

Application

September 4, 2024 – June 20, 2025

Access to Gym only (\$25) Mandatory attendance of Keystone Meeting, Access to + Spe				eral Membership ecialty Program Cost of Specialty Program)	
MEMBER INFORMAT	TION				
Last Name	First Name	;		Male Female (Circle One)	
Address:			Home#:		
City:	State:	Zip:			
Name of School:		Grade:	DOB: _	Age:	
PARENT/GUARDIAN	INFORMATION		-		
Female (circle one): Mot	her Stepmother	Guardian (Rei	lationship to you)		
Name:	Place				
Cell#:	Work#:		Email:		
Male (circle one): Fath	er Stepfather	Guardian (Rei	lationship to you)		
Name:	Place				
Cell#:	Work#:		Email:		
FAMILY INFORMATION	ON				
Gross Household Income	(circle one below):				
Under \$15,000 \$	15,000 - \$25,000 \$25,00	00 - \$45,000	\$45,000 - \$65,000	Over \$65,000	
	reduced lunches at school?		No		
Do you live in a single-par	rent household?	Yes	No		
Is your family a military	family not living on base?	Yes	No		
How many brothers do ye	ou have?	How many s	sisters do you hav	e?	
Who do you live with? (co		Grandpare	nt Other		
EMERGENCY CONTA	ACT				
	and contact information of	f two people wh	no can come to the	e Club in an emergency	
Name	Relation	nship to You		Cell#	
Name	Relation	nship to You		Cell#	



Student's Nama (Places print).

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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 adults 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 want 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. Patterson, 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, Ms. Patterson, can directly contact my child's teachers to assist my child in their academic endeavors.	YES	NO
My child will provide the Teen Coordinator, <u>Ms. Patterson</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 their report card for each marking period with the Teen Coordinator, Ms. Patterson.	YES	NO
I understand that the Teen Coordinator, <u>Ms. Patterson</u> , will not and cannot act in my place.	YES	NO
I will retain authority on any decision-making involved concerning my child's career.	YES	NO

Student's Ivame (Flease print).		-
Name of School:	Grade: Age:	
Parent/Guardian Name (Please Print):		
Parent/Guardian Signature:	Date:	_



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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 work and actions.
- Refrain from hanging out or roaming the hallways, bathrooms, stairwells, and offices.
- Do not bring weapons of any kind into the Club.
- Participate in gymnasium floor activities with sneakers, pants, shorts, and a top.
- Refrain from 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 the 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.

Member Signature	M	[em	ber	Sig	na	ture
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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)
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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.
 - 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 Pa	arent Consent.	
Parent/Guardian Name (Please Print)	Parent/Guardian Signature	Date