



BOYS & GIRLS CLUBS
OF HALL COUNTY

MEMBERSHIP INFORMATION FORM

1 Positive Place
PO Box 691
Gainesville, GA 30501 P: (770) 534 -3030 F: (770) 532-7094

Office Use Only:
Income Eligible: _____
Date: _____
Receipt #: _____
Amount Pd: \$ _____
Cash/Check# _____
Membership Type: _____
Member ID #: _____
Staff approval: _____
Data Entry Staff: _____
Scholarship: _____

Confidentiality: Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Head of Household Information:

		Male/Female
_____	_____	Gender Circle one
First Name	Last Name	
Family Income: Check One		
<input type="checkbox"/> \$0 - \$10,830 <input type="checkbox"/> \$10,831-\$14,570 <input type="checkbox"/> \$14,571-\$18,310 <input type="checkbox"/> \$18,311-\$22,050 <input type="checkbox"/> \$22,051-\$25,790 <input type="checkbox"/> \$25,791-\$29,530 <input type="checkbox"/> \$29,531-\$33,270 <input type="checkbox"/> \$33,271-\$37,100 <input type="checkbox"/> \$37,101-\$40,840 <input type="checkbox"/> \$40,841-\$44,580 <input type="checkbox"/> \$44,581-\$48,320 <input type="checkbox"/> More than \$60,000 <input type="checkbox"/> More than \$70,000 <input type="checkbox"/> Not Supplied	_____	Home Work Other
	Address	Address Type Circle One
_____	_____	
City	State	Zip Code
() - _____	Home Work Mobile Other	
	Phone Type Circle One	
() - _____	Home Work Mobile Other	
	Phone Type Circle One	
_____	_____	Home Work Other
Family Size	Email Address	Email type Circle One
_____	_____	
Employer	Job Title	Occupation

Parents/Guardian (Please Print)

		Male/Female
_____	_____	Gender Circle One
First Name	Last Name	
Family Income: Check One		
<input type="checkbox"/> \$0 - \$10,830 <input type="checkbox"/> \$10,831-\$14,570 <input type="checkbox"/> \$14,571-\$18,310 <input type="checkbox"/> \$18,311-\$22,050 <input type="checkbox"/> \$22,051-\$25,790 <input type="checkbox"/> \$25,791-\$29,530 <input type="checkbox"/> \$29,531-\$33,270 <input type="checkbox"/> \$33,271-\$37,100 <input type="checkbox"/> \$37,101-\$40,840 <input type="checkbox"/> \$40,841-\$44,580 <input type="checkbox"/> \$44,581-\$48,320 <input type="checkbox"/> More than \$60,000 <input type="checkbox"/> More than \$70,000 <input type="checkbox"/> Not Supplied	_____	Home Work Other
	Address	Address Type Circle one
_____	_____	
City	State	Zip Code
() - _____	Home Work Mobile Other	
	Phone Type Circle One	
() - _____	Home Work Mobile Other	
	Phone Type Circle One	
_____	_____	Home Work Other
Email Address		Email type Circle One
_____	_____	
Employer	Job Title	Occupation

Member Information (Please print)

First Name _____ Middle Name _____ Last Name _____

Nick Name _____ Birth Date _____ Gender Male/Female
 Circle One

Ethnicity:

African – American	
Hispanic	
Native American	
Caucasian	
Asian	
Multiracial	

Pick up Authorization Password: _____

School _____ Grade _____

Household Type Check one:

<input type="checkbox"/>	Both Parents	<input type="checkbox"/>	Father
<input type="checkbox"/>	Father and Step-mother	<input type="checkbox"/>	Group home
<input type="checkbox"/>	Grand Parents	<input type="checkbox"/>	Mother
<input type="checkbox"/>	Joint Custody	<input type="checkbox"/>	Foster Family
<input type="checkbox"/>	Mother and Step-father	<input type="checkbox"/>	Guardian
<input type="checkbox"/>	Relative – aunt/uncle/etc	<input type="checkbox"/>	Other

