



Monday, Tuesday, Wednesday, Thursday, Friday 1:30pm – 8:00pm
Non-School Weekdays 7:45am – 5:00pm

BIRTH CERTIFICATES ARE REQUIRED OF ALL MEMBERS

All new members and parent/guardian must attend a New Members Meeting before starting at The Club for Boys.

School Attending (Fall School Year 2025-2026): _____ Grade: _____

[illegible]

Parent/Guardian Information: ☐Parent(s) ☐Guardian(s)

The Club must always have at least one working phone number for parents/guardians in case of emergencies.

Parent/Guardian 1:

[illegible]

First

Parent/Guardian Phone #s:

Home/Message

Employer Name

Email Address:

[illegible]

Parent/Guardian 2: ☐ Please check if this person does not live in the same household as the member.

[illegible]

First

Parent/Guardian Phone #s:

Home/Message

--	--	--

			-				
--	--	--	---	--	--	--	--

Employer Name

Email Address:

[illegible]

Emergency Contact Information:

All members must have a current emergency contact in case we are not able to get ahold of a parent/guardian. Please provide information for at least one person other than parents/guardians who you would like us to contact in case of an emergency.

☐ Relative: _____ ☐ Non-Custodial Parent ☐ Caseworker ☐ Acquaintance

Name:

[illegible]

First

Emergency Contact Phone #s:

Home/Message

Employer Name

Receiving Texts from The Club for Boys

SMS Privacy Policy Statement

The Club for Boys collects phone numbers for communication via SMS messaging. By providing a telephone number you are consenting to be contacted by SMS text message. Message & data rates may apply. Frequency may vary. You can reply "STOP" to opt-out of further messaging. For help, reply with HELP for more information. In addition, please review the rest of our privacy policy. We do not share personal data (phone numbers) and consent with third parties / affiliates or partners for marketing or promotional purposes.

.....

Receiving Texts from The Club for Boys from our Text Notification System

The Club for Boys uses a text notification system to send out reminders of closures, changes in our hours, and special events. If you would like to receive these texts, please subscribe to our texting platform.

To subscribe, text ALLMEMBERS to 844-559-0273.

.....

Receiving Individual Texts from The Club for Boys

The Club for Boys uses Zoom to send out individual texts to parents/guardians in regards to your member(s) only. These texts could be for special trips for Boys of the Area, Pool Shark tournaments, special invite only events, and more.

The Club for Boys will send an individual text message from 605-415-4716. If you would like to receive individual messages, please check the box below. The Club will send you the following message: **Text START to receive text messages from The Club for Boys. Message frequency may vary. Message and Data Rates may apply. To end messaging from us, reply with STOP. Reply with HELP for more information.**

When you receive this message, please text start to be able to receive individual messages from the Club. This will opt you into individual messaging.

- ☐ I want to opt into individual messaging. Phone #: _____
- ☐ I do not want to opt into individual messaging.

Signature: _____

Date: _____

Assumption of the Risk and Waiver of Liability Relating to all Infectious Diseases

The Club for Boys (the Club) does take appropriate measures to minimize exposure to infectious diseases. However, COVID 19, flu, cold, MRSA as examples and other numerous illnesses still present a risk. Therefore, the Club cannot guarantee that you or your member will not become infected with different infectious diseases through simple attendance. It is possible, further attending the Club could increase your risk and your member's risk of contracting infectious diseases.

.....

By signing this agreement, I acknowledge the contagious nature of infectious diseases and voluntarily assume the risk that my member and I may be exposed to or infected by contagious disease by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by contagious disease at the Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, volunteers, and program participants and their families.

In exchange for my member being permitted to attend the Club and participate in Club programming, I voluntarily assume all of the above risks and accept sole responsibility for any injury to my member or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my member may experience or incur in connection with my member's attendance at the Club or participation in Club programming. On my behalf, and on behalf of my member, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representatives, of and from any claims, including all liabilities, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a disease infection occurs before, during, or after participation in any Club program.

Infectious Disease

I further acknowledge, understand, appreciate, and agree that my participation may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others and assume **full** responsibility for my participation and exposure.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Club Member

2025 SUMMER ACTIVITIES PERMISSION SLIP

MEMBER NAME: _____ MEMBER CARD #: _____

One of our goals is to expose our members to opportunities that they may not otherwise get the chance to do. The summer months provide us with lots of time to do that by taking members on field trips. To streamline our process of collecting permission slips and filling all the spots for trips, we have one permission slip to cover the summer. If there is any trip that does not fall under one of the three categories listed below, a separate permission slip will be sent home for parents/guardians to sign if they wish for their member to participate.

Field trips are limited to a certain number of seats, depending on the activity. It is important to know that each trip will be first come, first serve. Staff will make every effort to take different boys each time so that everyone may have a chance to participate in a field trip.

We ask that if you do not wish for your member to leave the Club on any certain day due to an appointment, early pick up or any other reason that you let our office know by 8:00am on that day. You may call our office at any time to see if your member is on a trip.

Please look over each of the options below and initial the activities that you give permission for your member to participate in.

WACKY WATER ACTIVITIES (on-site) – Each day, provided the weather is at least 80°, staff may run water activities to keep boys cool. During these activities, your member will get wet and dirty. Towels and sunscreen will be provided but not required to be used. Members must wear shorts to participate.

_____ Initial

FIELD TRIPS (off-site) – Field trips will periodically be scheduled between 8:30am–12:30pm and 12:30 pm–3:30pm. Trips may include, but are not limited to, places like local parks and tourist attractions, the Golden Ticket, and swimming pools.

