



Membership Application 2023-24

Membership materials take 24-48 hours to process. You will receive a confirmation phone call/email to notify you when your child may begin attending.

For your child's well-being, the information you provide must be complete and accurate. This information is necessary for compliance with Wis. Dept. of Children & Families Administrative Code for Group Child Care Centers and Boys & Girls Clubs records.

BGCGM is committed to creating a learning and recreational environment that meets the needs of its diverse members, including those with disabilities. If you anticipate or experience any barriers to participating in our programs, please feel welcome to discuss your concerns with the Club Manager.

Program start dates vary, please confirm date and time with Club Manager.

For more information visit: bgcmilwaukee.org/registration or call: 414-267-8100

Please select preferred Boys & Girls Club to attend

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> 53rd Street School
3618 N. 53rd St., 53216 | <input type="checkbox"/> Engleburg Elementary
5100 N. 91st St., 53225 | <input type="checkbox"/> Messmer St. Rose
514 N. 31st St., 53208 | <input type="checkbox"/> St. Anthony
1669 S. 5th St., 53204 |
| <input type="checkbox"/> 81st Street School
2964 N. 81st St., 53222 | <input type="checkbox"/> Fratney
3255 N. Fratney St., 53212 | <input type="checkbox"/> Milwaukee Academy of Science
2000 W. Kilbourn Ave., 53233 | <input type="checkbox"/> St. Augustine Prep
2607 S. 5th St., 53207 |
| <input type="checkbox"/> Allen-Field Elementary
730 W. Lapham Blvd., 53204 | <input type="checkbox"/> Gaenslen
1250 E. Burleigh St., 53212 | <input type="checkbox"/> Mitchell
1728 S. 23rd St., 53204 | <input type="checkbox"/> St. Joseph Academy
1600 W. Oklahoma Ave., 53215 |
| <input type="checkbox"/> Audubon
3300 S. 39th St., 53215 | <input type="checkbox"/> Grantosa
4850 N. 82nd St., 53218 | <input type="checkbox"/> North Division
1011 W. Center St., 53206 | <input type="checkbox"/> St. Martini
1520 S. Cesar E. Chavez Dr., 53204 |
| <input type="checkbox"/> Barack Obama SCTE
5075 N. Sherman Blvd., 53209 | <input type="checkbox"/> Greenfield Bilingual
1711 S. 35th St., 53215 | <input type="checkbox"/> Northwest Catholic
7140 N. 41st St., 53209 | <input type="checkbox"/> St. Rafael
2251 S. 31st St., 53215 |
| <input type="checkbox"/> Bay View High School
2751 S. Lenox St., 53207 | <input type="checkbox"/> Hayes Bilingual
971 W. Windlake Ave., 53204 | <input type="checkbox"/> Notre Dame Elementary
1425 S. 26th St., 53204 | <input type="checkbox"/> St. Roman
1810 W. Bolivar Ave., 53221 |
| <input type="checkbox"/> Bethune
1535 N. 35th St., 53208 | <input type="checkbox"/> Kagel
1210 W. Mineral St., 53204 | <input type="checkbox"/> Pilgrim Lutheran
6717 W. Center St., 53210 | <input type="checkbox"/> The Ready Center (teen center)
1916 N. Vel R. Phillips Ave., 53212 |
| <input type="checkbox"/> Bradley Tech High School
700 S. 4th St., 53204 | <input type="checkbox"/> Kluge
5760 N. 67th St., 53218 | <input type="checkbox"/> Prince of Peace
1646 S. 22nd St., 53204 | <input type="checkbox"/> Townsend
3360 N. Sherman Blvd., 53216 |
| <input type="checkbox"/> Carson Academy
4920 W. Capitol Dr., 53216 | <input type="checkbox"/> LaFollette
3239 N. 9th St., 53206 | <input type="checkbox"/> Riverwest
2765 N. Fratney St., 53212 | <input type="checkbox"/> Vieau
823 S. 4th St., 53204 |
| <input type="checkbox"/> Carver Academy
1900 N. 1st St., 53212 | <input type="checkbox"/> Lincoln Avenue
1817 W. Lincoln Ave., 53215 | <input type="checkbox"/> Sherman
5110 W. Locust St., 53210 | <input type="checkbox"/> Washington High School
2525 N. Sherman Blvd., 53210 |
| <input type="checkbox"/> Cass Steet CLC
1647 N. Cass St., 53202 | <input type="checkbox"/> Maple Tree
6644 N. 107th St., 53224 | <input type="checkbox"/> Siefert
1547 N. 14th St., 53205 | <input type="checkbox"/> Zablocki
1016 W. Oklahoma Ave., 53215 |
| <input type="checkbox"/> Clarke Street EL
2816 W. Clarke St., 53210 | <input type="checkbox"/> Marvin E. Pratt
5131 N. Green Bay Ave., 53209 | | |

