

Club Member Registration Form After-School Program 2023-2024



BOYS & GIRLS CLUB
PUEBLO OF POJOAQUE

Last Name _____

Registration Date _____

MEMBER INFORMATION

First _____ Middle _____ Last _____ Gender _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

DOB _____ Age _____ Current School _____ Grade _____

Pojoaque Tribal Member Yes No Tribal ID# _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Contact (Will be primary contact)

First _____ Last _____ Relationship _____

Cell Phone _____ Work Phone _____ Email _____

Parent/Guardian (Second contact)

First _____ Last _____ Relationship _____

Cell Phone _____ Work Phone _____ Email _____

Initials

I understand that I will be contacted on a regular basis via text and email to keep me up to date with the latest announcements regarding club activities and schedules.

EMERGENCY CONTACTS and AUTHORIZED PICK-UP (other than parents/guardians)

Emergency Contact #1

First _____ Last _____ Relationship _____

Cell Phone _____ Work Phone _____ Email _____

Emergency Contact #2

First _____ Last _____ Relationship _____

Cell Phone _____ Work Phone _____ Email _____

Emergency Contact #3

First _____ Last _____ Relationship _____

Cell Phone _____ Work Phone _____ Email _____

Last Name _____

ALLERGY/MEDICAL INFORMATION

List any food allergies

Please let us know of any medical conditions that would impact the child's participation in regular club activities.

EMERGENCY AUTHORIZATION

Initials

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.

Initials

I understand that the Pueblo of Pojoaque Boys and Girls Club will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Photo Release Agreement

Initials

I hereby give permission for my child to be photographed at the Pueblo of Pojoaque Boys and Girls Club. I understand that photos will be used to keep a journal of activities, to share during presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspapers and websites. 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 Pueblo of Pojoaque Boys and Girls Club.

I grant the Pueblo of Pojoaque Boys and Girls Club permission to:

- _____ Take my child on special field trips.
- _____ Ask my child to complete surveys that help evaluate the programs.
- _____ Contact my child's school to obtain or send progress reports.

OPEN DOOR POLICY TEENS ONLY 13 and Older

I understand that the Pueblo of Pojoaque Boys and Girls Club is an open door facility to all youth members during posted hours of operation. My child will be supervised while at the Club. I set the boundaries and consequences if my child leaves the facility without my permission. PPBGC allows all youth 13 years of age and older to sign themselves out at any time. Middle-School members are only allowed to be on the playground of PPBGC without supervision. High School aged members are allowed to go to the Wellness Center without staff supervision.

- ___ YES ___ NO Allow my child to sign themselves out according to the rules of PPBGC, knowing they will not be supervised by a Club staff member.
- ___ YES ___ NO My child is allowed to walk home.
- ___ YES ___ NO My Child is allowed to walk to the field. (Applied only to High School Students)
- ___ YES ___ NO My Child is allowed to sign themselves out.

I certify that the information concerning the applicant is accurate:

Name (print) _____

Signature _____ Date _____