Boys & Girls Clubs Summer Adventures Program
Sports • Games • Field Trips • Arts & Crafts • Swimming • And more

Give your child a summer full of fun activities at Boys & Girls Clubs. Your child will enjoy making new friends, participating in structured games and going on field trips every week. Lunch and dinner are served daily, and each child will receive a summer adventures t-shirt.

Sherman

AGES: 4–14  DATES: June 17 – August 9 (Closed July 4), 8 weeks
REGISTRATION FEE: $10, non-refundable
COST: $70.00 per week per child (sliding fee scale/scholarships available). See Club Manager for information.
HOURS: 9:00 AM – 4:00 PM, Monday – Friday
Early drop-off and Late pick up
Early drop-off available 7:00 AM – 9:00 AM, $10.00 per week, per child
Late pick-up available 4:00 PM – 6:00 PM, $10.00 per week, per child

SUMMER PROGRAM FREE FOR WISCONSIN SHARES AUTHORIZED FAMILIES
If your family has an open WI Shares Case, please call 1-888-947-6583 to update your authorization. Or you can go to the Coggs Center (1200 W. Vliet St.) — Window 200E (take the escalator to the second floor) to update your authorization in person. They will ask you to provide your summer program provider and location number.

PROVIDER #: 2000563892  LOCATION #: 148

TO REGISTER:
1. Complete registration packet in full for each youth wishing to attend.
   Incomplete applications will be added to the wait list.
2. Return registration packet to Club Manager or office.
3. Please allow up to 48 hours to process registration paperwork.

CONTACT INFORMATION: Club Manager: Kiara Wilson
Phone: 414-874-5814  Email: Kiara.Wilson@bgcmilwaukee.org

Scholarships Available: The inability to pay is not a barrier to participation in the program. Please see Club Manager for details.

Camp Whitcomb/Mason
Hartland, Wi

Interested in overnight camp, registration available at bgcmilwaukee.org/camp or talk to a Club Manager about a paper application.