_____ Initial

DAY TRIPS (off-site) – The Outdoor program will be taking day trips between 8:00am– 4:00pm. These trips may include, but are not limited to, places like the Badlands, Custer State Park, Hill City, and Spearfish. Activities may include, but are not limited to, hiking, canoeing, lake swimming, rock climbing, and local attractions.

_____ Initial

All trips will be staffed by at least two adults with one being trained in CPR and first aid.

In case of an accident, we need your full consent to obtain medical assistance for your member should it be required. Although the boys will have adequate adult supervision continuously, an accident may happen. Realizing every safety precaution will be taken, I agree not to hold The Club for Boys responsible for any accident or injury. By signing the Summer Permission Slip, I hereby give my consent to obtain professional medical help for my member _____ as deemed necessary by The Club for Boys leaders.

ALLERGIES: Please list any allergies on the lines provided.

_____ No Known Allergies

_____ Food Allergies: _____

_____ Medication Allergies: _____

_____ Environmental Allergies (insect stings, hay fever, etc.): _____

_____ Other Allergies (please list): _____

PHYSICAL LIMITATIONS: Please list any physical limitations that The Club for Boys staff should be aware of on the lines provided. Ex: asthma - needs inhaler, does not know how to swim, etc.

It is important that parents/guardians keep contact information up to date in case we need to contact you regarding an emergency or behavior situation. In the case that we have incorrect contact information your member will be removed from the master list and must reapply for permission to attend field trips.

CONTACT INFORMATION:

First Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Second Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Confidential Information

In order to qualify for certain federal, state and local grant funding, The Club for Boys needs to gather the following information. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both necessary and appreciated.

Family Setting – (Please check who the member lives with a majority of the time):

- | | | |
|---|--|--|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother Only | <input type="checkbox"/> Father Only |
| <input type="checkbox"/> 50/50 Parent Split | <input type="checkbox"/> Mother/Stepfather | <input type="checkbox"/> Father/Stepmother |
| <input type="checkbox"/> Grandparent(s) | <input type="checkbox"/> Relatives | <input type="checkbox"/> Foster Parents(s) |

Race: ☐ Native American ☐ Black/African American ☐ White/Caucasian
☐ Asian American ☐ More than 1 Race ☐ Native Hawaiian or Other Pacific Islander

Are you Hispanic? No ____ Yes ____

Yearly Household Income: \$ _____ We receive ☐ TANF and/or ☐ Food Stamps

Number of People Living in Household: _____

Household Type: ☐ Apartment ☐ House ☐ Mobile Home ☐ Motel ☐ Other _____

At any time during the past year have you lived in a motel, at the Cornerstone Rescue Mission, OneHeart, WAVI shelter, on the street, or with others because you did not have permanent housing? ____ Yes ____ No

At any time during the past year, has a close relation of your member been in jail? ____ Yes ____ No

Member Medical Information

1. Does your member have any serious food allergies? ____ No ____ Yes

If so, please list any serious food allergies and bring medical form from doctor if applicable:

2. Does your member have any medical/physical limitations that we should know about? ____ No ____ Yes

If so, please list the condition(s) (Allergies, Diabetes, Asthma, Heart Murmur, etc.):

3. Has your member been diagnosed with a physical and/or mental disability/condition? ____ No ____ Yes

If so, please list the disability or condition(s) (such as ADHD, Cerebral Palsy, Down Syndrome, etc.):

4. Is your member currently taking any medications? ____ No ____ Yes

If so, please list:

5. Is your member on Medicaid? ____ No ____ Yes

Parent/Guardian authorizations for (print member name): _____

1. **Medical Treatment:** I give The Club for Boys permission to seek emergency medical treatment for my member if I cannot be reached. I release The Club for Boys, its employees, agents, and representatives from liability and responsibility. I am aware and understand that I will be responsible for the cost of any/all medical attention and treatment necessary.

Please see the office if you need to keep any medication(s) on site for your member.

_____ (Please initial)

2. **First Aid:** I give The Club for Boys permission to provide first aid and preventative measures for my member. This may include applying over the counter topical ointments, sunscreen, and bug spray.

_____ (Please initial)

3. **Pictures and Video:** I give permission for my member's picture, video, or any other graphic depiction or likeness, to be used by the Club for distribution and social media (website, social media platforms, marketing materials, and community partnerships: examples - media outlets, corporate partnerships, etc.).

Yes ____ No ____ Yes Group Only ____ (Please Initial)

4. **School Contacts:** I give permission for my member's school and The Club for Boys to discuss my member's progress in schoolwork, behavior, and attendance.

Yes ____ No ____ (Please Initial)

Personal Property Statement: I fully understand that The Club for Boys is not responsible, financially or for replacement, at any time for any personal property my member brings to the Club and/or on field trips. Any member's personal property that is stolen, lost, damaged, misplaced, traded, or not available for any reason is not the responsibility of The Club for Boys nor any reimbursement for any item.

By signing and dating the Parent/Guardian Signature at the end of this application, I agree that I have read this entire registration form and I fully understand its terms and conditions. I also certify that the information I have provided in this application is true and correct to the best of my knowledge.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Application must be completed, signed, and turned in along with payment and birth certificate by the parent/guardian before the member will be able to attend The Club for Boys.

Office Use Only

Family Income Level: Free ____ Reduced ____ Paid ____ No Info Paid ____

Date Paid ____/____/____ Receipt # _____ Amount Paid \$ _____ Staff Initials _____

Date entered: ____/____/____ Staff Initials _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs).

For information on filing a discrimination claim visit theclubforboys.org or www.usda.gov. This institution is an equal opportunity provider.