



2017

# MEMBERSHIP APPLICATION

Boys & Girls Clubs of the Poarch Creek Indians

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nickname: \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_ Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Father/Guardian \_\_\_\_\_

IS THERE A PARENT, WHO DOES NOT HAVE THE AUTHORITY TO PICK-UP YOUR CHILD? YES\_\_ NO\_\_

Please List Parent(s)/Person(s) not authorized to pick-up: \_\_\_\_\_

\*If yes, we need a copy of the court order to prevent the biological parent from picking up the child.

### School Information:

Current Teacher: \_\_\_\_\_

School \_\_\_\_\_ Grade: \_\_\_\_\_

### **Transportation:**

Are you requesting BGC to pick up your child from school? (circle) **Yes** or **No** Name of School: \_\_\_\_\_

A school must have at least 4 members requesting transportation throughout the school year to qualify.  
There will be a yearly transportation fee of \$50.00 per family. This fee will be charged once yearly if the PCI Boys and Girls Club transports your child from school.

**\*\*Applicants must be 4 years old by Sept. 1 of current year to register for our After-School Program and 5 years old by Sept. 1 of current year to register for our Summer Program.\*\***

Member Verification:

Check one: (Verification will be required)

\*Tribal Member \_\_\_\_\_ Roll # \_\_\_\_\_

\*1<sup>st</sup> Generation Descendant \_\_\_\_\_ Tribal Parent Name & Roll # \_\_\_\_\_

\*2nd Generation Descendant \_\_\_\_\_ Tribal Grandparent Name & Roll# \_\_\_\_\_

Name of 1<sup>st</sup> Generation Parent \_\_\_\_\_

\*Child of Tribal Administrative Employee \_\_\_\_\_

\*Member of another Tribe \_\_\_\_\_ Name of Tribe \_\_\_\_\_

\*Tribal Member Household \_\_\_\_\_ Tribal Member & Roll# \_\_\_\_\_

**Medical Information:**

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Date of Last Medical Exam: \_\_\_\_\_

Permission for Treatment by Doctor/Hospital: \_\_\_\_Yes \_\_\_\_No

Does your family have health and/or accident insurance: \_\_\_\_Yes \_\_\_\_No Medicaid: \_\_\_\_Yes \_\_\_\_No

Insurance Carrier: \_\_\_\_\_ Insurance Phone: \_\_\_\_\_

Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

**\*\*List of Allergies (bee stings, medications, food, etc...Please provide detailed documentation from your physician on food allergies.)**

Special Needs/Health Issues: \_\_Yes \_\_No If Yes, explain: \_\_\_\_\_

Medications: \_\_Yes \_\_No If Yes, explain: \_\_\_\_\_

List any and all continuous medication your child needs during program involvement to be administered by staff.

Name of Medication. \_\_\_\_\_ Dosage: \_\_\_\_\_  
Time of day given \_\_\_\_\_

Name of Medication \_\_\_\_\_ Dosage: \_\_\_\_\_  
Time of day given \_\_\_\_\_

Please check all medications that you authorize the BGC to administer to your child on an as need basis:

- |                 |             |                     |              |
|-----------------|-------------|---------------------|--------------|
| Tylenol         | ____ Dosage | Children's Tylenol  | Dosage _____ |
| Advil           | ____ Dosage | Children's Advil    | Dosage _____ |
| Benadryl        | ____ Dosage | Children's Benadryl | Dosage _____ |
| Tylenol Allergy | ____ Dosage | Pepto-Bismol        | Dosage _____ |
| Calamine        | ____ Dosage | Neosporin           | Dosage _____ |
| Visine          | ____ Dosage |                     |              |

**General:**

Member/Contacts Understood Signed Insurance Disclaimer and Permission Statement: \_\_\_\_Yes \_\_\_\_No

Member has permission to be photographed: \_\_\_\_Yes \_\_\_\_No

Member has permission to be used in public relations materials: \_\_\_\_Yes \_\_\_\_No

Member may participate in all Club activities in or adjacent to the club building and departments: \_\_\_\_Yes \_\_\_\_No

Club Member Since: \_\_\_\_\_ Religion: \_\_\_\_\_

**Household:**

NOTE: This information is collected for Grant writing purposes ONLY

Member lives with: \_\_\_ Mom \_\_\_ Step Mom \_\_\_ Dad \_\_\_ Step Dad \_\_\_ Grandparent  
\_\_\_ Foster Parent(s) Other: \_\_\_\_\_

Housing Development:

Annual	\$0-\$5000 ___ ___	\$30,001 - \$35,000 ___ ___	\$60,001 - \$65,000 ___ ___
Income	\$5001 -\$10,000 ___ ___	\$35,001 - \$40,000 ___ ___	\$65,001 - \$70,000 ___ ___
Level:	\$10,001-\$15,000 ___ ___	\$40,001 - \$45,000 ___ ___	\$70,001 - \$75,000 ___ ___
	\$15,001 -\$20,000--	\$45,001 - \$50,000 ___ ___	\$75,001 - \$80,000 ___ ___
	\$20,001 - \$25,000 ___ ___	\$50,001 - \$55,000 ___ ___	\$80,001 - \$85,000 ___ ___
	\$25,001 - \$30,000 ___ ___	\$55,001 - \$60,000 ___ ___	\$85,001- \$90,000+ ___ ___

Is there a Member of the Household 65 years old or older: \_\_\_ Yes \_\_\_ No

Current Head of Household: \_\_\_ Female \_\_\_ Male \_\_\_ Both Military Branch: \_\_\_\_\_

Number in Household: \_\_\_\_\_ Number in Household under 18: \_\_\_\_\_

Is there a Member of the Household Handicapped?: \_\_\_ Yes \_\_\_ No

Current Single Parent: \_\_\_ Yes \_\_\_ No Lives on Military Base: \_\_\_ Yes \_\_\_ No

**Disclaimer:**

The Boys & Girls Club is not responsible or liable in any way in the event of harm or injury occurring to the member. It is agreed that the parent or guardian will not hold Boys & Girls Club responsible for the welfare or whereabouts of the member. If the Parent or Guardian does file a complaint against the Club the Parent or Guardian agrees to pay for Boys & Girls Clubs legal fees. The health history I have recited in this application is correct as far as I know, and my child is physically able to engage in all physical activities, without limitations conducted at the Boys & Girls Club of the Poarch Creek Indians, except as noted above. I hereby give permission to any person action on behalf of the Boys & Girls Club of the Poarch Creek Indians to authorize emergency care and treatment, as may be necessary including x-rays, surgery, necessary diagnostic tests and other treatments which may be medically dictated in the event that I cannot be reached in an emergency. This authorization includes needed hospitalization as the circumstances may dictate.

RESPONSIBILITY: The Boys & Girls Club of the Poarch Creek Indians uses every precaution to prevent accidents. It does not however, assume any responsibility for accidents, nor for medical, dental, hospital or other expenses incurred as a result of an accident. The Club provides monitoring of facilities. It does not assume any responsibility for clothing, money, or personal items lost or stolen. Responsibility will not be assumed for the behavior of members outside of the Club building and Club activities.

\*\*\*\*\*Fees: Annual Membership is \$25.00 per year and is due in January each year. Activities Fees, Transportation Fees, and/or other fees may apply. All children must be picked up before 5:30 p.m. daily. Parents will be charged according to the following: 1<sup>st</sup> time is a verbal warning, second time is \$10, and third time will be \$20. This fee must be paid before your child may return to the Club. By signing this form you and your child agree and accept these terms and conditions.

Contact's Signature: \_\_\_\_\_

Office Use Only		
Status: _____	Awaiting: _____	Proc by: _____

**MEMBERSHIP APPLICATION CONTACTS**

PBCI Boys and Girls Club

Member's Name \_\_\_\_\_

**WE MUST BE NOTIFIED WHEN CHANGES OCCUR**

<p><b>PRIMARY CONTACT</b></p> <p>Relationship to Member: _____</p> <p>Check one: Parent/guardian___Emergency Only___Authorized to Pick Up Only___</p> <p>Name: _____</p> <p>Address: _____</p> <p>Employer: _____</p> <p>Telephone Number: Work: _____ Cell _____ Home: _____ email: _____</p>	<p>Relationship to Member: _____</p> <p>Check one: Parent/guardian___Emergency Only___Authorized to Pick Up Only___</p> <p>Name: _____</p> <p>Address: _____</p> <p>Employer: _____</p> <p>Telephone Number: Work: _____ Cell _____ Home: _____ email: _____</p>
<p>Relationship to Member: _____</p> <p>Check one: Parent/guardian___Emergency Only___Authorized to Pick Up Only___</p> <p>Name: _____</p> <p>Address: _____</p> <p>Employer: _____</p> <p>Telephone Number: Work: _____ Cell _____ Home: _____ email: _____</p>	<p>Relationship to Member: _____</p> <p>Check one: Parent/guardian___Emergency Only___Authorized to Pick Up Only___</p> <p>Name: _____</p> <p>Address: _____</p> <p>Employer: _____</p> <p>Telephone Number: Work: _____ Cell _____ Home: _____ email: _____</p>
<p>Relationship to Member: _____</p> <p>Check one: Parent/guardian___Emergency Only___Authorized to Pick Up Only___</p> <p>Name: _____</p> <p>Address: _____</p> <p>Employer: _____</p> <p>Telephone Number: Work: _____ Cell _____ Home: _____ email: _____</p>	<p>Relationship to Member: _____</p> <p>Check one: Parent/guardian___Emergency Only___Authorized to Pick Up Only___</p> <p>Name: _____</p> <p>Address: _____</p> <p>Employer: _____</p> <p>Telephone Number: Work: _____ Cell _____ Home: _____ email: _____</p>

