



Please complete this Membership Application as completely as possible. ALL information requested is important. This data helps us meet our local, state, and federal reporting requirements. ALL INFORMATION IS STRICTLY CONFIDENTIAL. Thank you!

**Texas ACE & Boys & Girls Clubs of Northeast Texas  
21st Century Community Learning Center  
Participant/Member Registration Form - 2021-2022**

**\*\*\*\*\*PLEASE PRINT\*\*\*\*\***

ACE/BGC OFFICE USE ONLY

ACE/BGC Site # \_\_\_\_\_  
ACE Bus # \_\_\_\_\_  
Date Entered in Computer \_\_\_/\_\_\_/\_\_\_  
Data Staff Initials \_\_\_\_\_  
Date Attended ACE/BGC Orientation \_\_\_/\_\_\_/\_\_\_  
Campus: \_\_\_\_\_ Student UID# \_\_\_\_\_

Application Date (MM/DD/YYYY): \_\_\_\_\_

**GENERAL MEMBERSHIP INFORMATION**

Member Name: \_\_\_\_\_  
(first) (middle) (last)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Gender: M F

Social Security Number: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_/\_\_\_/\_\_\_

Current Age: \_\_\_\_\_ Grade In September 2020: \_\_\_\_\_

Elementary Homeroom Teacher Name: \_\_\_\_\_

Middle/High School Math Teacher Name: \_\_\_\_\_

Middle/High School English Teacher Name: \_\_\_\_\_

Ethnicity: Asian Caucasian African American Hispanic/Latino Multiracial Native American

Student Receives: Free Lunch Reduced Price Lunch None of the Above

US Military Branch Connection: Navy Army Airforce Marine Corps Coast Guard

Member Lives With: Both Parents Foster Care Single Parent Mother  
Single Parent Father Guardian Other: \_\_\_\_\_

**TRANSPORTATION NEEDS**

**Member will:**      Walk Home      Be Picked Up

**Walking Home Schedule** *(Please select when you would like your child(ren) to be allowed to walk home):*

Monday      Tuesday      Wednesday      Thursday      Friday

Parent/Guardian will notify Club Director each time member is to walk home.

*\*If Transportation is provided by ACE, Commerce ISD will drop students off at the physical address provided. If first day or first week transportation will be different than above, please explain\*:*

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**OTHER MEMBER INFORMATION**

**Extra Curricular Activities Member Participates In:** \_\_\_\_\_

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**Is there any medical reason your child shall not participate in some physical activities?**      Yes      No

**If you answered yes to the above question, please explain further:** \_\_\_\_\_

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**List below anything else (allergies, medications, or special needs) that the staff should know about your child.** *\*Parent or Guardian is responsible for notifying ACE/BGC staff of any changes\**

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**Does your child have a court order in place?**      Yes      No

**If yes, does CISD have a copy?**      Yes      No

*\*Note: If you answered yes to the first question and no to the second question, please provide us with a copy of the court order\**

**How did you hear about the Texas ACE/BGC Program?** \_\_\_\_\_

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**PARENT/GUARDIAN INFORMATION**

Parent/Guardian First & Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Is this Parent/Guardian authorized to pick up member?    Yes    No

Parent/Guardian First & Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Is this Parent/Guardian authorized to pick up member?    Yes    No

**HOUSEHOLD INFORMATION**

Household Name (family last name): \_\_\_\_\_

Annual Income (appx): \_\_\_\_\_ Number of people living in the home: \_\_\_\_\_

Number of children under 18: \_\_\_\_\_ Does someone 65 or older live in the home?    Yes    No

Is a member of the household disabled?    Yes    No    Is this a single parent household?    Yes    No

Gender of Head of Household:    Male    Female    Both

Who resides in the household? (circle all that apply):    Mom    Dad    Step-Mom    Step-Dad  
Grandparent(s)    Foster Parents    Other

**EMERGENCY CONTACT INFORMATION**

*In the event of an emergency, parents/guardians will be contacted first. List 2 other adults to be contacted if parents cannot be reached.*

Emergency Contact 1 Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Authorized to pick up member?    Yes    No

Emergency Contact 2 Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Authorized to pick up member?    Yes    No

**AUTHORIZED PICK UP INFORMATION**

To list additional adults authorized to pick up these students, please indicate below. If no adults are listed below, ONLY THE PARENT / GUARDIAN & EMERGENCY CONTACT will be able to pick up the student(s).

