

Boys & Girls Club of Mount Vernon

Teen Program

September 5, 2018 – June 7, 2019

Registration is now open! Register early!



General Information

350 South Sixth Avenue
Mount Vernon NY

Ages: 14 – 20

Cost: \$25 per school year

Mondays – Fridays, 6:30 pm – 8:30 pm

☎ 914-668-9580

🌐 bgcmvny.org

📧 914-668-1902

✉ mcampos@bgcmvny.org

Specialty Programs

**Cheerleading, Dance, Karate,
Night Flight Basketball**

*Must be a registered Club Member
Additional Days & Fees May Apply*



Teen Program Membership Application

Wednesday, September 5, 2018 – Friday, June 7, 2019

Member Information

Name _____ Male Female
 Last *First* *MI* *(circle one)*

Date of Birth _____ Age _____ Grade _____ School _____

Address _____ Apt# _____

City _____ State _____ Zip _____ Home Phone () _____

Email Address: _____

Parent/Guardian Information

Female Guardian *(circle one)* **Mother** **Stepmother** **Other** _____

Name _____ Place of Employment _____

Cell# () _____ Work# () _____ Email _____

Male Guardian *(circle one)* **Father** **Stepfather** **Other** _____

Name _____ Place of Employment _____

Cell# () _____ Work# () _____ Email _____

Family Information

- Gross Household Income *(please circle one)*

Under \$15,000	\$15,000-\$25,000	\$25,000-\$45,000	\$45,000-\$65,000	Over \$65,000
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- Do you child qualify for free or reduced lunches at school? No Yes
- Do you live in a single parent household? No Yes
- Is your family a military family not living on a base? No Yes
- Who do you live with? *(Circle all that apply.)*

Mother	Stepmother	Father	Stepfather	Grandparent	Other _____
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- How many brothers do you have? _____ What are the ages? _____
- How many sister do you have? _____ What are the ages? _____

T Shirt Size *(Please indicate the size T-shirt you wear.)* XS S M L XL

Emergency Contacts

Give the names of at least two individuals who are available to come to the Club in case of emergency if the parents or guardians are not available. *Please Print.*

Name	Relationship to Teen	Phone () _____
Name	Relationship to Teen	Phone () _____

Teen Program Consent Form

Code of Conduct

1. Remove hats, headgear, and poor attitudes upon entering the Club.
2. Keep the Club clean; eat only in approved areas.
3. Respect others. Be kind with your words and actions.
4. Refrain from hanging out or roaming the hallways, bathrooms, stairwell, and offices.
5. Do not bring weapons of any kind into the Club.
6. Participate in gymnasium floor activities with sneakers, pants, or shorts and a top.
7. Refrain from disrupting or interfering in the management of the Club activities and events.
8. Refrain from engaging in destructive behavior such as activating the fire alarm.
9. Refrain from encouraging or participating in vandalism.
10. Refrain from possessing or using illegal drugs or alcohol.
11. Fighting will not be tolerated.

Membership Card

All members are given a membership card when they join the Club. Members must bring their card each day to the Club. If the membership card is lost, members can request a replacement. A fee of \$5 is charged for the replacement card. Allowing non-members to use the card may result in suspension.

Member's Pledge

I agree to obey the rules of the Club and be respectful of the staff and officers. I promise to be loyal to the Club, to allow no one to use my membership card, and to be careful to prevent damage to the building and equipment. I agree that my membership may be suspended or canceled at any time.

Signature of Club Member

Club Member _____ Date: _____

Parent's Consent

- I consent to my son/daughter participating in all activities and trips that form part of the Boys & Girls Club of Mount Vernon unless I notify the Club in writing.
- I consent to my son/daughter participating in the National Youth Outcome Initiative survey program unless I notify the Club in writing.
- I consent to the transportation of my son/daughter to and from all activities deemed necessary by authorized members of the Boys & Girls Club of Mount Vernon in conjunction with the program for which my son/daughter is enrolled.
- I give permission for my son/
- /or negligence that involve my son/daughter while participating in programs conducted by the Boys & Girls Club of Mount Vernon. daughter's likeness to be used in any Boys & Girls Club publication/video/web.
- I hereby release and discharge the Boys & Girls Club of Mount Vernon, staff members, volunteers, and Board of Directors from any liability in the event of an injury, accident, and
- **Emergency Medical Treatment:** I give authority to the Boys & Girls Club of Mount Vernon to obtain necessary emergency medical treatment for my child when necessary with the understanding the family will be notified as soon as possible.

Signature of Parent/Guardian

My signature below indicates that I have read and been given the policies of the BGC MV.

Parent/Guardian Signature _____ Date: _____

Print Name _____

Office Use Only

Cash Check CC Money Order Staff Initials _____ Amount Paid \$ _____ Receipt# _____ Date Received _____