BOYS & GIRLS CLUB OF DAYTON

2026–2027 Membership Application

Date: _____

Member Type: [ ] New Member [ ] Renewing Member

CAREGIVER PRIMARY CONTACT

- **Caregiver Full Name:** _____
- **Employer:** _____
- **Email Address:** _____
- **Mobile Phone:** _____ **Work Phone:** _____
- **Address:** _____
- **City, State, Zip:** _____
- **Role in Household:**
  [ ] Mother [ ] Father [ ] Stepparent [ ] Grandparent [ ] Guardian
  [ ] Foster Parent [ ] Aunt/Uncle [ ] Sibling [ ] Cousin [ ] Other Relative

MEMBER INFORMATION (CHILD)

- **Child's Full Name:** _____
- **Nickname / Preferred Name:** _____
- **Birthdate (MM/DD/YYYY):** _____
- **Address (if different):** _____
- **City, State, Zip:** _____

Check the section that applies to your youth member

- **Gender:**

  [ ] Male [ ] Female [ ] Gender Non-Conforming [ ] Trans Male

  [ ] Trans Female [ ] Other

- **Ethnic Identity:** [ ] Hispanic [ ] Non-Hispanic
- **Race:**

  [ ] American Indian / Alaska Native [ ] Asian [ ] Black or African American

  [ ] Middle Eastern / North African [ ] Native Hawaiian / Pacific Islander

  [ ] White [ ] Bi-racial [ ] Multi-Racial [ ] Other [ ] Choose Not to
- **Foster Care:** [ ] Yes [ ] No **Group Home:** [ ] Yes [ ] No
- **School Lunch Status:** [ ] Free [ ] Reduced [ ] Not Eligible
- **School Information:**
  - **School Name:** _____
  - **Grade (Fall 2026):** _____
  - **Homeroom Teacher:** _____
  - **School ID Number:** _____

ALLERGIES & MEDICAL INFORMATION

1. Allergies:

- **Food Allergies:** [ ] Peanuts [ ] Soy [ ] Eggs [ ] Tree Nuts [ ] Gluten [ ] Dairy/Lactose [ ] Seafood/Shellfish [ ] Other: _____
- **Environmental Allergies:** [ ] Bee Stings [ ] Dust [ ] Grass [ ] Pollen [ ] Mold [ ] Other: _____
- **Medicine / Other Allergies:** [ ] Penicillin [ ] Amoxicillin [ ] Aspirin [ ] Latex [ ] Lotions [ ] Perfumes [ ] Other: _____

2. Diagnosed Medical Conditions:



[ ] Asthma [ ] ADD/ADHD [ ] Diabetes [ ] Autism [ ] Seizures [ ] Anxiety/Depression
[ ] Hearing Impairment [ ] Visual Impairment [ ] Oppositional Defiance Disorder [ ] Other

- **Other physical, mental, or medical limitations:**

  _____

- **Inhaler?** [ ] Yes [ ] No **EpiPen?** [ ] Yes [ ] No
- **Insulin?** [ ] Yes [ ] No **Self-Administered Medication?** [ ] Yes [ ] No
- **Additional Support Received:**
  [ ] IEP [ ] 504 Accommodation [ ] Speech Coach [ ] School/Private Counselor [ ] Other

INSURANCE & MEDICAL CONTACTS

- **Insurance Carrier:** _____
- **Group Number:** _____ **Policy/Member ID:** _____
- **Primary Care Physician & Phone:** _____
- **Dentist Name & Phone:** _____

AUTHORIZED EMERGENCY CONTACTS

Authorized Contact 1:

- **Full Name:** _____
- **Mobile Phone:** _____ **Work Phone:** _____
- **Relationship to Child:** _____
- **Type:** [ ] Parent [ ] Stepdad [ ] Stepmom [ ] Grandparent [ ] Relative [ ] Neighbor [ ] Caseworker [ ] Other

Authorized Contact 2:

- **Full Name:** _____
- **Mobile Phone:** _____ **Work Phone:** _____



- **Relationship to Child:** _____
- **Type:** [ ] Parent [ ] Stepdad [ ] Stepmom [ ] Grandparent [ ] Relative [ ] Neighbor [ ] Caseworker [ ] Other