Family Setting: Check One

<input type="checkbox"/>	Foster Household
<input type="checkbox"/>	Single Adult Household
<input type="checkbox"/>	Two+ Adult Household
<input type="checkbox"/>	Shelter

Referring Organization: Check One

<input type="checkbox"/>	CASA
<input type="checkbox"/>	Juvenile Court
<input type="checkbox"/>	Youth Development Organization
<input type="checkbox"/>	DFACS
<input type="checkbox"/>	DHR
<input type="checkbox"/>	Principal/School
<input type="checkbox"/>	Other

Check all that apply:

<input type="checkbox"/>	TANF
<input type="checkbox"/>	Food Stamps
<input type="checkbox"/>	General Assistance
<input type="checkbox"/>	SSDI
<input type="checkbox"/>	SSI
<input type="checkbox"/>	Veterans Compensation
<input type="checkbox"/>	School Lunch
<input type="checkbox"/>	Medicaid

Address _____

City _____ State _____ Zip Code _____

() - _____ Home Work Other
 Phone _____ Circle One

Member Medical Information (Please Print)

Insurance Company _____ Insurance Policy Number _____

Medications _____ Medical Problems/Allergies _____

Physician _____ Physician's phone _____

Disabilities:
 Asthma _____
 Blind _____
 Physical _____
 Other _____

Hospital _____ Hospital Phone _____

*Medication will not be administered at the Club nor by staff members of BGCHC. Exception: Asthma inhalers may be carried by the member.

Pick Up Information (Please Print)

**Two people authorized to pick up member –
1.**

First Name _____ Last name _____

() - _____
Phone number

Home _____ Work _____ Other _____
circle one

() - _____
Phone number

Home _____ Work _____ Other _____
Circle One

Check one

<input type="checkbox"/>	Parent
<input type="checkbox"/>	Guardian
<input type="checkbox"/>	Other _____

Check One

<input type="checkbox"/>	Emergency Contact
<input type="checkbox"/>	Primary Emergency Contact
<input type="checkbox"/>	Lives with Member

2.
First Name _____ Last Name _____

() - _____
Phone Number

Home _____ Work _____ Other _____
Circle One

() - _____
Phone Number

Home _____ Work _____ Other _____
Circle One

Check One

<input type="checkbox"/>	Parent
<input type="checkbox"/>	Guardian
<input type="checkbox"/>	Other _____

Check One

<input type="checkbox"/>	Emergency Contact
<input type="checkbox"/>	Primary Emergency Contact
<input type="checkbox"/>	Lives with Member

The Hall County – Positive Place also uses the following fields to learn more about your child. Please check one item from each group below.

Home Internet Access: No
 Yes

Home Transportation: No
 Yes

Housing Authority: Atlanta Street
 Harrison Square
 Melrose
 No

Peachcare: No
 Yes

I have read the completed application; I understand the rules of the Boys & Girls Clubs of Hall County and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that the Boys & Girls Clubs of Hall County will not be responsible for any accident to the boy/girl while on the Boys & Girls Clubs of Hall County premises or while engaged in any of its activities away from the Boys & Girls Clubs of Hall County sites. I give my consent for photographs, in which my son/daughter may appear, to be used in any way the Boys & Girls Clubs of Hall County may care to use them.

Parent or Guardian signature

Staff Signature

Date

MEDICAL AUTHORIZATION

By signing below, I certify that all medical information given in this application is true to the best of my knowledge. I authorize Boys & Girls Clubs of Hall County to contact me if my child is injured and/or harmed in any way. I also authorize Boys & Girls Clubs of Hall County to seek medical attention for my child if he or she is injured and/or harmed and needs immediate medical assistance at a local hospital or emergency care center. I certify that I and/or our family's insurance provider will be responsible for any financial medical costs that may be associated with all medical attention and treatment given to my child. In consideration of their granting my child the opportunity to participate in the Afterschool Program, I hereby release, indemnify and hold harmless the Department of Human resources and Boys & Girls Clubs of Hall County from any liability, claim or demand resulting from any legal medical attention and assistance that may be needed and provided as a result of any injury or harmful incident to my child.