All forms must be completed, signed and checked off below before registration packet can be turned in.

- | | |
|---|--|
| <input type="checkbox"/> Youth Participant Registration Form | <input type="checkbox"/> State Alternate Arrival/Release Agreement |
| <input type="checkbox"/> Health History & Emergency Care Plan | <input type="checkbox"/> Member Expectations Form |
| <input type="checkbox"/> Child Care Immunization Record | <input type="checkbox"/> Parent/Guardian Media Consent & Waiver Form |
| | <input type="checkbox"/> Parent/Guardian Consent Forms & Waivers |

Please include a most recent copy of your child's immunization record (shot record) for a complete registration form. If you don't have access to your child's immunization records, please complete the Child Care Immunization Record that is included with this registration packet.

I understand by filling out this form I consent to receive text messages from Boys & Girls Clubs of Greater Milwaukee regarding services for my child/children.

Drop off your completed application at any Club listed above. Please check the website for location days and hours. The completed digital applications can be emailed to membership@bgcmilwaukee.org. For additional information please email membership@bgcmilwaukee.org or call (414) 267-8100.



A department of MPS

Youth Participant Registration Form

Site: _____ **Early Drop-off** ☐ **Late Pick-up** ☐ **Both** ☐

Last Name	First Name	MI	Date of Birth	Age	Student ID#
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please check one for each of the following.

Gender: ☐ Male ☐ Female

Address: _____

Zip Code: _____ Phone: _____

Email: _____

School: _____ Grade: _____

Elem. Teacher Name: _____

Math Teacher Name: _____

English Teacher Name: _____

Ethnicity:

- ☐ African-American
☐ Asian
☐ White
☐ Hispanic
☐ Native American
☐ Native Hawaiian/Pacific Islander
☐ Other: _____

Primary Language:

- ☐ English
☐ Spanish
☐ Burmese
☐ Karen
☐ Rohingya
☐ Arabic
☐ Hmong
☐ Somali
☐ Other: _____

Lives with: ☐ Both Parents ☐ Father (single parent) ☐ Foster Care ☐ Grandparent(s) ☐ **Check this box if you would like to request a fee waiver.**
☐ Guardian ☐ Joint Custody ☐ Mother (single parent) ☐ Other: _____
Transportation: ☐ City Bus: Route: _____ ☐ CLC Bus/Van ☐ Pick-up ☐ Walk Home ☐ Other: _____**Special Needs** (allergies, medication, diet, etc.): _____**Household Information Page – Fill out only once per family**

Parent/Guardian Last Name	First Name	Home Phone	Work Phone	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDITIONAL CONTACTS: List additional contacts for the child(ren) and use the checkboxes to indicate if these individuals are authorized to pick up the child(ren) and/or will serve as an emergency contact. Checking the 'Lives With' box indicates that the person listed is a member of the same household. *If no adults are listed below, and no boxes are checked, ONLY THE PARENT(S)/GUARDIANS WILL be able to pick on the student(s).*

Last Name	First Name	Address	Home Phone	Work Phone	Relationship	Pick up?	Emergency Contact?	Lives With?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[] Check box if legal restrictions are in effect. List persons not allowed to see student at Site and/or persons not allowed to pick up students per legal restrictions.

