

Student Name: \_\_\_\_\_ OCBGC Registration Form Age: \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_

**All Children/youth have to have completed Kindergarten**

**OCBGC information:** There is a \$10.00 fee for the Year, and all snacks are provided free of charge. OCBGC will be located at OCBGC 2956 Park Ave Paducah. OCBGC will run from 2:30-6:00pm, participants are expected to be dropped off and picked up on time.

There will be a late charge \$1.00 charge added for every minute past 6:00pm. Contact OCBGC for any additional questions: 270-444-9124

Membership Card - will be issued to each Club member - replacement cost \$3.00

**Student**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_ Female \_\_  
School Name \_\_\_\_\_ Current Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of June 1, 2018 ) \_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

**Parent/Guardian - Contact Information**

**Parent/Guardian #1**

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Parent/Guardian #2**

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Child lives with: \_\_\_\_\_

**Transportation Release**

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

I hereby give permission for the transportation of my child for official **OCBGC** activities by modes of transportation agreed to by the camp organizers (bus transportation) and by the individuals listed above.

Parent's/Guardian's Initials \_\_\_\_\_

**Emergency Contact Information - Alternate Pickup/Release (If Parent/Guardian listed above unavailable)**

**Emergency Contact #1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

**Emergency Contact #2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

**Emergency Contact #3**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

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

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I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials \_\_\_\_\_

I understand that the OCBGC will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials \_\_\_\_\_

**\*This section must be filled out for Boys and Girls Club statistics- Thank you**

**ANNUAL HOUSEHOLD INCOME:**  BELOW \$5,000  \$5,000-\$10,000  \$10,001 - \$15,000  \$15,001 - \$20,000  \$20,001 - \$25,000  \$25,001 +\$30,000  \$35,000-+

Black  Hispanic  Asian  White  Multi

**Medical Release Information**

Insurance Information

Policy Number \_\_\_\_\_ Name of Health Insurance Provider \_\_\_\_\_

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

**Please list any medical concerns, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).**

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No

**Are there any food or environmental allergies that we need to be aware of?**

\_\_\_\_\_

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?  
Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?  
Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?  
Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment. Is there any additional medical information that we may need to be aware of?

**Please circle how you heard about the OCBGC.**

After School Program Website School \_\_\_\_\_ Word of Mouth Flyer Other \_\_\_\_\_

**Photo/ Media Release** - I hereby give permission for my child to be photographed/media at and for the OCBGC. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of OCBGC and its affiliates.

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**Transportation Release**

The Boys & Girls Club provides transportation to our facility and other regional locations after school.

Parent's/Guardian's Initials \_\_\_\_\_

OCBGC, and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

New member _____ Renew _____ Date Updated in Kid Trax _____ Staff _____  Kid Trax Number _____
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<p><b>We need to fill out the attached Release /Inspection of Student Records form giving the Oscar Cross Boy and Girls Club authorization to look and monitor your child's school records to help with homework, missing assignments and general studies. Thank you OCBGC Staff</b></p>
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