Legal Name of Parent (*print*) _____

Parent Signature _____

Date _____

PARTICIPATION IN OUTCOMES MEASUREMENT

I have read and completed the application, understand the rules of the Boys & Girls Clubs of Hall County and request that my son/daughter be admitted into membership. I give the Boys & Girls Clubs of Hall County my consent to use photographs in which my child may appear. I also consent to my child participating in outcomes measurements, which include taking surveys and the copying of my child's report card and test scores which will be held confidential.

Signature _____ Date _____



BOYS & GIRLS CLUBS
OF HALL COUNTY

COMPUTER, INTERNET, AND EMAIL USAGE RULES

Boys & Girls Club is pleased to offer club members access to a computer network for electronic mail and the Internet. To gain access to e-mail and the Internet, all club members must obtain parental permission verified by signatures on the attached form. Should a parent prefer that a student not have e-mail and Internet access, use of computers is still possible for more traditional purposes such as word processing.

Club Members

Club members are responsible for appropriate behavior on the Club's computer network just network just as they are in other client facilities. Communications on the network are often public in nature. General Club rules for behavior and communications apply. It is expected that users will comply with Club standards and the specific rules set forth below. The use of the network is a privilege, not a right, and may be revoked if abused. The Club member are advised never to access, keep, or send anything that they would not want their parents or staff to see.

What are the rules?

Privacy – Network storage areas may be treated like school lockers. The Technology Center Directors may review communications to maintain system integrity and will ensure that Club members are using the system responsibly.

Storage Capacity- Users are expected to remain within allocated disk space and delete e-mail or other material, which take up excessive storage space.

Illegal Copying – Club members should never download or install commercial software, shareware, or freeware onto network drives or disks, unless they have written permission from the Technology Center Director. Club members should neither copy others' work nor intrude their files.

Inappropriate Materials of Language- Profane, abusive or impolite language should not be used to communicate nor should materials be accessed which are not in line with the rules of Club Behavior. A good rule to follow is never to view, send, or access materials that you would not want your Club staff or your parents to see. Should members encounter such material by accident, they should report it to the Technology Center Director immediately.

Guidelines

These are guidelines to follow to prevent the loss of network privileges at the BGCHC

1. Do not use a computer to harm other people or their work.
2. Do not damage the computer or network in any way.
3. Do not interfere with the operation of the network by installing illegal software, shareware, or freeware.
4. Do not violate copyright laws.
5. Do not: view, send, or display offensive messages or pictures.
6. Do not share your password with another person.
7. Do not waste limited resources such as disk space or printing capacity.
8. Do not trespass in another's folders, work, or files.
9. Notify any adult immediately if, by accident, you encounter materials that violate the Rules of Appropriate Use.

10. BE PREPARED to be held accountable for your actions and for the loss of privileges if the Rules of Appropriate Use are violated.

USER AGREEMENT/PARENT PERMISSION FORM

As a parent or guardian of a member at BGCHC, I have read and understand the attached information regarding the appropriate use of computers at the Club, and I understand that this agreement will be kept on file at the Club. Please read all three (3) sections in these documents.

Section A

My child can use e-mail and the Internet while at the Club as outlined in the Rules of Appropriate Use.

Section B

As a user of the Club computer network, my child and I agree to comply with the above stated rules and use the network in a constructive manner. In addition, I understand that all precautions will be taken to ensure my child is protected from inadvertently connecting to an inappropriate site. In the event that an incident does occur, my child will report the incident immediately to the Technology instructor.

Section C

1. I will not give out personal information such as my address, telephone number, parents' work address/telephone number, or the name and location of my school.
2. I will tell the Tech Center Instructor right away if I come across any information that makes me feel uncomfortable or is inappropriate.
3. I will never agree to get together with someone I met online.
4. I will never send a person my picture or anything else.
5. I will not respond to any messages that are mean or in any way make me feel uncomfortable. It is not my fault if I get a message like that. If I do I will tell the Tech Center Instructor right away so that they can contact the service provider.
6. I will not give out my Internet password to anyone (even my best friends) other than my parents.
7. I will be a good online citizen and not do anything that hurts other people or is against the law

Member Name: _____

Parent/Guardian Signature: _____

Date: _____

* Rules one through six is adapted from the brochure **Child Safety on the Information Highway** by **SafeKids.Com** founder **Lawrence J. Magid**.



