

Torch Club is a National Boys & Girls Club of America program. Its focus is to give teens an opportunity to participate in civic engagement as well as acquisition of job skills in a fun environment. Civic engagement projects will be chosen by the teens, planned by the teens and implemented by the teens with assistance from adult mentors. We want teens to be able to have a voice and a greater impact in our community and strive to create opportunities for this to happen.

## Basic Information

Teen's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.o.B. \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Teen's Cell Phone #: \_\_\_\_\_ Teen's Email address: \_\_\_\_\_

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Mother's Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

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Father's Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

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Guardian's Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

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Allergies: \_\_\_\_\_

Other Pertinent Medical Information (i.e . asthma):  
\_\_\_\_\_  
\_\_\_\_\_

## Permissions

### **\*ACTIVITIES/WALKING TRIPS/BUS FIELD TRIPS:**

I hereby grant permission for my child to participate in all activities of the Summer Torch Club program. This includes leaving the Boys & Girls Club of Western Broome premises on foot/or by vehicle under the supervision of a staff member for group activities on the Union-Endicott playing field or the river path or field trips to other locations. I understand that there are risks involved in allowing my child to participate in such an activity, and I accept each of these risks on behalf of my child. I will not hold the Boys & Girls Club of Western Broome Family Center, its staff, or its volunteers responsible for any accident/injury or lost/stolen property incurred while taking part in such an activity. I also give my permission for the club's trained staff to secure any emergency medical care needed during my child's participation in these events. My child is physically fit and prepared for such a trip, and any special disabilities, allergies, illnesses, or concerns have been made thoroughly known to the Boys & Girls Club of Western Broome, as well as its staff members.

*parent/guardian signature* \_\_\_\_\_ *date:* \_\_\_\_\_

### **LUNCH PERMISSION:**

I hereby grant my child permission to leave the Boys & Girls Club building to walk to nearby places for lunch.

*parent/guardian signature* \_\_\_\_\_ *date:* \_\_\_\_\_

### **PHOTO/MEDIA PERMISSION:**

I hereby grant permission for my child to appear in any photo/media coverage approved and hosted by the Boys & Girls Club of Western Broome Family Center without receiving any additional notice. I understand that the Youth Development Director has the authority to determine which children and photographs will be used in such an event, and I concede with whatever decision the director makes. I also realize that the club will determine appropriate requests for publicity, and I respect and comply with their choices as well.

*parent/guardian signature* \_\_\_\_\_ *date:* \_\_\_\_\_

***\*There will be notice of field trips given prior to the day of the trip.***

## Getting to Know You Information (filled out by teen)

Future Career Goal: \_\_\_\_\_

Do you participate in Sports or Extracurricular Activities (clubs, programs, etc)? If yes, what?:

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What are your favorite activities?:

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Favorite Subject in School (and why):

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If you could go anywhere in the world...where would you go?... and why?:

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If you could help any group of people in the world either with your time or money...who would you help and why?:

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What do you think is something great about our community?

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What do you think is something in our community that can be improved?

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What do you think are the best ways to let someone know you care that they are happy and doing well?

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If you lost your cell phone for a day, what would you do instead? How would it make you feel?

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## EMERGENCY MEDICAL RELEASE FORM

Child's Name \_\_\_\_\_

If emergency care is deemed necessary for my child by a member of the Boys & Girls Club of Western Broome Family Center staff and I cannot be contacted, I hereby authorize the program director or staff to act on my behalf in granting permission for my child to receive all required emergency treatment from a professional physician. These steps may include, but are not limited to, the following:

- 1) An attempt will be made to contact the child's parent/guardian, or the individuals listed on the emergency medical care form.
- 2) In the event that we cannot locate you, we will proceed to one of the following options:
  - a) Contact a paramedic nearby
  - b) Have the child transported via ambulance to an emergency hospital under the supervision of a program staff member
- 3) Any expenses incurred under such circumstances as those listed in #2 above will be borne by the child's parent/guardian. Note: your child's membership at the Boys & Girls Club of Western Broome Family Center provides secondary accident insurance (after primary insurance has paid and provided documentation to the club office only).
- 4) The Boys & Girls Club staff/employees will not be held responsible for anything that may happen as a result of false, erroneous, or incomplete information given at the time of registration.

The undersigned, who are parents/guardians having legal custody of the above named minor, hereby authorize the Boys & Girls Club of Western Broome Family Center, into whose care their child has been entrusted, to consent to any of the following medical necessities whenever the need may arise. This includes, but is not limited to, x-ray examinations, anesthetic, medical/surgical diagnosis or treatment, and/or hospital care to be rendered to said minor. Staff will only allow treatment under the counsel of a professional physician and surgeon licensed under the Medical Practice Act, or by a dentist licensed under the provisions of the Dental Practice Act. The undersigned further authorizes Boys & Girls Club of Western Broome Family Center to have the child released into the custody of a previously designated representative, should hospital care no longer be required.

**\*This form is to be used only in cases of extreme EMERGENCIES, when a child's parent/guardian cannot be contacted.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Second Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_