

Membership Number: \_\_\_\_\_

# Membership Form 2012-2013



Annual Membership Fee: \$30 per child  
Membership valid through August 2013

Club Member's Information	Demographic Information	Office Use Only
Name: _____ Home Phone: _____ Address: _____ City: _____ State: _____ Zip: _____ Date of Birth: _____ Age: _____ Gender: _____ Grade: _____ School: _____ Medical and allergy information or behavioral concerns: _____ 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 Does the Club member have a sibling who is a member? _____	Does child participate in the school lunch program? <input type="checkbox"/> No <input type="checkbox"/> Free <input type="checkbox"/> Reduced Are parents/guardians active duty military? <input type="checkbox"/> Navy <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard <input type="checkbox"/> Reservist	Data entry _____ Date _____ Date _____ Amt. Pd _____ Memb/Sport _____ Input _____ Date _____ Amt. Pd _____ Memb/Sport _____ Input _____
<h3 data-bbox="478 711 898 743">Parent/Guardian Information</h3> Member lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Both Parents but Separate Households <input type="checkbox"/> Grandparents <input type="checkbox"/> Mother ONLY <input type="checkbox"/> Father ONLY <input type="checkbox"/> Parent & Step Parent <input type="checkbox"/> Other Name: _____ Name: _____ Employer: _____ Employer: _____ Work #: _____ Cell #: _____ Work #: _____ Cell #: _____ E-mail: _____ E-mail: _____ Emergency (additional) Contact: _____ Relationship: _____	<h3 data-bbox="1459 651 1717 683">Photo Permission</h3> <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. <div data-bbox="1346 862 1829 1183" style="border: 2px solid black; padding: 5px;"> <p data-bbox="1402 878 1774 927"><b><u>I would like to help!</u></b></p> <p data-bbox="1360 959 1816 1101">The actual cost of each child's membership is \$351/year. I would like to help with a gift of \$_____.</p> <p data-bbox="1669 1122 1816 1154" style="text-align: right;"><b>Thank you!</b></p> </div>	Date _____ Amt. Pd _____ Memb/Sport _____ Input _____ Date _____ Amt. Pd _____ Memb/Sport _____ 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 2012-2013 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't 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

**Symptoms may include one or more of the following:**

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

**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 SIGNATURE

\_\_\_\_\_  
Name of Parent or Legal Guardian PRINTED

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's signature (if present)

\_\_\_\_\_  
Date