First & Last Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

First & Last Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

First & Last Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

**MEDICAL INFORMATION**

Primary Care Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Last Medical Exam: \_\_\_/\_\_\_/\_\_\_ Do you have Medical Insurance? Yes No

Do you give permission for your child to be treated by a doctor and/or hospital in the event of an emergency? Yes No

Insurance Carrier: \_\_\_\_\_ Policyholder Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Does your child have any special health needs? Yes No

*\*Parent or Guardian is responsible for notifying ACE/BGC staff of any changes\**

If yes, please explain: \_\_\_\_\_

Is your child currently taking any medication? Yes No

*\*Parent or Guardian is responsible for notifying ACE/BGC staff of any changes\**

If yes, please explain: \_\_\_\_\_

**T-SHIRT INFORMATION**

Youth (circle one): Small Medium Large  
Adult (circle one): Small Medium Large X-Large

**Parent / Guardian Permission For ACE & BGC Activities**

**\*PLEASE READ CAREFULLY\***

*Must be signed by Parent/Guardian for student participants 18 and under*

I hereby give permission for the participant(s) listed below and on the reverse side to take part in Texas ACE and Boys & Girls Clubs activities, which may include off-site events, academic assistance, continuing education, and recreational programs. If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred.

I further give my consent to the school district and Texas ACE and Boys & Girls Clubs to share the participant's student records with each other for purposes of providing educational support and assistance. In addition, I understand that school district, Texas ACE, and/or Boys & Girls Clubs will use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement and to obtain continued funding for the program.

\_\_\_\_\_ (OPTIONAL) Please initial for consent: I also give my consent to the Texas ACE program & Boys & Girls Clubs of Northeast Texas to take the participant's photograph during program activities, to be used for education and public relations purposes.

***I hereby certify that I have read and do understand the above information:***

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**List ALL children from your household attending this Texas ACE/Boys & Girls Club Program:**

**Member Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **ACE/BGC ID:** \_\_\_\_\_

**Member Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **ACE/BGC ID:** \_\_\_\_\_

**Member Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **ACE/BGC ID:** \_\_\_\_\_

**Member Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **ACE/BGC ID:** \_\_\_\_\_

**Member Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **ACE/BGC ID:** \_\_\_\_\_

***\*\*Please continue on to last page for Parent Agreement Form\*\****

Member's First Name: \_\_\_\_\_ Member's Last Name: \_\_\_\_\_

**Texas ACE & Boys & Girls Club Parent Agreement**

*(Please read and initial each paragraph)*

\_\_\_\_\_ I hereby apply for my child or legal dependent to enroll in Texas ACE & Boys & Girls Club of Northeast Texas Programs. I understand that participation in any program or activity may entail certain risks. It is my responsibility to report any physical or emotional problems experienced during or after the programs or activities immediately to BGC Staff. I also understand the potential risks that may be associated with some programs and activities. I hereby consent to and accept those risks.

\_\_\_\_\_ I further agree to hold harmless BGC and its staff members conducting programs and activities from any and all claims, suits, losses, or related injury or death, accidental or otherwise, during or arising in any way from these programs and activities.

\_\_\_\_\_ I have received and agree to abide by volunteers of the BGC with staff participation. All volunteers and staff of BGC are required to report suspicions or allegations of child or elderly abuse or neglect. I understand that my child is joining the Boys & Girls Club, NOT A DAY CARE CENTER, and that BGC is not responsible for the time/manner in which my child may arrive at or leave BGC.

\_\_\_\_\_ I understand that surveys will be done on a random basis and all information provided is confidential. I give my child permission to participate in these surveys. Surveys results may be used to modify or enhance future program offerings.

\_\_\_\_\_ I understand that for grant purposes, internal review of programs, PR, etc., BGC might need access to educational information of my child including, but not limited to, performance reports and report cards. I authorize BGC to obtain such information from my child's school.

