



Summer Club Membership Application

July 7, 2025 – August 22, 2025

Member Information

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

Date of Birth _____ Age _____ Grade _____ School _____

Address _____ Apt# _____

City _____ State _____ Zip _____ Home Phone (____) _____

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
- Does your child qualify for free or reduced lunches at school? No Yes
- Does your child live in a single-parent household? No Yes
- Is your family a military family not living on a base? No Yes
- Do you have a 65yr. old or older living with you? No Yes
- Are any members of your household disabled? No Yes Physical Mental Both
(If yes, circle one)
- Who does your child live with? *(Circle all that apply.)*
Mother Stepmother Father Stepfather Grandparent Other _____
- How many brothers does your child have? _____ What are the ages? _____
- How many sisters does your child have? _____ What are the ages? _____

Who is authorized to pick up your child from the Club? *(Please Print)*

Any person picking up your child from the Club must have a picture ID.

Name Relationship to Child Phone

Name Relationship to Child Phone

My child can leave the Club and go home alone. ☐ Yes ☐ No

T-Shirt Size *(please select one size child or adult)* **Child** XS S M L XL **Adult** XS S M L XL

Office Use Only

Cash	Check #	CC	Money Order	Staff Initials	Amount Paid \$	Receipt#	Date Received
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

#2: Code of Conduct

Each Club member and Parent/Guardian must read and sign this form.

The Boys & Girls Club of Mount Vernon encourages youth to engage in positive recreation, education, and character development activities. It is a positive place where young people can socialize, learn, have fun, and participate in activities designed for them. The following Code of Conduct will be enforced for the safety and security management of the Club.

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, stairwells, and offices.
5. Do not bring weapons of any kind into the Club.
6. Participate in gymnasium floor activities with sneakers, pants, shorts, and a top.
7. Refrain from disrupting or interfering in 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.

Membership Card

All members are given a membership card when they join the Club. Members must bring their cards to the Club each day. 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.

Suspension & Expulsion

At the discretion of onsite staff, members can and will be suspended (depending on the infraction) for multiple days, weeks, months, or the entire program season if they knowingly and repeatedly violate the abovementioned rules. Members who knowingly violate the rules will be warned several times before they are considered for suspension. No previous funds will be refunded if a member is expelled for any infraction.

When suspended members return to the Club, they are given a fresh start. No mention is made of the suspension to avoid pressure on the youth. The more severe and destructive the infraction will result in suspension for an entire program season or permanent expulsion. The Chief Executive Officer or Director of Safety & Security can suspend a member for over 30 days. Our policies are not designed to be punitive but to encourage and reward positive behavior and hold youth members accountable for negative behavior. Permitting a program to function without rules presents risks to our members and staff. It sets a poor example for our youth and stands contrary to our mission of providing youth with a safe, clean, and positive environment where they come to learn, have fun, and meet people.

We hope members and parents understand and support our effort to run a productive Club with quality programs by people who genuinely care about the youth and community.

Member's Pledge

I hereby apply for membership to the Boys & Girls Club of Mount Vernon, NY, Inc.. I agree to obey the Club's rules and respect 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.

Signatures

Member: _____ Date: _____

Parent/Guardian: _____ Date: _____

#3: Club Policies

Each Club member and Parent/Guardian must read and sign this form.

Application Process

To become a member of the Boys & Girls Club of Mount Vernon, you must complete an application for each child. A complete application means that each section of the Registration Form must be filled out and completed. **We must also receive a current physical, immunization record, birth certificate, and guardian income verification.** We will only accept complete applications. Payment must be received at the time the completed application is submitted. We will only accept applications with the amount in full.

- **Summer Program**—The age requirement for the Summer Program is 5 – 13 years. There is no Teen Program during the summer. The **Registration Fee** for the Summer Program is \$100 per participating youth and is non-refundable. The program costs \$130 weekly. Families with multiple children: The First child pays \$130, and each additional child pays \$100. **DISCOUNTS DO NOT APPLY TO SUBSIDIZED PROGRAMS**

NSF Charges

There is a \$50 fee for returned checks. If a check is returned, you must find another payment method.

Sign-in/Sign-out

All members must sign in when they arrive and sign out when they leave. Once they sign in, members cannot leave the Club grounds alone. If a person other than the one listed on the application must pick up your child, you must notify the Club in advance with the name of the person. The person must have a photo ID when they come to pick up your child.

Personal Information Regarding Members

The Boys & Girls Club of Mount Vernon, NY Inc. will only give information about Club Members to the Parent or guardian who registered the child. If the parent or guardian wishes the information released to others, the request must be submitted in writing or via court order.