Parents/Guardians Notice and Consent Form

Your child has expressed an interest in participating in *Boys & Girls Club of Hall County SMART Moves* Program. *SMART Moves* is the Boys & Girls Club of America's nationally acclaimed prevention program educating youths about alcohol, tobacco, other drugs, teen sexual involvement and HIV/AIDS. Please keep in mind that our Program will do the following:

- ◆ Only discuss topics that are on your child's level of development
- ◆ Only teaches facts about alcohol, tobacco, and other drugs and the risks associated with teen sexual involvement
- ◆ Teaches kids how to avoid negative peer pressure (refusal skills training)
- ◆ Does not advocate birth control or talk about abortion

In addition, because of grant funding requirements for the Program, it may be necessary that we administer pre and post tests, an anonymous questionnaire, and in some cases, keep progress notes on participants. These items are necessary in order for our funding sources to evaluate the success of our program. All of the above information will be kept *strictly confidential*.

If you have any questions, suggestions or concerns about the *SMART Moves* curriculum and your child's involvement, please don't hesitate to call the Unit Director at our main office at (770) 532-8102 between the hours of 10:00 - 6:30 p.m. (Monday-Friday), or feel free to visit our club. If you would like your child to participate in the *SMART Moves* Program, please indicate below.

_____ I **do** give permission for my child to participate in the
SMART Moves Program

_____ I **do not** give my permission from my child to participate in the
SMART Moves Program

Parent Signature: _____

Date: ____ / ____ / ____



**BOYS & GIRLS CLUBS
OF HALL COUNTY**

CONSENT TO LEAVE THE BOYS & GIRLS CLUB PROPERTY

******TEENS ONLY******

By signing below, I, _____ give permission for my child,
Parent's Name

_____ to leave the property of the Boys & Girls Clubs of Hall
Member's Name

County. The premises of the Boys & Girls Clubs of Hall County, Inc., as referred to herein, shall include all locations where the Boys & Girls Clubs of Hall County, Inc. provides services, including but not limited to:

- o Teen Center – 1 Positive Place

, and any and all vans or other vehicles operated by agents and/or employees of the Boys & Girls Clubs of Hall County, Inc. I understand that once my child leaves the premises, the Boys & Girls Clubs of Hall County is no longer responsible for the safety, well-being or behavior of said child.

I, the undersigned parent or guardian of the aforementioned child, do hereby release and waive any and all claims for damages or injuries to person or property, including death, which may befall the aforementioned child, that I may have or which may accrue in the future against the Boys & Girls Clubs of Hall County, Inc., its agents, employees, successors, and/or assigns, which occur while the aforementioned child is located on the premises of the Boys & Girls Clubs of Hall County, Inc., or which may occur after the aforementioned child leaves the premises of the Boys & Girls Clubs of Hall County, Inc.

Please check one of the following:

- o My child must call me each time he/she wants to leave the BGCHC property.
- o There is no need for my child to call me when he/she wants to leave the BGCHC property.

Other Special Instructions:

In case of any questions regarding this agreement, I can be reached at the following

Phone number: _____ - _____

Parent Signature

Date



BOYS & GIRLS CLUBS
OF HALL COUNTY



VAN SERVICE PERMISSION FORM

Please place a check in the appropriate boxes, authorizing van transportation for the following services:

NOTE: An unchecked box means that service will not be granted, even when available.

- I authorize service from _____ School to the Club for the school year.
- I authorize service from the Club to my home for the school year.