Boys & Girls Club  
Of  
The Poarch Band of Creek Indians  
Field Trip Permission Slip

I give my permission to the Boys & Girls Club of the Poarch Band of Creek Indians and Tribal Staff to transport my child on all field trips sponsored by the PBCI Boys and Girls Club.

To: \_\_\_\_\_

Date: \_\_\_\_\_

Time of Departure: \_\_\_\_\_

Time of Return: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WAIVER AND RELEASE

I do for myself and my heirs, legal representatives, successors and assigns hereby, waive, release, discharge, and covenant not to sue the Poarch Band of Creek Indians, a federally recognized Indian Tribe; the Boys & Girls Club of the Poarch Band of Creek Indians; and each of their respective directors, employees, agents, servants, officers, affiliates, parents, subsidiaries, successors, predecessors and assigns from any and all costs, liabilities, expenses, claims, demands, damages, actions, causes of action, or suits of whatsoever kind or nature arising from, relation to, or in connection with my participation in any recreation programs, events, or activities sponsored by the Poarch Band of Creek Indians or the Boys and Girls Club of the Poarch Band of Creek Indians or conducted upon property owned by the Poarch Band of Creek Indians or managed by the Boys & Girls Club of the Poarch Band of Creek Indians. Claimant understands that this full, complete and final waiver and release of liability is intended to be as broad and as inclusive as permitted by the laws of the Poarch Band of Creek Indians and if any portion is held invalid, it is agreed that the balance shall continue in full force and effect. If you have any questions please contact Connie Crews at (251) 368-9136 ext. 2282, 2049 or 2237

*Poarch Creek Indians Recreation Department*

*2016 Boys and Girls Club Participants*

*WAIVER AND RELEASE*

I do for myself and my heirs, legal representatives, successors and assigns hereby, waive, release, discharge, and covenant not to sue the Poarch Band of Creek Indians, a federally recognized Indian Tribe; the Poarch Band of Creek Indians Recreation Authority; and each of their respective directors, employees, agents, servants, officers, affiliates, parents, subsidiaries, successors, predecessors and assigns from any and all costs, liabilities, expenses, claims, demands, damages, actions, causes of action, or suits of whatsoever kind or nature arising from, relating to, or in connection with my participation in any recreation programs, events, or activities sponsored by the Poarch Band of Creek Indians or the Poarch Band of Creek Indians Recreation Authority or conducted upon property owned by the Poarch Band of Creek Indians or managed by the Poarch Band of Creek Indians Recreation Authority. Claimant understands that this full, complete and final waiver and release of liability is intended to be as broad and as inclusive as permitted by the laws of the Poarch Band of Creek Indians and if any portion is held invalid, it is agreed that the balance shall continue in full force and effect.

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Participant/Parent/Guardian Signature

Date

## RELEASE AND WAIVER OF LIABILITY FOR MAGNOLIA BRANCH WILDLIFE RESERVE

In consideration of being permitted to enter the facilities and grounds of the Magnolia Branch Wildlife Reserve for any purpose, including but not limited to observation, use of the campgrounds and picnic pavilions, horseback riding, volleyball, horseshoes, kayaking, canoeing, swimming, water blob, zip lines, use of landing and tubing facilities or equipment, or in any manner, the undersigned Guest, for himself or herself and any personal representatives and heirs, hereby acknowledges, agrees and represents that he or she has or immediately upon entering any facility will inspect the premises and equipment of any facility. It is further warranted that such entry into the grounds or facility for observation or use of any facility and its equipment shall constitute an acknowledgment that any facility and the equipment therein have been inspected and that the undersigned Guest finds and accepts same as being safe and reasonably suited for the purpose of such observation or use.