Last Name	First Name	Last Name	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Guardian Permission For Community Learning Center (CLC) - Please Read Carefully -Must be signed by Parent/Guardian for participants 17 and under
PERMISSION: I hereby grant permission for my child/myself to participate in the above-named Community Learning Center (CLC). In the event of any injury requiring medical attention, I hereby grant permission to the CLC staff (including volunteers) to attend to my son/daughter or myself including seeking medical attention.

WAIVER: I/we recognize that unanticipated situations and problems can arise during CLC activities that are not reasonably within the control of the CLC staff (including volunteers). I/we therefore agree to release and hold harmless the Milwaukee Board of School Directors, its agents, officer, employees and agents, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.

PHOTO PERMISSION/RELEASE: I understand, as parent/legal guardian of the above-named child, that there are times when the local news media, national news media and/or nonprofit organizations partnering with Milwaukee Public Schools (MPS) request the opportunity to videotape, take photographs and/or interview children within the CLC and MPS. By signing this release, I also give permission to MPS to make or use pictures, slides, digital images, or other reproductions of me, of my minor child or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the CLC. I understand that by signing this, I am, on behalf of myself and my child, releasing MPS and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the current CLC program. I further give my consent to the CLC program and MPS (in aggregate form) to share the participant's records with each other, for purposes of educational support and assistance. In addition, I understand that the CLC may use the participant's records to evaluate individual progress and improvement, as well as to evaluate the overall impact of the program to obtain continued funding for the program.
I HEREBY CERTIFY THAT I HAVE READ AND DO UNDERSTAND THE ABOVE INFORMATION:**PARTICIPANT SIGNATURE OR SIGNATURE OF GUARDIAN IF PARTICIPANT IS UNDER 18:** Signature: _____ Date: _____

Revised 2/2020 MPS

BGC-F

OFFICE USE ONLY	
Site #:	<input type="text"/>
Bus #:	<input type="text"/>
Date entered in computer:	<input type="text"/>
Data Staff Initials:	<input type="text"/>

HEALTH HISTORY AND EMERGENCY CARE PLAN

Use of form: This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1. and 250.07(6)(L)5., DCF 251.04(6)(a)6. and 251.07(6)(k)5., and DCF 252.44(6)(g) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION

Name (Last, First, MI)	Address – Home (Street, City, State, Zip Code)	
Telephone Number	Birthdate (mm/dd/yyyy)	Date – First Day of Attendance (mm/dd/yyyy)

PARENT / GUARDIAN INFORMATION

Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular

PHYSICIAN / MEDICAL FACILITY INFORMATION

Name – Physician	Address – Medical Facility	Telephone Number
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SUNSCREEN / INSECT REPELLENT AUTHORIZATION

If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 251.07(6)(f)2., authorizations shall be reviewed every 6 months and updated as necessary. Per DCF 250.07(6)(f)2.a., Authorizations shall be reviewed periodically and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.		

HEALTH HISTORY AND EMERGENCY CARE PLAN

If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.

- | | | |
|---|--|--|
| <input type="checkbox"/> No specific medical condition | | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Gastrointestinal or feeding concerns including special diet and supplements |
| <input type="checkbox"/> Cerebral palsy / motor disorder | <input type="checkbox"/> Epilepsy / seizure disorder | <input type="checkbox"/> Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism |
| <input type="checkbox"/> Other condition(s) requiring special care – Specify. | | |

☐ Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.

☐ Food allergies – Specify food(s).

☐ Non-food allergies – Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication* should be attached to this form. Note: Group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

a.

b.

c.

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

SIGNATURE – Parent or Guardian

Date Signed (mm/dd/yyyy)

Review dates: _____

CHILD CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO CHILD CARE CENTER. State law requires all children in child care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the child care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the child care center. See "Waivers" below. If you have any questions about immunizations, or how to complete this form, please contact your child's child care provider or your local health department.