Personal Items

The Boys & Girls Club Mount Vernon strongly encourages members not to bring cell phones, iPads, or any other expensive personal items to the Club. The Club cannot assume responsibility for lost, stolen, or misplaced items.

BGCMV T-shirts

One BGCMV t-shirt is included in the cost of the registration fee. Additional BGCMV t-shirts can be purchased for \$15 each. T-shirts must be worn during all Summer Program field trips. Members can only participate in field trips if they wear A BGCMV2024 t-shirt. If a member is not wearing a BGCMV 2024 t-shirt, the parent will be called and asked to pick up their child from the Club.

Signature

Parent/Guardian: _____ Date: _____

Print Name: _____

#4: Consent Form

This form must be read and signed by Parent/Guardian.

Member Participation

Initial each Item

1. My child can participate in all activities and trips offered by the Boys & Girls Club of Mount Vernon unless I notify the Club in writing. _____
2. My child can participate in the National Youth Outcome Initiative survey program unless I notify the Club in writing. _____
3. I consent to my child's transportation to and from all activities deemed necessary by authorized staff of the Boys & Girls Club of Mount Vernon in conjunction with the program in which my child is enrolled. _____
4. I understand and agree that if my child is transported to and from the Club, they must be picked up by closing time, or a mandatory late fee will be charged. _____
5. I permit my child's likeness to be used in any publication, photo, or video. _____
6. I permit my child to participate in the OJJDP Mentor Program at the Boys & Girls Club of Mount Vernon, NY, Inc.. _____
7. I permit my child's likeness to be used in any Boys & Girls Club of Mount Vernon's partner publications, photos, and videos. _____
8. I permit BGCMV staff to apply ointment and sunscreen. _____
9. I permit my child to go swimming. _____
10. I permit the Boys & Girls Club staff to apply and administer medication to my child. _____
11. I hereby release and discharge the Boys & Girls Club of Mount Vernon, staff members, volunteers, and the Board of Directors from any liability in the event of an injury, accident, or negligence caused by the child while participating in programs. _____

Extra Charges

- I understand that all Summer Program members must leave the Club by 4:00 pm. I understand a mandatory late fee of \$10 after 4:05 pm, \$20 after 4:16 pm, and \$25 will be charged at 4:30 pm. Repeat lateness will result in the child being unable to return to the program. Parents will be charged if their child remains at the Club beyond when they should leave. Repeat lateness may result in the child being asked not to return to the program.
- I understand that there is a \$50 fee for returned checks. If I submit a payment in the form of a returned check, I consent to pay the NSF charges and will pay future fees in cash.
- I understand that all Club members must bring their membership cards with them each day to the Club. If a membership card is lost or stolen, I know there is a \$5 charge for a replacement card.

Sign-in/Sign-out Procedures & Personal Information

- I understand that all members must sign in when they arrive and sign out when they leave the Club. I understand that members are not allowed to leave the Club grounds on their own once they arrive and sign in unless I have notified the Club in writing or on this application.
- I have indicated how my child can leave the Club in this application. I understand that if a person other than the one listed on this application must pick up my child, I must notify the Club in advance with the person's name. The person must have a photo ID when they come to pick up my child.
- I understand that the Boys & Girls Club of Mount Vernon will only give information about my child to the person who signs this form. If I want the information released to others, I must submit the request in 48 hours advance in writing or via court order to the Club.

Signature

Parent/Guardian: _____ Date: _____

Print Name: _____

#5: Medical Information for Parent/Guardian

This form is to be completed by a parent or guardian. Please answer these questions about your child.

Is your child Hispanic/Latino? (please check one)

☐

Yes

☐

No

Race (Check ALL that apply)

☐

American Indian

☐

Asian

☐

Black

☐

White

☐

Native Hawaiian/Other Pacific Islander

Other _____

Medical History

Ear Infections	No	Yes	If yes, last known date	/ /
Rheumatic Fever	No	Yes	If yes, last known date	/ /
Convulsion	No	Yes	If yes, last known date	/ /
Diabetes	No	Yes	If yes, last known date	/ /
Behavior	No	Yes	If yes, last known date	/ /

Allergies

Hay Fever	No	Yes	If yes, last known date	/ /
Ivy Poisoning, etc.	No	Yes	If yes, last known date	/ /
Insect Stings	No	Yes	If yes, last known date	/ /
Penicillin	No	Yes	If yes, last known date	/ /
Other Drugs	No	Yes	If yes, last known date	/ /

Diseases

Chicken Pox	No	Yes	If yes, last known date	/ /
Measles	No	Yes	If yes, last known date	/ /
German Measles	No	Yes	If yes, last known date	/ /
Mumps	No	Yes	If yes, last known date	/ /
Asthma	No	Yes	If yes, last known date	/ /

Significant Health Info/Current Conditions

Does your child have chronic or recurring illnesses? Please print.

No

Yes

If so, please list them here. _____

Has your child had any contagious illnesses? Please print.

No

Yes

If so, please list them here. _____

Has your child had serious injuries? Please print.

No

Yes

If so, please list them here. _____

Has your child had any surgeries? Please print.

No

Yes

If so, please list them here. _____

Has your child been hospitalized? Please print.

No

Yes

If so, please list them here. _____

#5: Medical Information for Parent/Guardian (cont.)**Does your child take medications?** *Please print.***No****Yes**

If so, please list them here. _____

Does your child wear glasses, contact lenses, or other medical equipment?**No****Yes**If so, please list them here. *Please print.* _____**Does your child have any conditions that would modify their activity at the Club?** If yes, please list them here. *Please print.***No****Yes****Does your child have allergies?** *Please print.***No****Yes**

If yes, please list them here. _____

Are there any foods that your child should not eat? *Please print.***No****Yes**

If yes, please list them here. _____

Does your child have any other medical conditions of which we should be aware? If yes, please list them here. *Please print.***No****Yes**

Consent for Emergency Treatment

I give authority to the Boys & Girls Club of Mount Vernon to obtain emergency medical treatment for my child, understanding that the family will be notified as soon as possible.

()

Signature

Date

Phone

Print Name

Relationship to Child

Insurance Carrier Policy Name: _____

Insurance Carrier Policy Number: _____

Insurance Group Number: _____

Emergency Contacts

Give the names of at least two individuals available to come to the Club in case of emergency if the parents or guardians are unavailable. *Please Print.*

()

Name

Relationship to Child

Phone

()

Name

Relationship to Child

Phone

Summer Program weeks

Please select the weeks you are registering for. DO NOT LEAVE BLANK.

Note: We do not offer partial-week enrollment. You may check multiple weeks or select "All Seven Weeks" if your child will attend without any breaks.

<input type="checkbox"/>	Week 1	July 7 - July 11		<input type="checkbox"/>	Week 5	Aug. 1 – Aug. 8	
<input type="checkbox"/>	Week 2	July 14 – July 18		<input type="checkbox"/>	Week 6	Aug. 11 – Aug. 15	
<input type="checkbox"/>	Week 3	July 21 – July 25		<input type="checkbox"/>	Week 7	Aug 18 – Aug 22	
<input type="checkbox"/>	Week 4	July 28 – Aug. 1		<input type="checkbox"/>		All seven weeks	

PAYMENT

Summer Program Fees: Please fill out. DO NOT LEAVE BLANK.

☐ Day Program (\$130 per week) \$130 X _____ (of weeks) = _____ (total cost)
(Discounts available for additional children in the same household.) See staff for added info.

☐ **Early Bird Special:** Fees must be paid in full. These fees include registration.
☐ Current Afterschool participants - ASP Members 2025: Pay by July 3rd (\$800),
☐ Non-ASP Member 2025: Pay by July 3rd (\$900)

Total Due: _____

Total = _____

Credit card information is required: DO NOT LEAVE BLANK.

Program Fees: \$_____ X number of weeks: _____ \$_____

Balance in full (See above to calculate the total for the desired program weeks)

Enclosed is my check in the amount of \$_____

Please bill my credit card the following amount: \$_____

Name on Card: _____ Circle: MasterCard VISA Discover Amex

Credit Card: _____ Exp. Date: _____ CSV: _____ Signature: _____

Cancellations are accepted up to one week before the start of the program. Cancellations will result in the forfeiture of the non-refundable deposit per week. You can also make additional payments on our website at www.bgcmvny.org. The BGCMV cannot guarantee placement if balances and required forms are outstanding after the payment deadline.

I have read, understand, and agree to the terms of this application.

Parent/Guardian Signature: _____ Date: _____

PLEASE MAIL OR DROP OFF the registration form with payment at Boys & Girls Club of Mount Vernon, NY Inc., 350 South Sixth Avenue, Mount Vernon, NY 10550, OR FAX TO 914-668-1902. You may also email it to Hpenney@bgcmvny.org