AGES: 7–14
<table>
<thead>
<tr>
<th>Club</th>
<th>Program Dates</th>
<th>Ages</th>
<th>Early Drop-off</th>
<th>Regular Program</th>
<th>Late Pick-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>S53RD STREET: 3618 N. 53rd Street, CP: 414-674-5586 Provider #: 2000563892</td>
<td>6/17/2019–8/9/2019</td>
<td>4-14</td>
<td>7AM-9AM</td>
<td>9AM-4PM</td>
<td>4PM-6PM</td>
</tr>
<tr>
<td>E5ST STREET: 2964 N. 81st Street, CP: 414-852-4085 Provider #: 2000563892</td>
<td>6/17/2019–8/9/2019</td>
<td>4-14</td>
<td>7AM-9AM</td>
<td>9AM-4PM</td>
<td>4PM-6PM</td>
</tr>
<tr>
<td>S5 S BETHUNE: 1555 N. 35th Street, CP: 414-934-4600 Provider #: 2000563892</td>
<td>6/17/2019–7/26/2019</td>
<td>4-12</td>
<td>7AM-9AM</td>
<td>9AM-4PM</td>
<td>4PM-6PM</td>
</tr>
<tr>
<td>CARSON: 4920 W. Capitol Drive, CP: 414-393-4820 Provider #: 2000563892</td>
<td>6/17/2019–8/9/2019</td>
<td>4-14</td>
<td>7AM-9AM</td>
<td>9AM-4PM</td>
<td>4PM-6PM</td>
</tr>
<tr>
<td>S5 CASS STREET: 1647 N. Cass Street, CP: 414-212-2787 Provider #: 2000563892</td>
<td>6/17/2019–8/9/2019</td>
<td>4-14</td>
<td>7AM-9AM</td>
<td>9AM-4PM</td>
<td>4PM-6PM</td>
</tr>
<tr>
<td>CLARKE STREET SCHOOL: 281 W. Clarke St., CP: 414-267-1039 Provider #: 2000563892</td>
<td>6/17/2019–8/9/2019</td>
<td>4-14</td>
<td>7AM-9AM</td>
<td>9AM-4PM</td>
<td>4PM-6PM</td>
</tr>
<tr>
<td>EARLY VIEW ACADEMY: 7132 W. Good Hope Rd., SP: 414-431-0201, ext. 606, Provider #: 4000573254 Location #: 013</td>
<td>6/18/2019–7/26/2019</td>
<td>5-18</td>
<td>7AM-9AM</td>
<td>9AM-4PM</td>
<td>4PM-6PM</td>
</tr>
<tr>
<td>ENGLEBURG: 5000 N. 91st Street, CP: 414-696-5631 Provider #: 2000563892</td>
<td>6/17/2019–8/9/2019</td>
<td>4-12</td>
<td>7AM-9AM</td>
<td>9AM-4PM</td>
<td>4PM-6PM</td>
</tr>
<tr>
<td>FRATNEY: 3255 N. Fratney Street, CP: 414-267-1154 Provider #: 2000563892</td>
<td>6/17/2019–8/9/2019</td>
<td>4-12</td>
<td>7AM-9AM</td>
<td>9AM-4PM</td>
<td>4PM-6PM</td>
</tr>
<tr>
<td>GAENSLEN: 1250 E. Burleigh Street, CP: 414-267-5781 Provider #: 2000563892</td>
<td>6/17/2019–8/9/2019</td>
<td>4-14</td>
<td>7AM-9AM</td>
<td>9AM-4PM</td>
<td>4PM-6PM</td>
</tr>
<tr>
<td>GRANTOSA: 4850 N. 82nd Street, CP: 414-393-4436 Provider #: 2000563892</td>
<td>6/17/2019–7/26/2019</td>
<td>4-14</td>
<td>7AM-9AM</td>
<td>9AM-4PM</td>
<td>4PM-6PM</td>
</tr>
<tr>
<td>GREENFIELD BILINGUAL: 1711 S. 35th Street, CP: 414-902-8293 Provider #: 2000563892</td>
<td>6/17/2019–8/9/2019</td>
<td>4-13</td>
<td>7AM-9AM</td>
<td>9AM-4PM</td>
<td>4PM-6PM</td>
</tr>
<tr>
<td>HAYES BILINGUAL: 971 W. Windlake Avenue, SP: 414-902-7250 Provider #: 2000563892</td>
<td>6/17/2019–7/26/2019</td>
<td>4-13</td>
<td>7AM-9AM</td>
<td>9AM-4PM</td>
<td>4PM-6PM</td>
</tr>
<tr>
<td>LAFOLLETTE: 3339 N. 9th Street, CP: 414-267-5345 Provider #: 2000563892</td>
<td>6/17/2019–7/26/2019</td>
<td>4-14</td>
<td>7AM-9AM</td>
<td>9AM-4PM</td>
<td>4PM-6PM</td>
</tr>
<tr>
<td>LINCOLN: 1817 W. Lincoln Avenue, CP: 902-9716, Provider #: 2000563892</td>
<td>6/17/2019–8/9/2019</td>
<td>4-13</td>
<td>7AM-9AM</td>
<td>9AM-4PM</td>
<td>4PM-6PM</td>
</tr>
<tr>
<td>MAPLE TREE: 6644 N. 107th St., SP: 578-5100, Provider #: 2000563892</td>
<td>6/17/2019–7/26/2019</td>
<td>4-12</td>
<td>7:30AM-9AM</td>
<td>9AM-4PM</td>
<td>4PM-6PM</td>
</tr>
<tr>
<td>MITCHELL: 1728 S. 23rd Street, CP: 414-902-8152 Provider #: 2000563892</td>
<td>6/17/2019–8/9/2019</td>
<td>4-12</td>
<td>7AM-9AM</td>
<td>9AM-4PM</td>
<td>4PM-6PM</td>
</tr>
<tr>
<td>RIVERWEST: 2765 N. Fratney Street, CP: 414-267-4527 Provider #: 2000563892</td>
<td>6/17/2019–8/9/2019</td>
<td>4-12</td>
<td>7AM-9AM</td>
<td>9AM-4PM</td>
<td>4PM-6PM</td>
</tr>
<tr>
<td>SHERMAN: 5110 W. Locust Street, CP: 414-874-5814 Provider #: 2000563892</td>
<td>6/17/2019–8/9/2019</td>
<td>4-14</td>
<td>7AM-9AM</td>
<td>9AM-4PM</td>
<td>4PM-6PM</td>
</tr>
<tr>
<td>SIEFERT: 1547 N. 14th Street, CP: 414-935-1566 Provider #: 2000563892</td>
<td>6/17/2019–8/9/2019</td>
<td>4-12</td>
<td>7AM-9AM</td>
<td>9AM-4PM</td>
<td>4PM-6PM</td>
</tr>
<tr>
<td>TOWNSEND: 3360 N. Sherman Blvd, CP: 414-874-5985 Provider #: 2000563892</td>
<td>6/17/2019–7/26/2019</td>
<td>4-14</td>
<td>7AM-9 AM</td>
<td>9AM-4PM</td>
<td>4PM-6PM</td>
</tr>
<tr>
<td>ZABLOCKI: 1016 W. Oklahoma Avenue, CP: 414-294-2305 Provider #: 2000563892</td>
<td>6/17/2019–8/9/2019</td>
<td>5-13</td>
<td>7AM-9AM</td>
<td>9AM-4PM</td>
<td>4PM-6PM</td>
</tr>
</tbody>
</table>