PERSONAL DATA

PLEASE PRINT

STEP 1	Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

IMMUNIZATION HISTORY

STEP 2 List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					

Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.

- ☐ Yes year _____ (Vaccine is not required)
☐ No or Unsure (Vaccine is required)

REQUIREMENTS

STEP 3 The following are the minimum **required** immunizations for the child's age/grade at entry. All children within the range must meet these requirements at child care entrance. Children who reach a new age/grade level while attending this child care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES						
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B		
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib ¹	3 PCV ²	2 Hep B	1 MMR ³	
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib ¹	3 PCV ²	3 Hep B	1 MMR ³	1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT ⁴	4 Polio			3 Hep B	2 MMR ³	2 Varicella

¹If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).

²If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

³MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable).

⁴Children entering kindergarten must have received one dose after the 4th birthday (either the 3rd, 4th or 5th) to be compliant (Note: a dose 4 days or less before the 4th birthday is also acceptable).

COMPLIANCE DATA AND WAIVERS

STEP 4 IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the child care center), OR

IF THE CHILD **DOES NOT** MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to child care center).

- ☐ Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I, understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the child care center in writing as each dose is received.

NOTE: Failure to stay on schedule or report immunizations to the child care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.

- ☐ For health reasons this child should not receive the following immunizations _____ (List in STEP 2 any immunizations already received)

Physician's Signature Required

- ☐ For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

- ☐ For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):

SIGNATURE

STEP 5 To the best of my knowledge, this form is complete and accurate.

SIGNATURE - Parent, Guardian or Legal Custodian

Date Signed

ALTERNATE ARRIVAL / RELEASE AGREEMENT – CHILD CARE CENTERS

Use of form: This form is voluntary. However, this completed form, when on file in the child's record, meets the requirements of DCF 250.04(6)(a)3. and DCF 251.04(6)(a)5. and 251.095(4)(a)2. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Complete this form for placement in the child's file when the child will arrive at the center from school, home or other activities, or depart from the center to go to school, home or other activities, and the child will not be accompanied by a parent or other previously authorized person or transported by the center. This form should be updated as information changes. Periodic review with the parent / guardian is recommended to ensure safety. If the center transports the child, the department's form "Transportation Permission – Child Care Centers" may be used to obtain parental authorization.

ARRIVAL INSTRUCTIONS

My child _____
(Child's name)

will arrive at _____
(Name of center)

from _____
(School, home or other activity)

by way of _____
(Walking, bicycle, bus, car pool, etc. Be as specific as possible.)

at _____ ☐ A.M. OR ☐ P.M.
(Time of arrival)

on ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday
(Days of the week)

My child will arrive from this destination ☐ with OR ☐ without center supervision.

RELEASE INSTRUCTIONS

My child _____
(Child's name)

will leave _____
(Name of center)

by way of _____
(Walking, bicycle, bus, car pool, etc. Be as specific as possible.)

to go to _____
(School, home or other activity)

at _____ ☐ A.M. OR ☐ P.M.
(Time of departure)

on ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday
(Days of the week)

My child will travel to this destination ☐ with OR ☐ without center supervision.

ADDITIONAL INSTRUCTIONS

I understand that I am responsible for notifying the center of any changes in this schedule such as vacation, school conference days, etc.

SIGNATURE – Parent

Date Signed (mm/dd/yyyy)

Member Expectations



Boys & Girls Clubs of Greater Milwaukee (BGCGM) has rules that every member, youth and adult guest must follow to ensure a positive experience for all members. All Club rules are designed and enforced to create a safe, respectful, fun, and orderly environment.

Members and guardians receive the Member Expectations (ME) as part of the application process. Any violations of these rules may have consequences varying from a verbal warning to suspension or even termination of membership. Additional rules for specific programs, situations or ages may be set and used by Club staff as needed.