By signing below, I give the BGCHC permission to transport my child to and from the above named school and/or any and all locations where the Boys & Girls Clubs of Hall County, Inc. renders services to my child to:

- Downey Center
- Teen Center
- Walters Club

for the ____ - ____ school year. I, the undersigned parent or guardian of the aforementioned child, do hereby release and waive any and all claims for damages or injuries to person or property, including death, which may befall the aforementioned child, that I may have or which may accrue in the future against the Boys & Girls Clubs of Hall County, Inc. and Georgia Department of Human Resources, its agents, employees, successors, and/or assigns, which occur while the aforementioned child is located on the premises and/or in vehicles of the Boys & Girls Clubs of Hall County, Inc. and Georgia Department of Human Resources, or which may occur after the aforementioned child leaves the premises and/or vehicles of the Boys & Girls Clubs of Hall County, Inc.

I understand that participation in this service is optional, and the BGCHC will not be responsible for my child's failure to participate. I agree to assume liability for any damage or destruction that my child may cause to BGCHC property.

The BGCHC reserves the right to remove the above named child from the van service for any of the following reasons:

- Ongoing behavior problems while riding the van
- Continuous failure to arrive at designated pick-up location on time
- Club Member does not use van service at least 2 times per week

In the event that the child should be removed from the van service, the parent will be given one week's written notice so that alternate transportation arrangements can be made.

Parent Signature

Date



Georgia Department of Human Services Afterschool Care Program Income Eligibility Form

Updated 5/10

Page 1 of 3 - DHS Afterschool Care Program Income Eligibility Form

Boys & Girls Clubs of Hall County, along with the Georgia Department of Human Services (DHS), are partnering to provide valuable and exciting out-of-school programs for youth in Georgia. The information provided on the following form will help ensure that eligible youth are benefiting from the partnership. We thank you for your cooperation and for allowing us to have an impact on your child's life!

Form to be completed by Parent/Guardian/Caregiver

Parent/Guardian/Caregiver Information – This section must be completed in its entirety.

Name of Parent/Guardian/Caregiver (Last, First, MI) _____
Social Security Number _____ - _____ - _____
Street Address _____ City _____ State _____ Zip Code _____
Home Phone # _____ Work # _____ Cell# _____

Youth Information – This section must be completed in its entirety.

Name of Youth Participant (Last, First, MI) _____
Social Security Number _____ - _____ - _____ Gender: _____ Male _____ Female
Date of Birth (mm/dd/yy): _____ / _____ / _____

Section 1

Are you GA resident? Yes No
Are you a U.S. citizen or legal immigrant who is allowed to work in the U.S.? Yes No
Do you have at least one dependant child, 18 years old or under, living with you? Yes No

If the answer to ANY of the questions in Section 1 is NO, the family and youth ARE NOT eligible to benefit from the DHS funded services. If the answer to all of the questions in Section 1 is YES, the parent/guardian/caregiver may proceed and complete the form.

Section 2

Do you currently receive benefits or services under any of the programs listed below (Please Note: you will have to provide verification):

- 1. TANF ___ yes ___ no
- 2. Food Stamps ___ yes ___ no
- 3. Medicaid or Peachcare for Kids ___ yes ___ no
- 4. Reduced or free lunch program at school ___ yes ___ no

If the answer to one or more questions in Section 2 is YES, the youth are eligible to benefit from the DHS funded services and the parent/guardian/caregiver may proceed and complete Section 5. Please be advised, verification from receipt of services for items checked in Section 2 must be obtained and a copy of the verification must be attached to the respective youth's income eligibility form.

If the answer to ALL of the questions in Section 2 is NO, the parent/guardian/caregiver MUST complete Section 3, Section 4 and Section 5 for eligibility determination. Please be advised, income verification for items listed in Section 3 and Section 4 must be obtained and a copy must be attached to the respective youth's income eligibility form.

Section 3

If you answered NO to ALL of the questions in Section 2, please review this chart and enter your family unit size, gross household yearly income and gross household monthly income to determine eligibility.

