/> _____
(City)	(State)	(Zip Code)
Phone Number:*		Phone Type:*
() -		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____
() -		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____
Family Size:	E-Mail Address:*	E-Mail Type:*
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____

Parents / Guardian (Please Print)

First Name:	Last Name:	Gender:
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Address Type:
(Line 1)		<input type="checkbox"/> Home
(Line 2)		<input type="checkbox"/> Work <input type="checkbox"/> _____
(City)	(State)	(Zip Code)
Phone Number:		Phone Type:
() -		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____
E-Mail Address:	E-Mail Type:	
<input type="text"/>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____	

Member Information (Please Print)

First Name:*	Middle Name:	Last Name:*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Nick Name:	Birth Date:*	
<input type="text"/>	<input type="text"/>	

Gender:

- Male
- Female

Ethnicity:

<input type="checkbox"/> African-American	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Pacific Islander	

Membership Type:*

<input type="checkbox"/> BGCWRV Member
<input type="checkbox"/> Program Participant

School:*

Grade:*

Member Medical Information (Please Print)

Medications:

Medical Problems/Allergies:*

Pick Up Information (Please Print)

Two people authorized to pick up member -

1.) First Name:

Last Name:

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()		-	<input type="checkbox"/> Home	<input type="checkbox"/> Work		<input type="checkbox"/>	
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<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> _____	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Primary Emergency Contact <input type="checkbox"/> Lives With Member
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2.) First Name:

Last Name:

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()		-	<input type="checkbox"/> Home	<input type="checkbox"/> Work		<input type="checkbox"/>	
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<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> _____	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Primary Emergency Contact <input type="checkbox"/> Lives With Member
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I authorize the BGCWRV staff to provide basic first aid or call additional medical care on my child's behalf, if needed. I further agree to release BGCWRV from any liability connected with my child's participation in BGCWRV programs.

Parent or Guardian Signature

Member's Signature

Date