The code of conduct is as follows:

- I will honor the BGCGM Member Expectations when I participate in all Club activities.
- I will respect myself, fellow members, employees, and the facilities.
- I will have my coat, hat and book bag in the designated Club location.
- I will be responsible for all my personal belongings, including electronic devices. I agree not to use my electronic devices while attending Club programming, unless given permission by staff.
- I will remain drug, alcohol and tobacco free at the Club.
- I will use words that are respectful.
- I will report inappropriate behavior that is uncomfortable, unwanted or dangerous.
- I will cooperate with all directions and requests by BGCGM employees.
- I will eat or drink only in designated areas and dispose of garbage properly.
- I will refrain from inappropriately touching other Club members.
- I will only use approved entries and exits as I arrive at or depart from the Club.
- I will remain free of all weapons, including objects that resemble real weapons.
- I will refrain from intimate behavior.

All youth (guests and members) must sign the Member Expectations with the membership/guest form. By signing my name, I agree to honor Boys & Girls Clubs' Member Expectations and am prepared to accept the consequences of my actions.

Club Member's Signature

Parent/Guardian's Signature

Date

Date



BOYS & GIRLS CLUBS
OF GREATER MILWAUKEE

Child's Legal Name: _____

PARENT/GUARDIAN CONSENT & WAIVER FORM

PERMISSION: I hereby grant permission for my child/myself to participate in Boys & Girls Clubs of Greater Milwaukee (BGCGM) programming. In the event of any injury requiring medical attention, I hereby grant permission to BGCGM staff (including volunteers) to attend to my son/daughter or myself including seeking medical attention.

WAIVER: I/we recognize that unanticipated situations and problems can arise during BGCGM activities that are not reasonably within the control of the BGCGM staff (including volunteers).
I/we therefore agree to release and hold harmless the BGCGM Directors, its agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.

MEDIA/RELEASE: I understand, as parent/legal guardian of the named child, that local and national news media, and/or organizations partnering with BGCGM request the opportunity to capture video and photographs and/or interview members of BGCGM. By signing this, I give permission for BGCGM to allow media coverage featuring my child. I also understand that by signing this release, I give permission to BGCGM and/or its agents to take or use videos, photos, or other reproductions of my child and me, without compensation in all materials related to the role and function of BGCGM. I understand that by signing this, I am, on behalf of myself and my child, releasing BGCGM and its directors, officers, employees, and agents, from any future claims as well as from any liability arising from the use of any photo, video or other reproduction. This agreement shall be valid unless revoked in writing by me (parent/legal guardian) to the attention of BGCGM (Mardak Administration Center).

COMMUNICATION: I agree to receive text messages from BGCGM regarding services for my child/children.

I HEREBY CERTIFY THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE INFORMATION.

Signature of Parent/Guardian _____

Print Name of Parent/Guardian _____

Date _____

Parent/Guardian Consent Forms & Waivers



BOYS & GIRLS CLUBS
OF GREATER MILWAUKEE

I, the parent or legal guardian for _____ hereby acknowledge the following:

I give permission for the above-named member to participate in distance-based and in-Club online Club experiences at Boys & Girls Clubs of Greater Milwaukee (**VIRTUAL PROGRAMMING PARENT/GUARDIAN CONSENT FORM**).

I acknowledge my understanding and agreement of the **BGCGM PARENT/GUARDIAN ALTERNATE ARRIVAL/RELEASE AGREEMENT**.

I have reviewed and read the rules and regulations outlined in the **PARENT/GUARDIAN TECHNOLOGY CONSENT & WAIVER FORM** with my child, including responsible use and personal safety guidelines, the prohibition of inappropriate use, and the prohibition of illegal online activities.

By signing below, I agree that I have read, understand, and will abide by these regulations, policies, and agreements. I acknowledge that I have reviewed the applicable rules with my child.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Please scan the QR code to access additional required forms and waivers on the website at bgcmilwaukee.org/forms-waivers.

