

Annual Membership Fee: \$30 per child
 Membership valid through August 2012

Membership Form 2011-2012



The following information is necessary for our records and the funding our organization receives.
 Your cooperation in providing this information is both appreciated and necessary. Thank you.

Membership Number: _____

| Club Members Information | Demographic Information | Office Use Only |
|---|-------------------------|------------------|
| Is this a NEW membership? <input type="checkbox"/> YES or <input type="checkbox"/> No Is this a RENEWAL ? <input type="checkbox"/> YES or <input type="checkbox"/> No | | |
| Name: _____ Home Phone: _____ | | Date _____ |
| Address: _____ City: _____ State: _____ Zip: _____ | | Amt. Pd _____ |
| Date of Birth: _____ Age: _____ Gender: _____ Grade: _____ School: _____ | | Memb/Sport _____ |
| Medical and allergy information or behavioral concerns: _____ | | Input _____ |
| Ethnicity: <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Caucasian | | Date _____ |
| Parent/Guardian Information | | Amt. Pd _____ |
| Member lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Both Parents but Separate Households <input type="checkbox"/> Grandparents | | Memb/Sport _____ |
| <input type="checkbox"/> Mother ONLY <input type="checkbox"/> Father ONLY <input type="checkbox"/> Parent & Step Parent <input type="checkbox"/> Other | | Input _____ |
| Name: _____ Name: _____ | | Date _____ |
| Employer: _____ Employer: _____ | | Amt. Pd _____ |
| Work #: _____ Cell #: _____ Work #: _____ Cell #: _____ | | Memb/Sport _____ |
| E-mail: _____ E-mail: _____ | | Input _____ |
| Emergency (additional) Contact: _____ Relationship: _____ | | Date _____ |
| Contact's home phone #: _____ work #: _____ cell #: _____ | | Amt. Pd _____ |
| Demographic Information | | Memb/Sport _____ |
| Does child receive free or reduced lunch at school? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Input _____ |
| Have parents/guardians ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Date _____ |
| If yes, which branch? _____ | | Amt. Pd _____ |
| Photo Permission | | Memb/Sport _____ |
| <input type="checkbox"/> I do NOT give permission for my child to be photographed and for these photographs to be used to market the Boys & Girls Clubs of Whatcom County. | | Input _____ |
| Project Learn | | Date _____ |
| <input type="checkbox"/> I do NOT allow a copy of my child's report card to be sent to the Club. The report card will be kept confidential and used for data collection purposes only. | | Amt. Pd _____ |
| Surveys | | Memb/Sport _____ |
| <input type="checkbox"/> I do NOT allow my child to answer surveys for confidential data collection purposes regarding programs at the Boys & Girls Club. | | Input _____ |

I understand the Boys & Girls Clubs of Whatcom County are not licensed child care facilities. I also understand the "open door" policy allows children to come and go as they desire. I understand also that the Club accepts no responsibility for keeping my child in the building or on the premises. On behalf of myself and my child(ren), I hereby consent to abide by all Boys & Girls Clubs policies, procedures, rules, standards and directives. I understand the Club to be a private program and private property. I further understand that mature and respectful conduct is a requirement in the Club and at all program sites (public and private) by all persons, youth and adult. I accept that the Club reserves the rights to discipline, remove, suspend, terminate and engage legal action with or without notice in order to protect the safety, values and ethics of persons, the Club and property.

The undersigned on behalf of themselves and their child(ren) agree to hold the Boys & Girls Clubs of Whatcom County, its agents, employees, and officials, while acting within the scope of their duties, harmless from all causes of actions, demands and claims, including the cost of their defense, arising in favor of the child participant or third parties on account of personal injuries, death or damage to property arising out of activities at the premises and in any way connected with the activities of the child participant in the Boys & Girls Clubs of Whatcom County programs, except those acts or commissions which are the sole negligence of the Boys & Girls Clubs of Whatcom County, its agents, employees and officials.

The undersigned consents to his/her child(ren) being given emergency treatment by _____
 a physician or hospital in case of an accident or illness. Parent/Guardian Signature Date



BOYS & GIRLS CLUBS OF WHATCOM COUNTY
2011-2012 CONCUSSION ACKNOWLEDGEMENT FORM

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns | <ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/ |
|--|--|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to a prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that the adolescent or teenage athlete will often under report symptoms of injuries; concussions are no different. As a result, the education of administrators, coaches, parents and students is the key for the student-athlete’s safety.

If you think your child has suffered a concussion:

Any athlete suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion without medical clearance, regardless of how mild it seems or how quickly symptoms clear. Close observation of the athlete should continue for several hours. The new “Zachary Lystedt law” now requires consistent and uniform implementation of long and well-established return-to-play concussion guidelines that have been recommended for several years:

“a youth athlete who is suspected of sustaining a concussion or head injury in a practice or a game shall be removed from competition at that time”

and

“...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return from that health care provider.”

You should also inform your child’s coach if you think that your child may have a concussion. Remember that it is better to miss one game than to miss the whole season.

WHEN IN DOUBT, THE ATHLETE SITS OUT.

For current and up-to-date information on concussions go to <http://www/cdc.gov/ConcussionInYouthSports/>

I will explain this document to my child.

 Name of Parent or Legal Guardian PRINTED

 Name of Parent or Legal Guardian SIGNATURE Date

 Child’s signature (if present) Date