SS = Summer School
### CLC Summer Youth Participant Registration Form

#### Site: ________________________________

- [ ] Early Drop-off
- [ ] Late Pick-up
- [ ] Both

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Student ID#</th>
<th>T-shirt size</th>
</tr>
</thead>
</table>

Please check one for each of the following.

- [ ] Male
- [ ] Female

- [ ] Free
- [ ] Full
- [ ] Reduced
- [ ] Unknown

<table>
<thead>
<tr>
<th>Zip Code:</th>
<th>Phone:</th>
</tr>
</thead>
</table>

- [ ] English Teacher Name: ___________________________
- [ ] Elem. Teacher Name: _____________________________
- [ ] Math Teacher Name: ____________________________

- [ ] Primary Language: English
- [ ] Spanish
- [ ] Burmese
- [ ] Karen
- [ ] Rohinyga
- [ ] Arabic
- [ ] Hmong
- [ ] Somali
- [ ] Other: __________________

#### Lives with:

- [ ] Both Parents
- [ ] Father (single parent)
- [ ] Foster Care
- [ ] Grandparent(s)
- [ ] Guardian
- [ ] Joint Custody
- [ ] Mother (single parent)
- [ ] Other: __________________

<table>
<thead>
<tr>
<th>Transportation:</th>
</tr>
</thead>
</table>
- [ ] City Bus: Route: ____________
- [ ] CLC Bus/Van
- [ ] Pick-up
- [ ] Walk Home
- [ ] Other: __________________

#### Special Needs (allergies, medication, diet, etc.): ______________________________________________________________________

#### Please indicate your child’s swimming level: _____________________

- [ ] Expert
- [ ] Intermediate
- [ ] Beginner
- [ ] Cannot swim

### Household Information Page – Fill out only once per family

<table>
<thead>
<tr>
<th>Parent/Guardian Last Name</th>
<th>First Name</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Relationship</th>
</tr>
</thead>
</table>

#### ADDITIONAL CONTACTS: List additional contacts for the child(ren) and use the check boxes 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).

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Address</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Relationship</th>
<th>Pick up?</th>
<th>Emergency Contact?</th>
<th>Lives With?</th>
</tr>
</thead>
</table>

[] 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.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relationship</th>
</tr>
</thead>
</table>

#### Parent/Guardian Permission For Community Learning Center (CLC)

**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 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.

**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 me 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 image. 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: __________
Do you Receive WI Shares Child Care or W2?

Please Select One:

☐ Yes, I have an Open WI Shares Child Care Case. My Case Number is: _______________. I will call MECA (1-888-947-6583) to update my Child Care Authorization.

☐ Yes, I receive W2. My Case Number is: _______________. I will contact my FEP worker to update my Child Care Authorization.

☐ No, I currently do not receive WI Shares Child Care or W2. I understand that I must complete the information below to determine if I am eligible.

Signature: ______________________ Date: __________ Phone Number: _____________

Am I Eligible?

Please complete the following information.
All information is required for a completed BGCGM Membership application if you do not have an open WI Shares Child Care or W2 case.

List all Adults in Household

<table>
<thead>
<tr>
<th>First Name</th>
<th>Current Health Insurance?</th>
<th>Currently Working?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

List all Children in Household
(Continue list on back of sheet if needed.)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Child's Age</th>
<th>Current Health Insurance?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Monthly Income Information

<table>
<thead>
<tr>
<th>Total Monthly Gross Income for your Household from Job(s):</th>
<th>$ ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>Hours Worked Per Week</td>
<td>______________</td>
</tr>
<tr>
<td>Amount Earned Per Hour:</td>
<td>$ ____________</td>
</tr>
</tbody>
</table>

Do you receive any Additional Income? Check all that apply:

☐ Child Support  ☐ W2 Payments
☐ Social Security / SSI  ☐ Unemployment
☐ Other: _________________

Total Additional Monthly Income Received: $ ____________

For Office Use Only:

Club Location: ______________________

Eligible? ☐ Yes  ☐ No  ☐ Parent Needs to Update Auth
If Eligible, Date Contacted: ________________ By: ______________________

Notes:
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

<table>
<thead>
<tr>
<th>Name (Last, First, MI)</th>
<th>Address – Home (Street, City, State, Zip Code)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Birthdate (mm/dd/yyyy)</th>
<th>Date – First Day of Attendance (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

### PARENT / GUARDIAN INFORMATION

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone Number – Home</th>
<th>Telephone Number – Work</th>
<th>Telephone Number – Cellular</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone Number – Home</th>
<th>Telephone Number – Work</th>
<th>Telephone Number – Cellular</th>
</tr>
</thead>
</table>

### PHYSICIAN / MEDICAL FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name – Physician</th>
<th>Address – Medical Facility</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

### 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.

- ☐ Yes  ☐ No  I authorize the center to apply sunscreen to my child.
- ☐ Yes  ☐ No  I authorize the center to allow my child to self-apply sunscreen.

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Ingredient Strength</th>
</tr>
</thead>
</table>

- ☐ Yes  ☐ No  I authorize the center to apply repellent to my child.
- ☐ Yes  ☐ No  I authorize the center to allow my child to self-apply repellent.

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Ingredient Strength</th>
</tr>
</thead>
</table>

### 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.
   - ☐ No specific medical condition
   - ☐ Asthma
   - ☐ Diabetes
   - ☐ Gastrointestinal or feeding concerns including special diet and supplements
   - ☐ Cerebral palsy / motor disorder
   - ☐ Epilepsy / seizure disorder
   - ☐ Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism
   - ☐ 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: __________________________ __________________________ __________________________ __________________________ __________________________
2019 SUMMER ADVENTURES PROGRAM
WRITTEN PAYMENT AGREEMENT

By signing this agreement, Boys & Girls Clubs of Greater Milwaukee and parents agree to abide by the agreement and written polices for the summer program. I understand that I remain responsible for full payment until my Wisconsin Shares authorization is confirmed. Boys & Girls Clubs may amend the policies by giving the parents a copy of the new or changed policy.

1. Provider’s Policy for Deposits or/Holding a Slot: General programming is from 9 AM to 5 PM with early drop-off and late pick up arrangement available, but to hold a slot for all day care, a parent must pay a registration fee (or deposit) at least one week prior to the beginning of summer programming. A $20 non-refundable registration fee must be paid to the Club one week prior to the beginning of summer day camp. Full payment must be made by the Friday before programming starts.

2. Provider’s anticipated closure dates and policy for payment during closures: During summer services, the program will be closed for July 4th and weekends. For WI Shares authorized families, programming is enrollment based and parents will not be refunded for closures dates.

3. Provider’s policy, and payment expectations for expected and unexpected child absences: The summer program encourages all families to notify their club if a child will miss programming for 3 consecutive days or more. If a child misses programming for 3 consecutive days or more, a child may lose his or her slot and be placed on a waiting list for failure to notify their site. For WI Shares authorized families, programming is enrollment based and parents will not be refunded for unexpected child absence dates.

4. Provider’s WI Shares payment dispute policy: Disputes regarding WI Shares Payments will be resolved on a case-by-case basis as long as a parent has receipt-based proof of payment.

5. Provider’s Reasons and Procedures for Termination/ Expulsion/ Disenrollment of a Child(ren): Violation of any summer program rules may lead to suspension or termination of membership based upon the severity of the situation and the discretion of the summer program manager. Please see parent handbook for further details about the specific reasons and procedures.

6. Discounts or scholarship available to parents/ children: The summer program strives to serve youth regardless of ability to pay the membership/ summer weekly service fee. If a youth's parent(s) or guardian(s) cannot afford the membership/program fees, the youth may perform service at the summer program in lieu of any fee. A Payment Plan for the fees is also available. No child will be turned away for inability to pay.

Parent/Guardian Signature: ___________________________________________ Date: __________________

Club Management Signature ___________________________________________ Date __________________

PLEASE COMPLETE AND RETURN ALL FORMS.
BOYS & GIRLS CLUBS
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