

Application

September 6, 2023 – June 7, 2024

General Membership Access to Gym only (\$25)			+ S] (\$25	neral Membership pecialty Program + Cost of Specialty Program)
MEMBER INFORMAT	TION			
Last Name	First N	Jama		Male Female (Circle One)
				, ,
Address:				
	G		_	
City:				
Name of School:		Grade:	_ DOB: _	Age:
PARENT/GUARDIAN	INFORMATION			
Female (circle one): Mot		Guardian (Rela	tionshin to you)	
,				
Male (circle one): Fatl				
,				
FAMILY INFORMATI				
Gross Household Income				
	15,000 - \$25,000 \$2	25,000 - \$45,000	\$45,000 - \$65,000	Over \$65,000
Do you qualify for free or	,	•	No	. ,
Do you live in a single pa	rent household?	Yes	No	
Is your family a military	family not living on bas	se? Yes	No	
How many brothers do y	ou have?	How many sis	sters do you have	?
Who do you live with? (a Mother Stepmother	***	ather Grandparent	Other	
EMERGENCY CONTA	ACT			
Please provide the name emergency when/if your	s and contact informati		can come to the	Club in case of an
Name	Re	lationship to You		Cell#
Name	Re	lationship to You		Cell#



Application

September 6, 2022 – June 7, 2023

ACADEMIC SUCCESS AND HOMEWORK HELP

It is part of the mission of the Boys & Girls Club of Mount Vernon to ensure that our members graduate with academic success. We believe that adult supervision of a student's education is needed so that they can be organized, be engaged, complete homework on time, and prepare for tests and exams. Students who are not held accountable by an adult, can easily fall through the cracks. If we wait until the end of the school year, or only take an interest when they are in their senior year, it will be too late to get them on track.

If you would like the Teen Coordinator to be involved in your child's education, please complete the permission form below.

I would like the Teen Coordinator of the Boys & Girls Club of Mount Vernon to be engaged in my child's academic career to the extent indicated below. (Circle Yes or No on each line.)

The Teen Coordinator, Ms. Walker, can supervise my child's homework.	YES	NO
My child is in the City of Mount Vernon City School District (CMVCSD).	YES	NO
I will notify my child's school that the Teen Coordinator, <u>Ms. Walker</u> , can have direct contact with my child's teachers to assist my child in his/her academic endeavors.	YES	NO
My child will provide the Teen Coordinator, <u>Ms. Walker</u> , access to Schoology (CMVCSD's online education platform) so that the Teen Coordinator can directly oversee my child's progress.	YES	NO
My child will share his/her report card for each marking period with the Teen Coordinator, Ms. Walker.	YES	NO
I understand that the Teen Coordinator, <u>Ms. Walker</u> , will not and cannot act in my place.	YES	NO
I will retain authority on any decision making involved with respect to my child's career.	YES	NO
Student's Name (Please print):		

Name of School: Grade: Age: _____ Age: ____

Parent/Guardian Signature: Date:

Parent/Guardian Name (Please Print):



Application

September 6, 2022 – June 7, 2023

CODE OF CONDUCT

- Remove hats, headgear, and poor attitude upon entering the Club.
- Keep the Club clean; eat only in appropriate areas.
- Respect others. Be kind with your works and actions.
- Refrain from hanging out of roaming the hallways, bathrooms, stairwell, and offices.
- Do not bring weapons of any kind into the Club.
- Participate in gymnasium floor activities with sneakers, pants, or shorts and a top.
- Refrain from engaging in disruptive behavior such as activating the fire alarm.
- Refrain from encouraging or participating in vandalism.
- Refrain from possessing or using illegal drugs, cannabis, or alcohol.
- Refrain from violence. Fighting will not be tolerated.
- Allowing non-members to use your Membership Card will result in suspension of membership. Your Membership Card can only be used by you.
- Losing your Membership Card will result in a replacement fee of \$5.00.
- Sign in and present your Membership Card upon entry into the Club.
- Sign out of the Club before you leave.

M	[em]	her	Sig	ทล	ture
TAT				,1144	tui c

I agree to abide by the Code of Conduct of the Boys & Girls Club of Mount Vernon.	I agree that my
membership can be terminated at any time with cause by the Club administration.	

Member	Name	(Please Print)	
--------	------	----------------	--

Member Signature

PARENT/GUARDIAN CONSENT

- Unless I give written consent otherwise:
 - My child can participate in related Boys & Girls Club of Mount Vernon (BGCMV) activities. These activities include Club trips, Community Service, and the National Youth Outcome Initiative Survey, etc.
 - My child can be transported to Club-related activities by authorized staff members.
- I release and discharge the BGCMV, staff members, volunteers, and the Board of Directors from any liability in the event my child suffers from an injury or accident while participating in Club activities, programs, and trips.
- <u>Emergency Medical Treatment</u>: I give authority to the BGCMV to obtain necessary emergency medical treatment for my child--with the understanding that the family will be notified as soon as possible.
- I give BGCMV permission to take and use photographs and videos of my child at Club-related activities and for Club-related use in any public bulletin, print media, and social media.

Parent/Guardian Signature I have read both the Code of Conduct and P	Parent Consent.	
Parent/Guardian Name (Please Print)	Parent/Guardian Signature	Date