**Emergency Treatment/Insurance:**

\_\_\_\_\_ I hereby give permission that my child may be given emergency treatment by a staff member of BGC.

\_\_\_\_\_ I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment, and procedures to be performed for my child by a licensed physician or hospital selected by the Club Director when deemed immediately necessary or advisable by the physician to safeguard my child's health.

\_\_\_\_\_ Insurance is the responsibility of every individual, their parent, or legal guardian to provide for their own accident and health coverage while participating in the BGC activities. The BGC does not provide any accidental or health coverage for its participants.

**Field Trip/Transportation Information:**

\_\_\_\_\_ I give permission for my child to participate in BGC activities including transportation. I understand that accidents can sometimes happen. Therefore, in exchange for the BGC allowing my child to participate in BGC activities, I understand and expressly acknowledge that I release BGC, its employees, boards, members, volunteers, or guests from all liability for any injury, loss, or damage connected in any way whatsoever to participation in BGC activities whether on or off BGC premises and including transportation. I understand that this release includes any claims based on negligence, action, or inaction of BGC, its employees, boards, volunteers, and guests.

\_\_\_\_\_ I give permission for my child to participate in any BGC swimming field trips or activities.

**Publicity Release:**

\_\_\_\_\_ As the parent or legal guardian, by my signature, I give permission to BGC to use photographs, quotes, and any other publicity actions of person(s) entrusted to my care for promotional purposes on local and mass media basis.

**Internet Access:**

\_\_\_\_\_ I give permission for my child to access the internet in the Club. I have received a copy of the handbook which includes the Acceptable Use Policy for Technology.

**Late Pick Up Policy:**

\_\_\_\_\_ Members must be picked up no later than closing times stated for each Club. This rule is strictly enforced. Late pick up is documented and if it is recurring problem, your child may be removed from the program. If a member has not been picked up one hour after closing, the police will be called and the member will be taken to a safe place.

**Receipt and Acceptance of Parent Handbook:**

\_\_\_\_\_ I acknowledge that I have received a copy of the BGC Parent Handbook and I understand that I am responsible for reading the policy and practices described within. I agree to abide by the policy and procedures contained herein. I understand that the policies contained in the BGC Parent Handbook may be added to, deleted, or revised by the BGC at any time. If I have any questions regarding the content or interpretation of the handbook, I will bring this to the attention of the Club Director.

\_\_\_\_\_ In particular, both my child and I have read, understand, and will abide by the terms and conditions of the Acceptable Use Policy for Technology. Prior to my child's use of the Computer Lab, my child will receive orientation on this policy as well as internet safety and must sign a contract agreeing to BGC terms.

\_\_\_\_\_  
**Member Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Legal Guardian Signature**

\_\_\_\_\_  
**Representative of Boys & Girls Clubs of Northeast Texas**

**COMMERCE INDEPENDENT SCHOOL DISTRICT**  
**Authorization to Release Education Records and Information**

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My name is \_\_\_\_\_. I am the parent or guardian of Commerce Independent School District (Commerce ISD) Student, \_\_\_\_\_ . I am at least eighteen (18) years of age. I authorize the Commerce ISD and its employees, representatives, and agents to release and disclose personally identifiable information and/or education records regarding my child to the ACE/Boys and Girls Club of Northeast Texas. I authorize the release of any and all personally identifiable information regarding my child maintained by the Commerce ISD related to grades, performance on local and state assessments, attendance, discipline, student programs, student services, scheduling and activities.

This authorization is limited to release of the information described above and is valid only until July 31, 2021. I release and discharge the Commerce ISD, its trustees, administrators, employees, agents, volunteers and assigns, both in their official and individual capacities, from any and all claims or causes of action arising out of or in any way related to releasing the above-referenced information and records.

I acknowledge that I have been informed and understand that this voluntary authorization is required by the Family Education Rights and Privacy Act (FERPA) before educational records or information can be released, and that this authorization may be revoked by me at any time. I agree to provide any revocation in writing to the Superintendent of Schools. I do not want to be notified of each release of information or records made pursuant to this authorization; however, I acknowledge that I am entitled to receive such notification.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Student Parent or Guardian