BOYS & GIRLS CLUB OF RAWLINS

Application
School Year 2026-2027
August 18 2026 - May 25 2027

Renewal: ____ New Member: ____ Session Pay: ____ Monthly Pay: ____ Weekly Pay: ____ Daily Pay: ____

Call: ____ Orientation: ____

Parents/Guardians: To simplify the registration process, please complete Member information, Membership Disclaimer, Emergency Medical Contact Information, and Field Trip Permission. For the other sections of the Application, make any changes that have occurred during the 2026 summer. If no changes have occurred, please initial NO CHANGES.
*Please see safety policies on our website: **bgcrawlins.com**

Member Information:

First Name _____Middle _____ Last _____
Nickname _____ Gender: B G Birthday _____ Age _____
Ethnicity White____ Hispanic____Asian____African Am____ Native Am ____Pacific Islander ____
Mailing Address _____
Physical Address (if different) _____City _____ State ____ Zip _____
Primary Contact E-Mail_____
Primary Contact Phone: Home _____ Cell _____ Work _____

Physical Information:

Height _____ Weight _____ Eyes _____ Hair _____ Distinctive feature _____

These Questions MUST be answered: Grade _____ Teacher_____

Parent Guardian Information

Mother (guardian) _____ Father (guardian) _____
Contact phone: _____ Contact phone: _____
Employer: _____ Employer: _____
Work phone: _____ Work phone: _____

Emergency Contact (other than parent/guardian)

Name _____ Contact phone: _____Relationship to Member: _____

No Changes _____

Medical Information (Each year we request a new Medical Emergency Form. See Attached.)

Doctor's Name _____ Office Phone: _____
Permission for Treatment by Doctor / Hospital Yes _____ No _____ Medicaid: Yes _____ No ____
Is your child covered by Health and / or Accident Insurance Yes ____ No _____
Insurance Carrier: _____ Insurance Phone: _____
Policy # _____ Group # _____
Serious Health Problems: No _____ Yes _____ Explain _____
Allergies: _____
Medications: _____

No Changes _____

I wish to be made aware of behavioral issues at the Club (select one):

____ EVERY TIME THEY OCCUR
____ AT STAFF DISCRETION
____ IF THEY AFFECT OTHER CHILDREN'S ABILITY TO PARTICIPATE
____ IF THEY ARE SEVERE

The following information is used for funding and reporting purposes. It is handled in a confidential and anonymous way.

THIS INFORMATION MUST BE COMPLETED

Member lives with: Both parents _____ Mother only _____ Father only _____
Mother & Stepfather _____ Father & Stepmother _____ Legal Guardian _____
Grandparents _____ Foster family ____ Other (please explain) _____

Annual HOUSEHOLD Income:

_____ $0 - 5000		_____ $30,001 - 35,000	_____ $60,001 - 65,000
____$5001-10,000		_____ $35,001-40,000	_____ $65,001-70,000
_____ $10,001-15,000		_____ $40,001-45,000	_____ $70,001-75,000
_____$15,001-20,000		_____$45,001-50,000	_____$75,001-80,000
____ $20,001-25,000		____ $50,001-55,000	____ $80,001-85,000
_____$25,001-30,000		_____$55,001-60,000	_____$85,001-90,000+

1. Number of family members living in household _____ Number of Children: _____ Adults: ____
2. Is there a member of the household 65 years old or older? Yes _____ No _____
3. Current Head of Household: Both Parents _____ Single Female _____ Single Male _____
4. Does the member qualify for: Free lunch _____ Reduced Lunch _____ Neither _____
5. Does the member have an IEP at school? Yes _____ No _____
6. Does the member receive English Language Learner (ELL) services? Yes _____ No _____
7. Are there any members of the family in the military service? Yes_____ No_____
8. Is there any members of the family who is a Veteran? Yes _____ No_____
9. Are any members of the family disabled? Yes_____ No____

No Changes _____

FOR NEW APPLICANTS Persons Authorized to pick up my child: (include parent(s) on list)

Name _____ Relationship _____ Ph _____
Name _____ Relationship _____ Ph _____
Name _____ Relationship _____ Ph _____
Name _____ Relationship _____ Ph _____
Name _____ Relationship _____ Ph _____
Name _____ Relationship _____ Ph _____

If there is an individual(s) you do not authorize to pick up your child, please contact the CEO, Christina Linn, CEO-Designate Sarah Hayes or the Site Manager, Aly Wade

FOR RENEWAL MEMBERS

Please check Member Tracking System (the check in computer) for your list of authorized and unauthorized pick-up list. Complete the following information:

I have checked my child's(ren's) pick-up list and there are **NO CHANGES** _____
I have checked my child's(ren's) pick-up list and want to make the following changes:

ADD Persons Authorized to pick up my child: (include parent(s) on list)

Name _____ Relationship _____ Ph _____
Name _____ Relationship _____ Ph _____
Name _____ Relationship _____ Ph _____

REMOVE Person Authorized to pick up my child:

Name _____ Relationship _____ Ph _____
Name _____ Relationship _____ Ph _____
Name _____ Relationship _____ Ph _____

Must come into Club to pick up child(ren)
Members WILL NOT be sent to the parking lot unattended.

Special Information

One parent or guardian must complete Parent / Member Orientation. The purpose of this is to keep Club Kids' families in the Boys & Girls Clubs of Carbon County Loop and ensure everyone is aware of rules/changes.
If you desire to have your child ride his/her bike to and from the Club and/or walk to and from the Club, fill out the appropriate forms (available upon request.)

Membership Fee Information:
Entire Fall 2026 Fee
First family member **$400** if paid no later than the first day of Fall 2026 Club. Monthly fee is **$50 for August and $100 for each other month for the first child** with a 10% discount **($5 for August, $10/month other than August or $40 for the fall, if paid upfront)** for each additional child.
Entire Spring 2027 Fee
First family member **$500** if paid no later than the first day of Spring 2027 Club. Monthly fee is **$100 for the first child** with a 10% discount **($10/month or $50 for the fall, if paid upfront)** for each additional child.

Payments are due no later than the first day of Club for the semester or each month/week if paid monthly/weekly. If you are going to pay by the week, the fee is $40 per week per member. These weekly fees need to be paid by the end of the Monday of each week. Delaying payments has caused several bookkeeping problems and we strive for accuracy. Daily Fees are $15/member per day.

If you need any financial assistance, please see Ms. Christina or Ms. Sarah.

Financial assistance consists of 50% of the membership fee. Nord Kirkeeng applications will be available. Some requirements will need to be met.

Outstanding Balances

Please check with Ms. Christina or Ms. Sarah for any outstanding balances and have this resolved prior to Membership Activation.

Payment Plan

I wish to pay for my child(ren's) School Year fees by the week. I understand that the fee is $40.00 per member per week and is due by the end of the Monday of the week in attendance.

I will pay ____ monthly ____ weekly

Parent / Guardian signature **Date**

Director's signature

I would like to make a tax-deductible donation to Boys & Girls Clubs of Carbon County.
Yes ___ No ___
$15 _____ $25 _____ $50 _____ Monthly _____ Quarterly _____
Donations from Friends of Boys & Girls Clubs help make sure the Club will be available in the years to come. They can be given at the Club or sent in the mail. For information see a staff person.
Donations are greatly appreciated. THANK YOU!

I would like to volunteer at Boys & Girls Clubs. I am interested in:
____ working with Club Kids
____ helping with cleaning
____ working on events or fundraisers
____ helping with web site
____ Other Please describe _____

Please contact me _____YES _____No

MEMBERSHIP DISCLAIMER

Please read the following information and mark where needed.

Please initial or check

_____I have been advised of the Internet Use Policy and <u>ALLOW</u> my child(ren) to use the internet while at Boys & Girls Clubs.

_____ I wish to have my child join Boys & Girls Clubs of Carbon County. The Member's Handbook describes important information about Boys & Girls Clubs. I have read the Members Handbook and agree to its guidelines. Should there be any questions, contact 324-8905 or 307-321-0279

Parent / Guardian:

- I understand Boys & Girls Club has an **OPEN DOOR** policy. This means the Club is not responsible for the manner in which a club member arrives or leaves.
- I understand in case of emergency, a reasonable effort will be made to contact me. In the event I, or the emergency contact, cannot be reached, I hereby give permission to Boys & Girls Clubs to secure proper treatment (including surgery) for my child. In consideration of being allowed to participate in any way in the program, events, and activities, I understand, acknowledge, appreciate, and agree that:
    - the risk of injury from activities involved in the program may be significant, including the potential for permanent paralysis and death.
    - I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, even if arising from the negligence of Boys & Girls Clubs of Carbon County, its officers, officials, agents, and/or employees, other participants, sponsors, advertisers, and if applicable, owners and lessees of the premises used to conduct the event, release and assume full responsibility for my child's participation.
    - I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during child's presence or participation, I will remove my child from participation and bring such to the attention of the nearest employee immediately.
    - I, of myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE INDEMNIFY, AND HOLD HARMLESS Boys & Girls Clubs of Carbon County, its officers, officials, agents, and /owners and lessees of premises used to conduct the event, release any and all claims, demands, losses, and liability arising out of the or related to any injury disability or death my child may suffer, or loss or damage to person or property, whether arising from the negligence of the releases otherwise to the fullest extent permitted by law.
- I understand Boys & Girls Clubs of Carbon County is NOT responsible for personal items brought to the Club, whether stolen, or otherwise missing. We encourage the child's name be on normal personal items brought to the club, i.e. coats, backpacks, etc. and we encourage other non-essential personal items to be left at home.
- In addition, I authorized the use and reproduction of any and all photographs and video footage which may be taken in connection with Club activities, to Boys & Girls Clubs of Carbon County.
- I understand that prevention programming is available at Boys & Girls Clubs and that a qualified staff person, either regular or contracted, has my permission to discuss at a level determined to be age appropriate, the following subject matter: alcohol & drugs, chemical abuse, human anatomy, mental health issues, interpersonal relationships, and values clarification.
- I understand that Boys & Girls Clubs will be offering a mentoring program utilizing selected mentors that have been screened and trained. All activities will be site based. I understand that my child will be involved in small group, age appropriate discussions and activities that allow the mentor to demonstrate positive role model behaviors. This program is designed to last throughout the summer and the following school year.

_____

Member signature

_____ _____

Parent signature **Date**

This form MUST be updated for each session.
EMERGENCY MEDICAL CONTACT INFORMATION

SUMMER 2026

CHILD'S NAME _____ **Date of Birth** _____ **Age** ___ **B G**

Please complete a form for each member.

Parent / Guardian _____

Physical Address _____City _____

Home phone _____ Cell _____ Work _____

Parent / Guardian _____

Physical Address _____City _____

Home phone _____ Cell _____ Work _____

Other than Parent--

Primary Emergency Contact _____

Relationship to Child _____

Home phone _____ Cell _____ Work _____

Other than Parent--

Secondary Emergency Contact _____

Relationship to Child _____

Home phone _____ Cell _____ Work _____

Doctor's Name _____ Office phone _____

Medical Insurance Yes No

Insurance Company _____ Policy No. _____

Medicaid No. _____

Dentist's Name _____ Office phone _____

Dental Insurance Yes No

Insurance Company _____ Policy No. _____

Medicaid No. _____

Allergies or special medication _____

I authorize all medical, surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent /guardian can be reached in the case of any emergency.

Comment:

I give permission for my child to go on field trips. I release Boys & Girls Clubs of Carbon County and individuals from liability in case of accident during activities related to Boys & Girls Club of Carbon County as long as normal safety procedures have been taken.

Comment:

_____ _____

Parent / Guardian signature Date

Boys and Girls Clubs of Carbon County

Field Trip Permission Form

Destination: Varies

Date	FALL 2026 AND/OR SPRING 2027	*Time*	Times will vary
Location	Varies		
Cost	The Club covers the cost of most Club activities. If we are not covering the cost you will be notified ahead of time.		
Transportation	Typically via bus, but if close enough we may walk.		
Notes	This permission slip is for all summer field trips in Rawlins and Sinclair. The most frequent use of this permission form will be for swimming and movie days. Only 1 slip is required to be on file for these mentioned activities. Swimming is available for anyone 7 or older. Parents or another adult may accompany children under 7, but must be in the water with the child. Members **do not have to attend** swimming each time it is offered. Each member/parent/guardian can decide if the member wants to participate on any date swimming is available. Members **MUST SIGN IN** at the club to be part of the activity. Any changes to the schedule will be announced as soon as possible. If the member must be picked up before the activity is over, **please go to the club and sign out your child(ren) and tell staff to contact the supervising staff. Contact will then be made to the supervisor.** Members dropped off at the pool, or any other event, but not signed in, will not be part of Boys & Girls Clubs activity. We assume no responsibility for these kids, unless explicit arrangements have been made to the contrary. **Violation of these guidelines may result in member's loss of privileges** RHS Pool no longer supplies life vests. Boys & Girls Clubs members must have their own swimming suit.—they cannot borrow a suit from the pool supply (Club rule). RHS swimming pool staff does NOT allow any swimming toys.		

Please return this permission slip prior to participation in Summer Club

As Soon As Possible. Permission slip must be on file before member can participate

MEMBER NAMES:

Signature: _____ Date: _____

Member Information: (2nd Child)

First Name _____Middle _____ Last _____

Nickname _____ Gender: B G Birthday _____ Age _____

Ethnicity White____ Hispanic____Asian____African Am____ Native Am ____Pacific Islander ____

Mailing Address _____ Physical Address (if different) _____

City _____ State _____ Zip _____

Primary Contact E-Mail_____

Primary Contact Phone: Home _____ Cell _____ Work _____

Physical Information:

Height _____ Weight _____ Eyes _____ Hair _____ Distinctive feature _____

My child is attending Summer School Yes_____No_____ Grade _____ Teacher_____

Parent Guardian Information

Mother (guardian) _____ Father (guardian) _____

Contact phone: _____ Contact phone: _____

Employer: _____ Employer: _____

Work phone: _____ Work phone: _____

Emergency Contact (other than parent/guardian)

Name _____ Contact phone: _____Relationship to Member: _____

No Changes _____

Medical Information (Each year we request a new Medical Emergency Form. See Attached.)

Doctor's Name _____ Office Phone: _____

Permission for Treatment by Doctor / Hospital Yes _____ No _____ Medicaid: Yes _____ No ____

Is your child covered by Health and / or Accident Insurance Yes ____ No _____

Insurance Carrier: _____ Insurance Phone: _____

Policy # _____ Group # _____

Serious Health Problems: No _____ Yes _____ Explain _____

Allergies: _____

Medications: _____

No Changes _____

This form MUST be updated for each session.
EMERGENCY MEDICAL CONTACT INFORMATION

SUMMER 2026 (2nd Child)

CHILD'S NAME _____ **Date of Birth** _____ **Age** ___ **B G**

Please complete a form for each member.

Parent / Guardian _____

Physical Address _____City _____

Home phone _____ Cell _____ Work _____

Parent / Guardian _____

Physical Address _____City _____

Home phone _____ Cell _____ Work _____

Other than Parent--

Primary Emergency Contact _____

Relationship to Child _____

Home phone _____ Cell _____ Work _____

Other than Parent--

Secondary Emergency Contact _____

Relationship to Child _____

Home phone _____ Cell _____ Work _____

Doctor's Name _____ Office phone _____

Medical Insurance Yes No

Insurance Company _____ Policy No. _____

Medicaid No. _____

Dentist's Name _____ Office phone _____

Dental Insurance Yes No

Insurance Company _____ Policy No. _____

Medicaid No. _____

Allergies or special medication _____

I authorize all medical, surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent /guardian can be reached in the case of any emergency.

Comment:

I give permission for my child to go on field trips. I release Boys & Girls Clubs of Carbon County and individuals from liability in case of accident during activities related to Boys & Girls Club of Carbon County as long as normal safety procedures have been taken.

Comment:

_____ _____

Parent / Guardian signature Date

Member Information: (3rd Child)

First Name _____Middle _____ Last _____

Nickname _____ Gender: B G Birthday _____ Age _____

Ethnicity White____ Hispanic____Asian____African Am____ Native Am ____Pacific Islander____

Mailing Address _____ Physical Address (if different) _____

City _____ State _____ Zip _____

Primary Contact E-Mail_____

Primary Contact Phone: Home _____ Cell _____ Work _____

Physical Information:

Height _____ Weight _____ Eyes _____ Hair _____ Distinctive feature _____

My child is attending Summer School Yes_____No_____ Grade _____ Teacher_____

Parent Guardian Information

Mother (guardian) _____ Father (guardian) _____

Contact phone: _____ Contact phone: _____

Employer: _____ Employer: _____

Work phone: _____ Work phone: _____

Emergency Contact (other than parent/guardian)

Name _____ Contact phone: _____Relationship to Member: _____

No Changes _____

Medical Information (Each year we request a new Medical Emergency Form. See Attached.)

Doctor's Name _____ Office Phone: _____

Permission for Treatment by Doctor / Hospital Yes _____ No _____ Medicaid: Yes _____ No ____

Is your child covered by Health and / or Accident Insurance Yes ____ No _____

Insurance Carrier: _____ Insurance Phone: _____

Policy # _____ Group # _____

Serious Health Problems: No _____ Yes _____ Explain _____

Allergies: _____

Medications: _____

No Changes _____

This form MUST be updated for each session.
EMERGENCY MEDICAL CONTACT INFORMATION

SUMMER 2026 (3rd Child)

CHILD'S NAME _____ **Date of Birth** _____ **Age** ___ **B G**

Please complete a form for each member.

Parent / Guardian _____

Physical Address _____City _____

Home phone _____ Cell _____ Work _____

Parent / Guardian _____

Physical Address _____City _____

Home phone _____ Cell _____ Work _____

Other than Parent--

Primary Emergency Contact _____

Relationship to Child _____

Home phone _____ Cell _____ Work _____

Other than Parent--

Secondary Emergency Contact _____

Relationship to Child _____

Home phone _____ Cell _____ Work _____

Doctor's Name _____ Office phone _____

Medical Insurance Yes No

Insurance Company _____ Policy No. _____

Medicaid No. _____

Dentist's Name _____ Office phone _____

Dental Insurance Yes No

Insurance Company _____ Policy No. _____

Medicaid No. _____

Allergies or special medication _____

I authorize all medical, surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent /guardian can be reached in the case of any emergency.

Comment:

I give permission for my child to go on field trips. I release Boys & Girls Clubs of Carbon County and individuals from liability in case of accident during activities related to Boys & Girls Club of Carbon County as long as normal safety procedures have been taken.

Comment:

_____ _____

Parent / Guardian signature Date

Member Information: (4th Child)

First Name _____Middle _____ Last _____

Nickname _____ Gender: B G Birthday _____ Age _____

Ethnicity White____ Hispanic____Asian____African Am____ Native Am ____Pacific Islander ____

Mailing Address _____ Physical Address (if different) _____

City _____ State _____ Zip _____

Primary Contact E-Mail_____

Primary Contact Phone: Home _____ Cell _____ Work _____

Physical Information:

Height _____ Weight _____ Eyes _____ Hair _____ Distinctive feature _____

My child is attending Summer School Yes_____No_____ Grade _____ Teacher_____

Parent Guardian Information

Mother (guardian) _____ Father (guardian) _____

Contact phone: _____ Contact phone: _____

Employer: _____ Employer: _____

Work phone: _____ Work phone: _____

Emergency Contact (other than parent/guardian)

Name _____ Contact phone: _____Relationship to Member: _____

No Changes _____

Medical Information (Each year we request a new Medical Emergency Form. See Attached.)

Doctor's Name _____ Office Phone: _____

Permission for Treatment by Doctor / Hospital Yes _____ No _____ Medicaid: Yes _____ No ____

Is your child covered by Health and / or Accident Insurance Yes ____ No _____

Insurance Carrier: _____ Insurance Phone: _____

Policy # _____ Group # _____

Serious Health Problems: No _____ Yes _____ Explain _____

Allergies: _____

Medications: _____

No Changes _____

This form MUST be updated for each session.
EMERGENCY MEDICAL CONTACT INFORMATION

SUMMER 2026 (4th Child)

CHILD'S NAME _____ **Date of Birth** _____ **Age** ____ **B G**

Please complete a form for each member.

Parent / Guardian _____

Physical Address _____City _____

Home phone _____ Cell _____ Work _____

Parent / Guardian _____

Physical Address _____City _____

Home phone _____ Cell _____ Work _____

Other than Parent--

Primary Emergency Contact _____

Relationship to Child _____

Home phone _____ Cell _____ Work _____

Other than Parent--

Secondary Emergency Contact _____

Relationship to Child _____

Home phone _____ Cell _____ Work _____

Doctor's Name _____ Office phone _____

Medical Insurance Yes No

Insurance Company _____ Policy No. _____

Medicaid No. _____

Dentist's Name _____ Office phone _____

Dental Insurance Yes No

Insurance Company _____ Policy No. _____

Medicaid No. _____

Allergies or special medication _____

I authorize all medical, surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent /guardian can be reached in the case of any emergency.

Comment:

I give permission for my child to go on field trips. I release Boys & Girls Clubs of Carbon County and individuals from liability in case of accident during activities related to Boys & Girls Club of Carbon County as long as normal safety procedures have been taken.

Comment:

_____ _____

Parent / Guardian signature Date

BOYS & GIRLS CLUBS
of Carbon County

Field Trip Authorization
(We carry this copy with us)

I, _____, authorize my child(ren):

_____

_____

_____

_____

to participate in all field trips with the Club this school year. The following information is for emergency purposes while on field trips (please list contacts, including yourself, in the order in which you would like them to be called):

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

_____ _____

Parent's Signature Date

*We will likely go on at least one field trip during Christmas Break and Spring Break during the 2026-2027 school year. We will also go swimming at least a couple times each semester.

BOYS & GIRLS CLUB
OF RAWLINS

Fall 2026 Schedule

August 18th	First Day of Club	
September 7th	Labor Day	CLUB CLOSED
September 21st	School Closed	ALL DAY CLUB
October 15-16	School Closed	ALL DAY CLUB
November 25	Thanksgiving Break	ALL DAY CLUB
November 26-27	Thanksgiving Break	CLUB CLOSED
December 21-23	Christmas Break	ALL DAY CLUB
December 24-25	Christmas Break	CLUB CLOSED
December 28-31	Christmas Break	ALL DAY CLUB
January 1	New Year's Day	CLUB CLOSED
January 4	Christmas Break	ALL DAY CLUB

BOYS & GIRLS CLUB
OF RAWLINS

Spring 2027 Schedule

January 1	New Year's Day	CLUB CLOSED
January 4	Christmas Break	ALL DAY CLUB
January 18	Martin Luther King Jr	CLUB CLOSED
February 15	President's Day	CLUB CLOSED
February 16	School Closed	ALL DAY CLUB
March 4-5	School Closed	ALL DAY CLUB
March 22-26	Spring Break	ALL DAY CLUB
April 12	School Closed	ALL DAY CLUB
May 25	Last Day of Club	
June 2	First Day of Club	ALL DAY CLUB