

Parent/Guardian Understandings

- I understand the Boys & Girls Club of Cheyenne (also referred to as The Club) is not a day care facility, nor licensed as such. The Club is an affiliate of the Boys & Girls Clubs of America, with its own standards, philosophies, and practices.
- My child may join The Club and participate in the activities permissible by our physician & communicated to staff.
- I understand that my child, or his/her work, may be used in photographs, videos, literature, web pages and news releases in local media and other media outlets, both traditional and electronic.
- I understand that my child's artwork, photography or other items created at The Club will become property of The Club.
- I have read and discussed the Boys & Girls Club of Cheyenne Member Handbook with my child. I understand that failure to comply with the rules and regulations may result in a cancellation of membership with no refund of fees.
- In consideration of my child's membership and participation in activities and special programs or events of The Club, I, as a Parent/Guardian of the named minor, my heirs, executors, administrators and assigns, waive, release and discharge any and all rights and claims or damages against The Club and/or its sponsors for all claims arising or resulting from traveling, participating, and/or being involved in its program or activities. I attest and verify that I have full knowledge of the risks involved in said participation and that I will, on behalf of said member, assume and pay any medical or emergency expenses in the event of an accident, illness or other incapacity regardless of whether I have authorized such expenses. I also attest and verify that my son/daughter is physically fit and sufficiently trained to participate in the programs or activities of The Club unless stipulated under Medical Information.
- I understand that my child may be asked to complete surveys relative to The Club activities.
- I understand that The Club's staff is trained in the basics of First Aid and CPR and authorize them to provide my child with care when necessary. I also understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. I understand it is my responsibility to provide The Club with current contact information.
- I give permission to The Club to share pertinent information with schools, counselors, or DFS about my child for as long as he/she is a member of the Club. I understand The Club will receive and monitor progress of my child in an attempt to better meet his/her needs while at The Club.
- I give permission for my child to attend field trips in Cheyenne without signing additional Permission Slips.
- I understand that The Club maintains an **OPEN-DOOR** or **DROP-IN** policy and that supervision is provided **INSIDE** The Club's facility. Occasionally, supervised outdoor programming occurs on The Club's property and field trips. I further understand that it is not The Club's responsibility rather, it is the parent's responsibility to instruct said child that he/she is to stay at The Club site and who is to pick him/her up.

Parent/Guardian Signature _____

Date _____

PARENT/GUARDIAN CONSENT FORM

I, the parent or legal guardian for _____ hereby give my permission for my child to participate in the Mentoring Program at the Boys & Girls Club.

I fully understand that the program involves mentors, who shall be selected from the community and will be screened (including a criminal background check) and trained before beginning in the program. A mentor will be expected to spend a minimum of one hour per week with my child on-site at the Boys & Girls Club. The mentor is not allowed to take or meet my child beyond the Club facility.

I understand that my child will participate in an orientation session at the Club in which the program will be explained. The program is planned to last one year and continuation may then be discussed.

I understand that during the course of the mentoring program there may be special group events (incorporating all mentors and youth) and family events planned. I understand that the staff of the Club will provide ongoing monitoring of the mentoring activities.

I give the Boys & Girls Club Mentoring Program Coordinator permission to obtain my child's academic and attendance records from my child's school.

I permit the Mentoring Program staff and the Boys & Girls Club to utilize photographs of my child taken during his/her involvement in the mentoring program and waive all rights of compensation.

(Signature of Parent/Guardian)

(Printed name of Parent/Guardian)

Date _____

Please sign the permission form and return to the Boys & Girls Club Mentoring Program Coordinator by _____
(date)

Thank you!

YOUTH APPLICATION FOR MENTORING PROGRAM

Please answer the following questions as completely as possible. This information will help us to match you with the right mentor. (Please print)

Today's date _____

Name _____ Male _____ Female _____ (check one)

Address _____ City _____ State _____ ZIP _____

Telephone _____ Parent's Name _____

If you are not living with your mother or father, who is your legal guardian?

Name _____ Relationship to you _____

How many brothers and sisters do you have? _____ Their ages are: _____

My favorite kind of music is _____ My favorite television show is _____

My favorite sport is _____ My favorite book is _____

My best subject in school is _____ My worst subject in school is _____

Are you a Boys & Girls Club member? Yes _____ No _____

Do you have any after-school responsibilities? Yes _____ No _____

If yes, what are they? _____

Describe your special interests and hobbies (e.g. sports, arts & crafts, computers, music, reading, cooking, games, career interests, foreign languages, painting, reading, etc.)

What clubs or groups do you belong to? _____

What do you like to do most with your free time? _____

How could a mentor help you? _____

What do you hope to get out of your mentoring relationship? _____

Is there anything that you would like to share with your mentor? _____

What would you like to do with your mentor? _____

Why are you interested in participating in this program? _____

I agree that I will meet with my mentor at the Boys & Girls Club only at the times and locations arranged between us. I also agree to notify my mentor or my Club if I am unable to make a weekly meeting.

(Signature of Youth)

(Date)

Permission to Obtain & Release Information

Dear Parent:

To allow the district to obtain and release information regarding your child, _____, please complete and return this form. If you have any questions, my contact information is provided below.

Name & Title of Contact Person:	Address:
n/a	n/a
Phone:	Email:
n/a	n/a

I, the undersigned, hereby request and authorize:	
School District:	Laramie County School District One
Address:	Cheyenne WY
School District Contact Person:	Any Representative

To release to or obtain from:	
Agency:	Boys & Girls Club of Cheyenne
Address:	515 West Jefferson Road, Cheyenne WY
Agency Contact Person:	Any Representative

Information Provided for:	
Name of Child:	
Date of Birth:	

Information Requested:
<input checked="" type="checkbox"/> Official child academic/administrative records (Identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and achievement assessment results)
<input checked="" type="checkbox"/> Medical and/or related health records, including:
<input checked="" type="checkbox"/> Special Education confidential file (Evaluation, Eligibility & IEPs)
<input checked="" type="checkbox"/> Participation, development or implementation of the IEP and exchange of applicable agency documents.
<input checked="" type="checkbox"/> Other (specify): as needed

Purpose of disclosure
To have information about my child.

*** This permission is valid for one year from the date signed. A copy of this form is as effective as the original.**

I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent and that the written revocation must be given to the agency/organization I authorized to release information. I recognize that health records, once received by the school district or public agency, may not be protected by the HIPPA Privacy Act and may become education records protected by the Family Educational Rights and Privacy Act (FERPA). I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care.

Signature of Parent/Relationship _____ Date: _____



**BOYS & GIRLS CLUB
OF CHEYENNE**

**HEALTHY HABITS
Parental Permission/Food Allergy Waiver Form 2017**

All Club members participating in Healthy Habits must sign this form.

Name of Member: _____ has my permission to participate in Healthy Habits.

Does not have any food allergies or sensitivities of which I am aware.

Does have food allergies or sensitivities, and they are *(please list specific details below)*:

In the event of a medical emergency, the Club staff has my permission to obtain appropriate medical care.

Parent/Guardian Name (Printed)

Parent/Guardian (Signature)

Date

Telephone Number

If you have any questions about Healthy Habits, please contact:
Tori Ingvarsson, Healthy Habits Coordinator
Or Cameron Karajanis, Club Director
307-778-6674



**BOYS & GIRLS CLUB
OF CHEYENNE**

Leading Ladies

SMART Girls Parent/Guardian Consent Form 2017

Members must have a signed consent form in order to participate in SMART Girls

SMART Girls is a fun, interactive health and life skills program for girl's ages 8-12 years. If your daughter or family member completes the program, they participate in a graduation ceremony.

SMART Girls offers guidance toward self-esteem enhancement, health, fitness, and prevention education. The SMART Girls program addresses the following:

- ✓ Building positive relationships
- ✓ Physical and emotional growth
- ✓ Media influence and body image
- ✓ Personal values and social interaction
- ✓ Exercise and physical activity
- ✓ Culture and food
- ✓ Healthy appetites

As part of the SMART Girls program, members are given a pre and post test to help us evaluate their knowledge and understanding of some of these topics.

For SMART Girls participation-Please check one of the boxes below:

- I DO give permission for participation in the SMART Girls program.
- I DO NOT give permission for participation in the SMART Girls program.

Member Name / Age

Parent/Guardian Name (Printed) / Parent/Guardian (Signature)

Return this form by _____

If you have any questions about SMART Girls, please contact
Cameron Karajanis, Club Director
307-778-6674



**BOYS & GIRLS CLUB
OF CHEYENNE**

SUPERMAN CLUB

Passport to Manhood Parent/Guardian Consent Form 2017

Members must have a signed consent form in order to participate in Passport to Manhood

Passport to Manhood is a fun, interactive health and life skills program for boys. Members who complete Passport to Manhood participate in a graduation celebration.

Passport to Manhood offers guidance toward self-esteem enhancement, health, fitness, and prevention education. The Passport to Manhood program addresses the following:

The Passport to Manhood program addresses the following:

- ✓ Values
- ✓ Ethics
- ✓ Personal Wellness
- ✓ Substance abuse
- ✓ Relationships
- ✓ Family
- ✓ Careers
- ✓ Diversity
- ✓ Leadership
- ✓ Community responsibility
- ✓ Self-esteem and image
- ✓ Cooperation and conflict

As part of the Passport to Manhood program, members are given a pre and post-test to help us evaluate their knowledge and understanding of some of these topics.

Signing this form gives permission for:

_____ / _____
Member Name

Age

To participate in the Boys & Girls Club of Cheyenne Passport to Manhood program.

_____ / _____
Parent/Guardian Name (Printed)

Parent/Guardian (Signature)

Date: _____

If you have any questions about Passport to Manhood, please contact
Cameron Karajanis, Club Director
307-778-6674

2016-17

TANF In-take Eligibility Form



Child's Name _____ Age _____

Is Child a US Citizen or legal permanent resident? Yes No

Circle Ethnicity: African American American Indian Asian Hispanic Mixed non-Hispanic
Mixed Hispanic White

Home Address _____

Gross Household Income – all sources \$ _____ per Year

Total Number of People in Household _____ Adults _____ Children _____
Total Number of Disabled Persons _____ Total Number of People over age 65 _____
Is Parent Employed? Yes No Is Parent Enrolled in School? Yes No

The immediate family of this member qualifies for DFS childcare assistance. Yes No

This member qualifies for school lunch assistance. Free Lunch Reduced Lunch

I file taxes as Single Head of Household Yes No I am a single mom raising this child: Yes No

We are applying for a scholarship for the following:

- After School Transportation \$20 per month
- No School or Early Release Days \$5 per day
- Annual Membership \$10 per year
- Summer Adventures \$1000 maximum
- I would accept a partial scholarship as I understand scholarship funds are limited.

Please explain your reason for applying for a scholarship.

I verify all information is correct and scholarships may be revoked if I provide false information. I am willing to provide proof of income and other items if requested by the Boys & Girls Club of Cheyenne. I understand that scholarship funds are limited and my child may or may not received a scholarship. I understand that scholarships may be funded through on-time only funding such as through grants or special donations and must meet special guidelines. Limited scholarship funds are available for TANF eligible families.

Parent/Guardian _____ Date _____
Phone Number _____

Internal information: Staff comments _____
CPO Approval or Denial Comment _____
CPO Date notified parent _____

Parent Orientation

To be completed by parent or guardian:

Date of orientation: _____ Child's name: _____

Age: _____ When will your child start attending the Club? _____

The following information will help us better support you and your child:

Are there any health or behavioral concerns we should be aware of?

Is there anything at home, or in your child's life we should know about?

Parent/Guardian Signature: _____

To be completed by staff:

- Parent or guardian received 2017 Member Handbook
- Parent completed membership packet and turned in
- Membership paid
- Parent or guardian received program schedule
- Parent or guardian given tour of facility