Family Income Eligibility for the DHS Services at 300%– Afterschool Care Program Income Eligibility Guide

Number of Persons in Family Unit	Federal Poverty Level *	DHS Services Annual Household Income Guidelines **	DHS Services Monthly Household Income Guidelines
1	\$10,830	\$32,490	\$2,707
2	\$14,570	\$43,710	\$3,642
3	\$18,310	\$54,930	\$4,577
4	\$22,050	\$66,150	\$5,512
5	\$25,790	\$77,370	\$6,447
6	\$29,530	\$88,590	\$7,382
7	\$33,270	\$99,810	\$8,317
8	\$37,100	\$111,030	\$9,252
Each additional person, add	\$3,740	\$11,220	\$935

* Income based on the U.S. Department of Health and Human Services (HHS) 2009 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: HHS website: Federal Register, Vol 74, No. 431, March 6, 2009, pages 9781-8782)

** 300 % of the federal poverty level

Family Unit Size* _____

Gross Household Yearly Income \$ _____ Gross Household Monthly Income \$ _____

* See Appendix A for definition of family unit.

Section 4

Please complete Section 4 by listing your name, the name of the child (ren) who live with you, and the other parent of the child (ren) if s/he lives with you. List any gross monthly income for each.

Household Composition and Income					
<i>Gross Monthly Income is income before taxes and deductions.</i>					
Name (First, Middle, and Last)	Relationship	Date of Birth (MM/DD/YY)	Income Source	Amount (Gross Monthly Income)	How often paid?
	SELF				

Applicant Notification and Signature

Section 5

Please review and sign Section 5 as notification and signature of verification.

We are asking for your Social Security number(s) because any person applying for or receiving federal benefits must give us his or her Social Security number. Federal law 409(a) (4) of the Social Security Act and federal regulations (45 CFR 264.10) allow us to collect this information.

By signing this application,

- I swear, under penalty of perjury, that to the best of my knowledge, all the information and statements I've provided in this application are true, and
- I promise to cooperate with any effort to verify the information provided.
- If selected to participate in the program, I promise to abide by all rules and guidelines.

Parent/Caregiver/Guardian Printed Name

Date

Parent/Caregiver/Guardian Signature

Date

To be Completed by DHS Funded Afterschool/Summer Service Provider

By signing below, I certify the information presented within this form was verified and confirmed** and meets the DHS Income Eligibility rules and guidelines indicated within this form.

Authorized Program Staff Signature

Title

Date

** See Appendix B for income verification proof sources.

APPENDICES

***Appendix A: Family Unit**

The Department of Human Services Temporary Assistance for Needy Families definition of family includes the dependent child for whom assistance is requested and certain other individuals living in the home with the child who are required to be included in the family.

The following individuals are considered members of the Family Unit:

- A biological or adoptive parent of the dependent child for whom assistance is requested;
- An eligible minor sibling, (whole, half or adoptive) of the dependent child for whom assistance is requested;
- Other children living in the home who are within the specified degree of relationship to the grantee relative but who are not members of the Family Unit; and
- A non-parent relative who is the caretaker if there is no parent in the home or if the only parent in the home receives SSI.

****Appendix B: Income Proof Sources and Applicable Income Sources**

Income verification must be obtained and a copy must be attached to the youth's income eligibility form.

Examples of earned income verification are:

- Pay stubs or receipts for the most recent four weeks of earnings;
- W-2 Forms;
- Employer's issued, signed and dated documentation;
- Personal income ledger or tablet (e.g. self-employed)
- Quarterly income tax returns;
- Annual income tax returns when presented in January – March quarter;
- Letter/statement from employer;
- Documentation from other DFCS staff such as the eligibility CM; and/or
- Form 809 or itemized statement completed by the employer.

Examples of unearned income verification are:

- Copy of current check with check stubs (within last 4 weeks);
- Award letters or written, signed and dated statement of payer;
- Social Security Records;
- Worker's compensation records;
- Form 139 – Contribution statement;
- Unemployment insurance claim records;
- SUCCESS screen information; and/or
- STARS.

See page 2 of Appendix for applicable income sources.

