



Alexandria-Olympic Branch
Boys & Girls Clubs of Greater Washington

CODE OF CONDUCT

- Play fairly, and be honest.
- Bring your membership card everyday.
- Be respectful of Boys & Girls Club staff.
- Say only good things about others.
- Resolve disagreements in a positive way.
- Be respectful of other members and their property.
- Take care of your Boys & Girls Club facility and equipment.
- Avoid use of improper language.
- Remove hats before entering building.
- Applaud the efforts of others.
- Run outside only.
- Participate only in program areas open to your age group.
- Listen during "uptime" and assemblies.
- Dress appropriately at all times.
- Smoking, drugs, alcohol and weapons are prohibited.

Please read the following and sign where indicated:

1. I, _____ give permission for my child (or ward) _____ to join the Alexandria-Olympic Branch of Boys & Girls Clubs of Greater Washington and to participate in all of the programs and activities offered.
2. I give permission for my child (or ward) to be transported in the Club's vehicles for any activities that take place off the Club's property. If I have any exceptions, I have listed them on a separate sheet attached to this application. I reserve the right to take exception on a case-by-case basis and will officially notify the Club staff if my child (or ward) is NOT to participate in a specific off-premises activity.
3. I understand and agree that my child (or ward) must be picked up by closing time, or a fee will be charged which must be paid before my child (or ward) may return to the Club.
4. I understand and agree that the Alexandria-Olympic Boys & Girls Club has a "come and go" policy and cannot be responsible for my child (or ward) leaving the Club without permission. I understand that all Club members are free to come and go from the Club.
5. I understand and agree that the Alexandria-Olympic Boys & Girls Club does not refund membership fees and that my child (or ward) must obey all rules as stated in the *Code of Conduct*. I further understand that behavioral problems that cannot be solved can result in my child (or ward) being suspended from the Club without monetary refund.

6. It is expressly understood and agreed that the Alexandria-Olympic Boys & Girls Club shall not be responsible or legally liable for any losses of personal property, for any bodily injuries, or the results thereof, incurred and suffered by the applicant on the Alexandria-Olympic Boys & Girls Club property or in conjunction with any activities of any of the Greater Washington branches, or while engaged in any activities conducted away from the Alexandria-Olympic Boys & Girls Club.
7. I understand and agree that the Alexandria-Olympic Boys & Girls Club does not and will not provide medical insurance for my child (or ward).
8. I hereby give consent for my child's (or ward's) picture or any reproduction thereof (while he or she is engaged in Club activities) to be used for publicity and fundraising purposes. Permission is hereby granted to make changes or alterations and/or to use my child's (or ward's) name or any fictitious one for publicity and fundraising purposes.
9. I give permission to the Alexandria-Olympic staff to obtain age verification of my child (or ward) from his or her current school.

The undersigned represents that he or she is the parent and/or legal guardian of the minor named above and further represents that he or she has the legal authority to execute the foregoing consents and releases; or the undersigned warrants that he or she has reached the age of legal majority according to the Commonwealth of Virginia.

_____	_____
Signature of Parent or Guardian	Date
_____	_____
Signature of Child / Applicant	Date

Please return this consent and release form by mail or fax to:

Alexandria-Olympic Branch
Boys & Girls Clubs of Greater Washington
401 North Payne Street, Alexandria, VA 22314
703-549-3006 (Fax)

Please keep a copy of this consent form for your records.

**ALEXANDRIA-OLYMPIC BRANCH
BOYS & GIRLS CLUBS OF GREATER WASHINGTON
401 North Payne Street · Alexandria, VA 22314 · 703-549-3077**

COVER PAGE FOR STAFF USE ONLY

APPLICANT'S NAME: _____

6-9 (Cadet) 10-12 (Junior) 13-15 (Intermediate) 16-18 (Senior)

Proof of Age Documentation _____

Age: _____ Sex: Male Female

Member Card Number _____ Bar Code Number _____

Date Application Received _____ Staff Initials _____

Date Paid _____ Receipt # _____ Staff Initials _____

New Member Renewal

**ALEXANDRIA-OLYMPIC BRANCH
BOYS & GIRLS CLUBS OF GREATER WASHINGTON
401 North Payne Street · Alexandria, VA 22314 · 703-549-3077**

MEMBERSHIP APPLICATION
(Please be kind enough to print.)

Child's Name _____
(Last) (First) (Middle)

Sex: M F _____
(Age) (Date of Birth) (SS#) Medicaid # (if applicable)

(Street Address) (Apt. #) (City) (State) (Zip)

Phone # _____ Email Address _____

(School) (Grade) Type Public Private Charter

Prior Club Member? Yes No. Where? _____ # of years _____

Ethnic Origin: African-American White Asian Hispanic Other _____

Child Lives with: Both parents Mother Father Other _____

Mother's Name _____ Father's Name _____

Name(s) of Guardian(s) _____

Guardian's relationship to child (grandparent, aunt/uncle, etc.) _____

Please list all siblings:

Name	Age	Club Member? (Yes / No)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe any medical problems, conditions, or special concerns regarding your child.

Please provide a list any and all medications your child is taking.

Physician: _____ Phone # _____

Preferred Hospital/Clinic: _____ Phone # _____

Insurance? Yes No Insurance Co. _____ Policy # _____

Other organizations your child is a member of: _____

Mother's Occupation: _____ Mother's Work Hours _____

Employed at: _____ Mother's Work # _____

Father's Occupation: _____ Father's Work Hours _____

Employed at: _____ Mother's Work # _____

Guardian's Occupation: _____ Guardian's Work Hours _____

Employed at: _____ Guardian's Work # _____

Are you a member of the military? If so, what branch? _____

Do you receive any form of public assistance? If so, what type(s)? _____

Is your child a participant in the free or reduced lunch program? Yes No

EMERGENCY NUMBER(S) WHERE PARENTS/GUARDIANS/RELATIVES CAN BE REACHED DURING CLUB HOURS (REQUIRED FOR MEMBERSHIP)

Emergency Name	Phone #	Cell Phone #
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_____	_____	_____
_____	_____	_____
_____	_____	_____

I will instruct my child to: Walk home Take the bus Wait at the Club to be picked up.

Person(s) authorized to pick up my child:

Please keep a copy of this application for your records.