The undersigned Guest further recognizes and acknowledges that there are certain risks of physical injury and inherent potential dangers of the activities conducted within or upon the Magnolia Branch Wildlife Reserve. The undersigned Guest further accepts sole responsibility for his or her actions with regard to inclement weather or any other potentially dangerous situation which may arise and expressly assume the risk of any and all damage and injury of any kind or type which may result from any source whatsoever during his or her time on the premises of the Magnolia Branch Wildlife Reserve.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE GROUNDS AND FACILITIES OF THE MAGNOLIA BRANCH WILDLIFE RESERVE FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF THE GROUNDS, FACILITY OR ITS EQUIPMENT IN ANY WAY, THE UNDERSIGNED GUEST HEREBY AGREES TO THE FOLLOWING:

1. The undersigned Guest hereby releases, waives, discharges and covenants not to institute any claim and/or prosecute any lawsuit against the Poarch Band of Creek Indians, a federally recognized Indian Tribe, Creek Indian Enterprises, the economic development arm and political subdivision of the Poarch Band of Creek Indians, Magnolia Branch Wildlife Reserve, a subsidiary business entity of Creek Indian Enterprises (hereinafter, collectively known as the "Tribe") its agents, officials, employees, departments, enterprises, or entities, from any and all claims, costs, liabilities, expenses and judgments whatsoever, including attorneys' fees and court costs, arising out of, relating to, or in connection with any loss or damage, lost or stolen property, and any claim or demands therefore on account of injury to the person and/or property or resulting in the death of the undersigned Guest, whether caused by the negligence of the Magnolia Branch Wildlife Reserve or otherwise, arising out of, relating to, or in connection with the presence of the undersigned Guest while the undersigned Guest is in, upon, about or using any of the grounds, facilities or equipment of the Magnolia Branch Wildlife Reserve.
2. The undersigned Guest hereby agrees to indemnify and hold harmless and defend the Tribe, its respective agents, officials, employees, departments, enterprises, or entities from any loss, liability, damage or cost the Magnolia Branch Wildlife Reserve may incur arising out of, relating to, or in connection with the presence of the undersigned Guest while the undersigned Guest is in, upon, about or using any of the grounds, facilities or equipment of the Magnolia Branch Wildlife Reserve whether caused by the negligence of the Magnolia Branch Wildlife Reserve or otherwise.
3. The undersigned Guest hereby assumes full responsibility for and risk of any and all bodily injury, death or property damage arising out of, relating to, or in connection with the presence of the undersigned Guest while the undersigned Guest is in, about, or upon the premises of Magnolia Branch Wildlife Reserve for the purpose of using any of grounds, facilities or equipment thereon.
4. The undersigned Guest hereby certifies by signing below that he or she can swim.

5. The undersigned Guest hereby certifies by signing below that he or she meet the height and weight requirements related to the Blob and Zip Line activities.

The undersigned Guest further expressly agrees that nothing in this RELEASE AND WAIVER is to be construed as a waiver by the Tribe of sovereign immunity from suit, or as consent by the Tribe to the bringing of any action against the Tribe, its agents, officials, employees, departments, enterprises, or entities in any court of competent jurisdiction.

The undersigned Guest further expressly agrees that the foregoing RELEASE AND WAIVER shall be subject to and governed by the laws of the Poarch Band of Creek Indians and that the Tribal Court of the Poarch Band of Creek Indians shall have original and exclusive jurisdiction over all actions pertaining to or arising out of this Release Agreement. Nothing contained in this Release Agreement or any related documents shall be construed or deemed to provide recourse against any tribal governmental assets.

THE UNDERSIGNED GUEST HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY, and further agrees that no representations, statements or inducements apart from the foregoing written statement have been made.

IN WITNESS WHEREOF, on this the \_\_\_\_\_ day of \_\_\_\_\_, 2016, I  
\_\_\_\_\_, the undersigned Guest have executed this liability release and waiver.

\_\_\_\_\_  
(Signature of Guest)

\_\_\_\_\_  
(Guest's Date of Birth)

\_\_\_\_\_  
Witness

**FOR GUESTS OF MINORITY AGE**

I, the undersigned, as parent or guardian of the above Guest, hereby knowingly and voluntarily execute this liability release and waiver with the intent of affirming and making effective all representations made herein by the Guest. I have fully informed myself of the contents of this liability release and waiver, fully understand the terms contained therein, am aware of the legal consequences of signing the release and waiver, and consent to the same and on behalf of myself as well as in my authority as the parent or guardian of the above-named Guest.

Signature of Parent or Guardian \_\_\_\_\_

Name (Please print) \_\_\_\_\_

Date \_\_\_\_\_