



Boys & Girls Club of Oyster Bay-East Norwich

The Bahnik Youth Center

1 Pine Hollow Road, Oyster Bay, New York 11771 516-922-9285

Membership Record 2021

Membership is valid from January 1, 2021 through December 31, 2021

Membership Number: *(for office use only)*

21-

Date: _____

- | | |
|--|--|
| <input type="checkbox"/> Mini Membership, ages 3-5 | requires Membership Record, Blue Card, Physical/Immunization Record, OCFS 6040 and Membership Fee. |
| <input type="checkbox"/> Membership, grades: K-6 | requires Membership Record, Blue Card, OCFS 6040 Form and Membership Fee. |
| <input type="checkbox"/> Teen Membership, grades: 7-12 | requires Membership Record, Blue Card, OCFS 6040 Form and Membership Fee. |
| <input type="checkbox"/> One-Event Membership | requires Membership Record, Blue Card, OCFS 6040 Form Membership Fee, and Mini Members Only: Physical/Immunization Record. |

Membership: New Renewal, Last Year Attended: _____

Incomplete Applications will not be processed.

Member/Family Information: Please print clearly in ink.

Last Name: _____ First Name: _____ Girl Boy
 Telephone: _____ Date of Birth: _____ Age: _____
 Address: _____ Town: _____ Zip: _____
 School: _____ Current Grade: _____

Race/Ethnic Background: Caucasian African American Hispanic/Latino Asian Am. Indian Other

Father's Name: _____ Business Phone: _____ Mobile: _____

Mother's Name: _____ Business Phone: _____ Mobile: _____

Guardian's Name: _____ Business Phone: _____ Mobile: _____

E-mail Address Parent/Guardian: _____

E-mail Address Member: _____

Pick-Up Authorization:

The following individuals, **16 years of age or older**, are authorized to pick up my child(ren) from the Clubhouse. I will inform each person listed below that they will be required to present proper identification. Any changes to this list will be made in advance by written notification. I understand that my child(ren) will not be released to those who are not on this list or added in writing.

LAST NAME	FIRST NAME	HOME TELEPHONE NUMBER/CELL NUMBER	WORK TELEPHONE NUMBER	RELATIONSHIP TO MEMBER

My child has my permission to walk or ride on his/her bike home from the Club (Grades 6 & up only): Yes No

Total Household Income (Gross) and Information:

It is mandatory that this section of the application be completed, as it is a requirement of our funding sources. This information is kept in strict confidence and will have no effect on your cost for the program. Please indicate the dollar amount of your total household income:

\$1-\$70,950
 \$70,951-\$81,050
 \$81,051-\$91,200
 \$91,201-\$101,300
 \$101,301-\$109,450
 \$109,451-\$117,550
 \$117,551-\$125,650
 \$125,651-\$133,750
 \$133,751-over

Total number of people in household? _____ Number of children in family? _____ Single-parent family? Yes No

In an Emergency, Please Notify (other than parents):

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

Parent/Guardian Consent/Signature Required--Please initial each item below.

_____ I certify that the above information is accurate to the best of my knowledge. While I have been assured that the information is kept confidential, I am aware that it is subject to verification by the agency providing services, the Nassau County Office of Community Development and/or HUD. I, therefore, authorize such verification, and will provide supporting documents, if requested.

Parent's/Guardian's Name (please print): _____

Parent's/Guardian's Signature: _____ Date: _____

Review and Sign Reverse Side



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Parental Authorizations

Confirmation of Receipt and Understanding of Member/Parent Handbook 2021

I have received a copy of the Boys & Girls Club of Oyster Bay-East Norwich's Member/Parent Handbook, which clearly outlines the Club's policies, rules and regulations. I fully understand and agree to review its contents, as well as to review Club rules and policies with my child. I am aware that failure to adhere to the policies therein may result in cancellation of my child's registration.

Emergency Care:

In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health and well-being of my child. I agree to the transportation of my child for the purpose of emergency health care, with immediate notification of the custodial parent, guardian, or person having legal custody.

Homework Authorization:

- I would like my child to do his/her homework at the Boys & Girls Club.
- I would like my child to choose whether he/she would like to do his/her homework at the Boys & Girls Club.

Transportation Permission:

I allow my child to participate in transportation to and from the Boys & Girls Clubhouse and OBENCSD schools to participate in the Before and After School Programs and/or to be transported off-site to participate in field trips. I understand that by signing below, I give the Boys & Girls Club of Oyster Bay-East Norwich permission to transport my child, via bus or Club vehicle and that I will be notified in advance of any field trip.

I understand that I will be notified in advance of any field trip.

- Yes, I allow my child to be transported.
- I do not allow my child to be transported, therefore, I will arrange for my child to be transported at my own expense.

COVID-19 Waiver:

The COVID-19 Waiver is located on page nine (9) of the Member/Parent Handbook, and by signing this agreement, I acknowledge that I have read and understand the information outlined in the COVID-19 Waiver and I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child may experience or incur in connection with my child's attendance at the Club or participation in Club programming.

In addition, I understand my child may not attend the Club if they are ill, experiencing COVID-19 symptoms, have come in contact with someone who has tested positive with COVID-19, or have a temperature of 100 degrees or more. If my child becomes ill at the Club, I understand he/she will be isolated and will need to be picked up immediately by someone listed as an Authorized Pickup Person, and it is my responsibility to have a plan in place, should this happen.

By signing this contract, all parties agree to all of the above terms and policies, including financial responsibility for child care provided.

Child's Name: _____ Grade: _____

Parent's/Guardian's Name: _____ Date: _____

Parent's/Guardian's Signature: _____