MILITARY & HOUSEHOLD INFORMATION

- **Military Status (Caregiver):** [ ] Current/Former Military [ ] No
- **Military Status Detail:** [ ] Active Duty [ ] Reserve/Guard [ ] Veteran
- **Military Branch:** [ ] Air Force [ ] Army [ ] Coast Guard [ ] Marine Corps [ ] National Guard [ ] Navy
- **Household Structure:**
  [ ] Single Adult Household [ ] Two + Adult Household [ ] Joint Custody [ ] Self (Emancipated/18+)
- **Adults Living in Household (Check all that apply):**
  [ ] Mother [ ] Father [ ] Stepfather [ ] Stepmother [ ] Grandparent(s) [ ] Legal Guardian(s) [ ] Sibling(s) [ ] Uncle/Aunt [ ] Other Relatives [ ] Foster Parent(s) [ ] Other Adults
- **Assistance Programs:**
  [ ] Food Stamps/SNAP [ ] Medicaid [ ] Medicare [ ] TANF [ ] Veteran's Comp [ ] None [ ] Choose Not to Answer
- **Annual Household Income Range:**
  [ ] $0–$10,000 [ ] $10,001–$25,000 [ ] $25,001–$50,000 [ ] $50,001–$75,000 [ ] $75,001+

WAIVERS, PERMISSIONS & RELEASES

Please check **YES** or **NO** for each item:

1. **[ ] Yes [ ] No — Survey & Data Collection:** Permission to collect info via surveys/interviews from the minor for confidential evaluation.

2. **[ ] Yes [ ] No — Medical Emergency:** Permission to seek emergency medical treatment if parent/guardian cannot be reached (at parent's expense).
3. **[ ] Yes [ ] No — Technology Access:** Acknowledgment of internet access rules and personal responsibility for technology usage.
4. **[ ] Yes [ ] No — Transportation:** Understanding that written permission is required for transportation services.
5. **[ ] Yes [ ] No — Information Sharing:** Permission to share anonymous data with BGCA/BGCGC for research/evaluation.
6. **[ ] Yes [ ] No — Media Release:** Permission to use photos/videos of the child for Club promotions/affiliates without compensation.
7. **[ ] Yes [ ] No — General Policy:** Acknowledgment that the Club is not responsible for lost/stolen items and holds rights regarding behavior standards.

APPLICATION APPROVAL & LIABILITY WAIVER

I understand the Boys & Girls Clubs of Dayton does not operate an open-door policy (members cannot leave and return without Director approval). I hereby release, waive, and discharge the Boys & Girls Clubs of Dayton, Boys & Girls Clubs of America, their staff, and volunteers from any and all liability or claims resulting from facility use or program participation.

- **Parent/Guardian Signature:** _____
- **Date:** _____

BOYS & GIRLS CLUB OF DAYTON

2026–2027 Daily Transportation Permission Slip & Safety Waiver

- **Member Name:** _____
- **School Name:** _____ **Grade:** _____ **DOB:** _____
- **Parent/Guardian 1:** _____ **Phone:** _____
- **Parent/Guardian 2:** _____ **Phone:** _____

- **Emergency Contact: _____ Phone: _____**

1. Transportation Authorization

I authorize the Boys & Girls Club of Dayton (BGCD) to transport my child daily from school to BGCD using BGCD-owned, leased, or approved vehicles.

2. Safety Rules & Expectations

The student agrees to follow all staff/driver instructions immediately, stay seated with seatbelts fastened, keep hands/feet to themselves, use respectful language, and avoid distracting the driver.

3. Progressive Discipline

Failure to follow rules may result in: (1) Verbal warning & documentation, (2) Parent notification, (3) Temporary suspension, or (4) Permanent removal from transportation services.

4. Emergency Medical Treatment & Liability Release

In emergencies, staff are authorized to obtain treatment. Parents release BGCD and its representatives from transportation claims, except in cases of gross negligence.

- **Parent/Guardian Signature: _____**
- **Print Name: _____**
- **Date: _____**

Office Use Only

- Received By: _____ Date/Time: _____
- Approved By: _____ Date/Time: _____