Applicable Income

Each of the following sources of income is considered in determining eligibility:

Earned

- Wages or salary – Gross income of the applicant is used to determine eligibility
- Net Income from Self-Employment
- Employee commission
- Jury Duty
- Rental Income – (regular and ongoing payments – if engaged in management of property for an average of 20 hours or more per week)
- Roomer Income – (regular and ongoing payments)

Unearned

- Military Allotments
- Cash gifts Charitable gift exceeding \$300 received from and organization receiving state or federal funds
- Inheritances
- Insurance Benefits due to Loss of Income – benefits paid from an insurance policy due to loss of income
- Social Security Benefits
- Unemployment Compensation
- Worker's Compensation
- Alimony – (regular and ongoing payments)
- Child Support – (regular and ongoing payments)
- Farm Allotment – payments received from government-sponsored programs, such as Agricultural Stabilization and Conservation Services
- Veteran's Benefits
- Capital Gains
- Interest/Annuity
- Capital Gains/Dividends
- Pension
- Trust Fund
- Disability Payment
- Boarder Income – (regular and ongoing payments)
- Rental Income – (regular and ongoing payments - if engaged in management of property for an average of 20 hours or less per week)
- Deferred compensation through retirement plan



BOYS & GIRLS CLUBS
OF HALL COUNTY

GENERAL AUTHORIZATION FOR THE RELEASE OF INFORMATION STATEMENT

I, _____ hereby authorize The Boys & Girls Clubs of Hall County or its designated agents to obtain and receive all records and financial information pertaining to income eligibility for the **Boys & Girls Clubs of Hall County/Georgia Department of Human Services Afterschool Program**, including employment, income, receipt of public assistance and free or reduced school lunch from all persons, companies, firms, or school systems holding or having access to such information. This authorization hereby gives The Boys & Girls Clubs of Hall County the right to request all information that we can or could obtain from any persons, company, firm or school system on any matter referred to above. I (we) agree to have no claim for defamation, violation of privacy, or otherwise against any person or firm or corporation or school system including Chief Professional Officer, Staff, Board Members and Officers by reason of any statement or information released by them to The Boys & Girls Clubs of Hall County for the purpose of the program. The term of this authorization shall commence on the date of signature and be in force for a period of 1 year. A copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate of the original.

I (we) fully understand that it is a Federal Crime punishable by fine or imprisonment, or both to knowingly make any false statements concerning any of the information given in the application as applicable under the provisions of Title 18, United States Code, Section 1001, at seg.

Name (printed): _____ Date _____

Name (signature): _____ Date _____

Witness _____ Date _____

Office Use Only:
Name of Agency and Contact Information



**Georgia Department of Human Resources
Afterschool Services
Parental Permission for Photo Release**

Page two of this document requests your permission for the Georgia Department of Human Resources to take and use photographs of your child and other Afterschool Program staff. When we tell others the story about the DHR Youth Initiative's statewide afterschool program, it would be helpful to share photographs of the participants. Pictures can enhance people's understanding about who is involved in the program and what activities and services are being conducted. If you have more than one child, this form should be completed for each child participating in the DHR funded afterschool program. If you agree for us to take and use these photographs, our use of them will include, but will not necessarily be limited to the following: publications about the program; recruitment activities to reach additional youth who might participate in the future; and/or reports about the program to supporters and others who are interested in the program's outcomes. If you have any questions regarding the Photo Release Form, please contact Carmen Callaway, DHR Afterschool Services Program Manager at 404-657-1595.

**Georgia Department of Human Resources
Office of the Commissioner**

Hall County, Georgia

School/Organization Name: Boys & Girls Clubs of Hall County

1. I, the undersigned, consent and agree that still photographs, motion pictures, or television or video tape may be made of myself, my child(ren) by the Georgia Department of Human Resources.
2. This release gives the Georgia Department of Human Resources the right to use the above information in conjunction with the teaching, instruction, training, information and education of employees of the Department or the general public.
3. Further, I hereby release the Georgia Department of Human Resources and forever discharge any claim of any nature against them as long as the material is used in compliance with the above-stated paragraph 2.
4. I grant this consent as (parent-guardian) a voluntary contribution in the interest of the said reasons listed in paragraph 2.

**Photo/Video
Release
Agreement**

Name _____

Address _____

Telephone _____

Photo Description: Participation in the DHR funded afterschool/summer program activities.

Children Participating in Program:

Name _____ Age _____

Signature _____ Date _____

Photographer or producer or witness:

