

MEMBERSHIP APPLICATION
Boys & Girls Clubs of Hernando County, Inc.
Sharks Cheerleading Program



Membership Type: Summer Cheerleading Program
 2021-2022 Cheerleading Program Year

New Member
 Renewing Member

Member Information:

First Name: _____ Middle: _____ Last: _____

Gender: ___ M ___ F Shirt Size: _____ DOB: _____

Address: _____

City: _____ State: ___ FL ___ Zip: _____

Primary Language Spoken in Home? _____

Racial/Ethnic Identity:

Asian White Bi-Racial Multi Racial American Indian or Alaska Native

Black or African American Middle Eastern or North African Hispanic or Latino

Native Hawaiian or other Pacific Islander Other _____

School Information:

School Lunch: Free/Reduced Entire School Free Not Eligible

Current Teacher: _____

School: _____ Grade: _____ :

Does the Member have a 504 or Individualized Education Plan (IEP)? Yes No

Medical Information:

Doctor Name: _____ Doctor Phone: _____

Date of Last Medical Exam: _____

Permission for Treatment by Doctor/Hospital: Yes No

Has Member been diagnosed with any of the following conditions (check all that apply):

Asthma Diabetes Hearing Impairment Visual Impairment ADD/ADHD Autism

Seizures Anxiety/Depression Oppositional Defiance Disorder

Other (including Food Allergies): _____

Medications: Yes No If Yes, explain: _____

Date Medical Info Received: _____

(complete reverse side)

**Information pertaining to Ethnicity and Member's Household is collected for Grant writing and Fundraising purposes ONLY. This data will be summarized in the aggregate and will exclude all references to any individual. The Boys & Girls Club of Hernando County does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation or military status, in any of its activities or operations.*

Physical:

Eye Color: _____ Hair Color: _____ Skin Color/Features: _____
 Height: _____ Weight: _____

Household:*NOTE: This information is collected for Grant writing purposes ONLY*

Member lives with: ___ Both Parents ___ Mother ___ Father ___ Grandparents ___ Aunt/Uncle
 ___ Foster parent(s) ___ Other: _____

Housing Development: _____

Annual	\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
Income	\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
Level:	\$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+ _____

Number in Household: _____ Adults _____ Children (Under 18)

Is there a Member of the Household 65 years old or older: ___ Yes ___ No

Is there a Member of the Household Handicapped: ___ Yes ___ No

Gender of Head of Household: ___ Female ___ Male

Is Member from a Single Parent Household: ___ Yes ___ No

Military Status of Household Members:

Current/Former Military: Yes No

Status: Active Duty Reserve/Guard Veteran

Disclaimer:

PARENT RELEASE You are agreeing to let your minor child engage in a potentially dangerous activity. You are agreeing that, even if Boys & Girls Clubs of Hernando County, Inc. (doing business as and hereinafter referred to as "Boys & Girls Clubs of Hernando County") uses reasonable care in providing this activity, there is a chance your child may be seriously injured or killed by participating in this activity because there are certain dangers inherent in the activity which cannot be avoided or eliminated. By signing this form you are giving up your child's right and your right to recover from Boys & Girls Clubs of Hernando County in a lawsuit for any personal injury, including death, to your child or any property damage that results from the risks that are a natural part of the activity. You have the right to refuse to sign this form, and Boys & Girls Clubs of Hernando County has the right to refuse to let your child participate if you do not sign this form.

PERMISSION TO PARTICIPATE I, the parent/guardian of the above-named participant hereby acknowledge that my child is in good general health and I give my approval for my child to participate in any and all Recreational Cheer national, regional, league/conference, association and team/squad activities, including transportation to and from the activities by a licensed driver with proof of insurance. I understand, hereby give my approval for, and assume any and all risk of my child's use of various playing surfaces and conditions, including but not limited to, dry and wet natural and artificial grass, hard dirt, and/or mud and I hereby acknowledge and understand that said surfaces may be regular or very irregular.

INTENT TO INFORM I acknowledge that I am fully aware of the potential dangers of participation in any sport and I fully understand that participation in recreational cheer may result in **SERIOUS INJURIES, PARALYSIS, PERMANENT DISABILITY AND/OR DEATH**. Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries and therefore I do hereby waive, release, absolve, indemnify, and agree to hold harmless the coaches, Boys & Girls Clubs of Hernando County, board members, staff and Boys & Girls Clubs of America board members and staff, and any and all organizers, sponsors, supervisors, participants, and persons transporting the above name participant to and from activities, from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

UNIFORM/EQUIPMENT RESPONSIBILITY I acknowledge that all uniforms and equipment are the property of the Boys & Girls Clubs of Hernando County. I agree to assume full responsibility for any and all equipment/uniforms loaned to the above name participant and I agree to promptly return, at the final practice or upon dismissal from the program, the uniform and other equipment issued to the above named participant in as good condition as when received except for normal wear and tear. If I fail to adhere to this policy, I will be responsible for immediate payment of \$250.00 to the Boys & Girls Clubs of Hernando County. In the event of non-payment, the above named participant shall be unable to enroll in any Boys & Girls Clubs of Hernando County activities and will be subject to collections.

COMMUNICATION AND PROMOTIONAL CONSENT As a condition to my child's participation, I hereby consent to receive communications via email and mail from Boys & Girls Clubs of Hernando County. I understand that Boys & Girls Clubs of Hernando County does not sell its contact lists and communications sent may contain program information as well as special offers and may be opted out of by following the instructions in the email or via written request to the Boys & Girls Clubs of Hernando County. Furthermore, I hereby grant Boys & Girls Clubs of Hernando County the absolute right and permission to make, reproduce, broadcast or otherwise use participant's name and likeness, any photograph, films, videos, recordings or other depictions or images in whatever form or media in connection with participation in Boys & Girls Clubs of Hernando County throughout the universe in perpetuity and in any and all advertising and promotion materials, in any manner or media whatsoever for purposes of art, advertising, editorial, trade or promotion of any other purpose whatsoever. To the extent that any benefit accrues or may accrue to Boys & Girls Clubs of Hernando County, I hereby and forever waive any interest in or claim to such benefits and acknowledge that Boys & Girls Clubs of Hernando County is under no obligation to exercise any rights granted herein.

ADULT CODE OF CONDUCT In order to uphold the goals of Boys & Girls Clubs of Hernando County and ensure that all participants have the benefit of a safe and fun learning environment, all parents, guardians and other adults and attendees of recreational cheer events, including but not limited to practices, competitions, and banquets, must behave accordingly in a respectful, courteous and sportsmanlike manner at all times. Any adult using alcohol, tobacco, or non-prescription drugs illegally or against posted restrictions and/or appears intoxicated at a Boys & Girls Clubs of Hernando event or recreational cheer event, and/or who is flagrantly rude, attempts to intimidate, verbally abuse, heckles, taunts, ridicules, boos, throws objects and or uses vulgarity or profane language/gestures with an official, coach, volunteer, staff member, participant or other event attendee, may receive a verbal warning and/or be asked to leave the event. The Boys & Girls Clubs of Hernando may also provide a written warning to the individual regarding the misbehavior. The adult's children may also be removed from the event. Any adult who commits one of the above stated offenses a second time, will be banned from any and all recreational cheer events for a period of one year from the date of the second offense, and their children may also be removed from the program(s) for that time period. Any adult who physically assaults an official, coach, volunteer, staff member or participant or threatens grave bodily harm may be permanently banned from any and all Boys & Girls Clubs of Hernando County events and the individual's children may also be permanently removed from any and all Boys & Girls Clubs of Hernando County programs.

ADHERENCE TO BOYS & GIRLS CLUBS OF HERNANDO COUNTY RULES AND PROCEDURES I hereby understand and acknowledge that as a parent/guardian of a participant it is my responsibility to comply with all rules and regulations stipulated, adopted or recognized by Boys & Girls Clubs of Hernando County and understand that any non-compliance with any and all rules and regulations may be cause for discipline and/or dismissal of the participant, myself, and/or any spectators or other persons affiliated with the undersigned and the above named participant. I further understand that the participant must meet Boys & Girls Clubs of Hernando County age requirements on their official certification date as established by Boys & Girls Clubs of Hernando County, without exception. I agree to furnish an authentic copy of a birth certificate of the above-named participant to the Boys & Girls Clubs of Hernando County and understand that valid proof of age, a current calendar year's signed medical release and this form must be presented by date of certification in order to participate further in Boys & Girls Clubs of Hernando County activities. I/We hereby hold Boys & Girls Club of Hernando County harmless of any financial loss as the result of any disciplinary action.

DISPUTE RESOLUTION POLICY SEVERABILITY I hereby understand and acknowledge that all civil disputes between Boys & Girls Clubs of Hernando County and any and all affiliated parties will be subject to binding arbitration in the location of Spring Hill, Florida in accordance with Florida law under the guidelines and rules of the American Arbitration Association. I hereby agree that this binding arbitration shall be in lieu of any litigation by and between myself, Boys & Girls Clubs of Hernando County and any and all affiliated parties. I also understand and agree that if I contest any decision or ruling of Boys & Girls Clubs of Hernando County and seek other recourse, that I will reimburse Boys & Girls Clubs of Hernando County for all legal fees and expenses it reasonably incurs. If any portion of this form shall be deemed unenforceable, illegal, and/or invalid, the remainder shall remain in full force and effect.

RULES AND REGULATIONS In consideration of participation in the Boys & Girls Clubs of Hernando County's Recreational Cheer Program and by my signature below, I hereby stipulate that I have read, fully understand and voluntarily agree to be bound by all of the above and that all information provided by me is true and accurate to the fullest extent of my knowledge.

FEES I hereby understand and acknowledge that all fees paid are non-refundable.

MEDICAL TREATMENT I give permission to the Boys & Girls Club of Hernando County to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.

MISCELLANEOUS I understand that the Boys & Girls Club is not responsible for lost or stolen items. Parents and Club members are responsible for their own transportation to and from the Club. I understand that my child/children's membership may be suspended or canceled at any time, the sole decision resting in the judgment of the Unit Director and/or the Executive Director.

Parent/Guardian's Signature

Member's Signature

Printed Name

Printed Name

Date

Date

MEMBERSHIP APPLICATION - CONTACTS

Boys & Girls Clubs of Hernando County, Inc.

Member's Name: _____

PRIMARY CONTACT	
<p>Name: _____</p> <p>Relationship to Member: _____</p> <p><input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Emergency Contact</p> <p><input type="checkbox"/> Person Authorized to Pick up Member</p> <p>DOB: _____ SSN: _____</p> <p>Occupation: _____</p> <p>Address H: _____</p> <p>Employer: _____</p> <p>Address W: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Email: _____</p>	<p>Name: _____</p> <p>Relationship to Member: _____</p> <p><input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Emergency Contact</p> <p><input type="checkbox"/> Person Authorized to Pick up Member</p> <p>DOB: _____ SSN: _____</p> <p>Occupation: _____</p> <p>Address H: _____</p> <p>Employer: _____</p> <p>Address W: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Email: _____</p>
<p>Name: _____</p> <p>Relationship to Member: _____</p> <p><input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Emergency Contact</p> <p><input type="checkbox"/> Person Authorized to Pick up Member</p> <p>DOB: _____ SSN: _____</p> <p>Occupation: _____</p> <p>Address H: _____</p> <p>Employer: _____</p> <p>Address W: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Email: _____</p>	<p>Name: _____</p> <p>Relationship to Member: _____</p> <p><input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Emergency Contact</p> <p><input type="checkbox"/> Person Authorized to Pick up Member</p> <p>DOB: _____ SSN: _____</p> <p>Occupation: _____</p> <p>Address H: _____</p> <p>Employer: _____</p> <p>Address W: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Email: _____</p>
<p>Name: _____</p> <p>Relationship to Member: _____</p> <p><input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Emergency Contact</p> <p><input type="checkbox"/> Person Authorized to Pick up Member</p> <p>DOB: _____ SSN: _____</p> <p>Occupation: _____</p> <p>Address H: _____</p> <p>Employer: _____</p> <p>Address W: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Email: _____</p>	<p>Name: _____</p> <p>Relationship to Member: _____</p> <p><input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Emergency Contact</p> <p><input type="checkbox"/> Person Authorized to Pick up Member</p> <p>DOB: _____ SSN: _____</p> <p>Occupation: _____</p> <p>Address H: _____</p> <p>Employer: _____</p> <p>Address W: _____</p> <p>Phone: _____ Type: _____</p> <p>Phone: _____ Type: _____</p> <p>Email: _____</p>

Physical Fitness & Medical History Form

Boys & Girls Clubs of Hernando County, Inc.

Sharks Cheerleading Program

Special Note: This form must be dated after January 1, 2021 and then submitted to the Boys & Girls Clubs of Hernando County. No other forms are acceptable unless Section II is modified or substituted ONLY to comply with local and/or state laws or because of medical practitioner regulations (i.e., the medical practice insists on its own form). In either case, Section I must still be filled out entirely and attached to any modified/substituted form. Section II must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc.)

Section I: FOR PARENT/GUARDIAN COMPLETION ONLY

Legal Name of Participant (must match birth certificate):

Last _____ First _____ Middle _____

Address _____ City _____ State FL Zip _____

Telephone No _____ Date of Birth _____ Male Female

Name of Primary Medical Insurance Company _____ Policy: _____

Membership Number _____ Name of Primary Insured _____

Does Primary insured have Medicaid? Yes No Does Primary Insured have Medicare? Yes No

Sport: **Recreational Cheer**

PARTICIPANT MEDICAL HISTORY

	Yes	No
1. Are there any injuries requiring medical attention?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there any past surgeries or scheduled surgeries?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there any history of concussions and/or head injuries?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the participant currently under the care of a medical practitioner?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the participant currently taking any medications?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the participant have any allergies (penicillin, bee stings, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the participant have asthma/require the use of an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the participant diabetic/require medication for diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the participant carry sickle cell trait/suffer from sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the participant currently require medication?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does/has the participant have/had seizures?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the participant wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the participant wear a brace or other medical support device?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the participant have any other physical limitations or medical conditions?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any of the above questions, please provide the question number and an explanation in the following space and/or attach to this form:

If you answered yes about concussions, provide the name and of the doctor or qualified medical professional who cleared Participant for this activity:

Name: _____ Phone Number: _____

I hereby certify that this information is accurate to the best of my knowledge. I understand that this medical authorization may be voided in the event of injury, illness or accident and my child may not be cleared for participation at such time. Further, I hereby acknowledge that it is my responsibility to inform my child's coach or organization official in writing if there is any change in the medical condition of my child. I also understand that it's my responsibility to obtain written permission from my child's physician on official medical stationery in order to seek permission for my child to resume participation after any and all such injury, illness or accident.

Signature of Parent or Legal Guardian: _____

Printed Name: _____

Relationship to Participant: _____

Date: _____

Section II: THIS SECTION MUST BE COMPLETED ONLY BY A LICENSED MEDICAL PROFESSIONAL ON OR AFTER JANUARY 1ST OF THE CURRENT CALENDAR YEAR.

Name of Participant: _____

(Please check the following if healthy or note otherwise)

Height		Weight		Eyes	
Ears		Mouth		Nose & Throat	
Respiratory		Cardiovascular		Neurological	
Musculoskeletal		Dermatological		Blood Pressure	

I hereby certify that I am a licensed state examiner and have examined the above named individual and understand that he/she will be involved in participating the recreational cheer programs. I hereby attest that this individual is physically fit and I have found no medical reason which would prevent this individual from safely participating in recreational cheer activities for the 2020 season. I am therefore clearing this individual for athletic participation without limitation.

Please indicate medical profession (M.D., D.O.R.N., etc.) _____

Are you licensed in the State of Florida to perform physical examinations? ? Yes No

Today's Date: _____

Please sign and fill out the following information OR place Official Medical Practice Stamp here:

Signature: _____

Printed Name: _____

Address: _____ City _____ State FL Zip _____

Phone: _____ FAX: _____

SECTION II MUST BE COMPLETED IN ITS ENTIRETY ONLY BY A LICENSED STATE EXAMINER (MEDICAL DOCTOR, NURSE PRACTITIONER, ETC). NO OTHER FORMS ARE ACCEPTABLE UNLESS SECTION II IS MODIFIED OR SUBSTITUTED ONLY TO COMPLY WITH LOCAL AND/OR STATE LAWS OR BECAUSE OF MEDICAL PRACTITIONER REGULATIONS 9I.E., THE MEDICAL PRACTICE INSISTS ON ITS OWN FORM). IN EITHER CASE, SECTION I MUST STILL BE FILLED OUT ENTIRELY AND ATTACHED TO ANY MODIFIED/SUBSTITUTED FORM THAT MUST BE SIGNED IN THE CURRENT CALENDAR YEAR.