DUTCHESS DIVAS & GENTS YOUTH CLUB MEMBERSHIP FORM 2026-2027

1124 Adams Avenue Montgomery, AL 36104

(334)-676-2082 - CELL (334)-224-3466

☐ Membership Fee: $75 Annually (NON-REFUNDABLE)

Hours Of Operation: 8:00am - 6:00pm, M-F (May-August)

Hours Of Operation: 3:00am - 6:00pm, M-F (September-May)

***Holiday Schedule/Calendar will be posted**

Weekly Summer Rate - $45 Due Beginning of Each Week

Confidentiality: All information given to the Club is **CONFIDENTIAL**. Some is used for statistical reference only, and is necessary for us to receive the proper funding for our Club and programs. We appreciate your cooperation and understanding.

MEMBER (Child Name)

First Name_____ Middle Name_____

Last Name_____ D.O.B_____ Age_____ Gender___

Ethnicity:

- ☐ African American
- ☐ Asian
- ☐ Caucasian/White
- ☐ Hispanic
- ☐ Multi-Racial
- ☐ Native American

School_____

Grade (**Circle One**): 1 2 3 4 5 6 7 8 9 10 11 12

T-Shirt Size **(Circle One)**: YS YM YL YXL ADULT S ADULT M ADULT L ADULT XL

Additional Shirts are available for sell:

$10.00 - YS___ YM___ YL___ YXL___ Adult S___ Adult M___ Adult L___ Adult XL___

$15.00 - 2XL___ 3XL___ 4XL___

Family Setting **(CIRCLE):** Two Parents Single Parent Grandparent Foster Other_____

Medical Insurance Company_____

Medical Concerns/Allergies_____

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Physician(s) Name_____ **Telephone**_____

Parent/Guardian (First Point Of Contact)

First Name_____ Last Name_____

Relationship to Member_____ Cell Phone_____

Employer_____ Work Phone_____

Address _____

PERSONAL EMAIL _____

Parent/Guardian (Second Point Of Contact)

First Name_____ Last Name_____

Relationship to Member_____ Cell Phone_____

Employer_____ Work Phone_____

Address _____

Emergency Contact Information: The parents are always the first point of contact in the order listed at the top of the page. In the event of an emergency and we are unable to reach first and second contact, please list Extra contacts.

Name_____

Relationship to member_____

Telephone_____

Authorized to PICK-UP child_____

Name_____

Relationship to member_____

Telephone_____

Authorized to PICK-UP child_____

Special Notes/Comments:

_____

_____

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Dutchess Divas & Gents Youth Club has a NO PHONE ZONE, Members are allowed to use their phones on break and other specified time, parents if you should need to contact your child please call the youth center at (334)-676-2082

PLEASE READ AND INITIAL:

_____ I hereby certify that I am the legal guardian of the member listed on this application and approve my child's application for membership to the Dutchess Divas & Gents Youth Club (DNG Youth Club). I understand that it is my responsibility to notify the Club of any changes that may affect my child's Club account.

_____ I understand that my child's membership is not refundable under any circumstance.

_____ My child's photo for publications may be posted on the Youth Club's website and social media unless previous arrangements have been made.

_____ I understand that the DNG Youth Club has an "Open Door Policy," which means that members are free to enter and exit the club at their own discretion. I understand that it is my responsibility to instruct my child as to who they can leave with and whether they can leave or not at any point of Club operation hours.

_____ I understand that my child must be picked up before the Youth Club closes, and that DNG Youth Club is not responsible for supervising members after the Youth Club closes. A late fee may be enforced if a child is not picked up before closing time.

_____ I understand that my child's membership status is based upon his/her ability to obey the rules of the Youth Club and behavior toward the staff members and volunteers. Memberships may be suspended or terminated at any time for misbehavior without a refund.

_____ I agree to not hold the DNG Youth Club responsible in the event of an injury resulting from activities in or related to the Youth Club and its program. I give my consent to allow my child to be treated by a physician or hospital in the event of an emergency, and to have his/her being transported to and from the necessary destination.

_____ I hereby waive, release, absolve, indemnify, and agree to hold harmless the DNG Youth Club, the board of directors, staff, organizers, sponsors, supervisors, participants, and those transporting my child to/from activities relating to DNG Youth Club

_____ I understand that the DNG Youth Club does not approve or encourage Youth Club volunteers to participate with the youth members outside the control of Youth Club professional staff.

_____ I understand that the DNG Youth Club and the School District will share academic information regarding my child's education. This info will be used for determining the student/child's current levels of academic performance as well as the area of need for academic support. I may revoke this authorization at any time by notifying the DNG Youth Club in writing, however, it will not affect any actions taken before the revocation was received or actions taken based on the previously shared information.

_____ I give my permission to the DNG Youth Club to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all reference to any individual responses. The aggregated results of these analyses may be shared with Youth Club Board of Directors, funders, and other community stakeholders to evidence program effectiveness and /or Youth Club impact on our members.

_____ I understand that the DNG Youth Club may share information about the minor child listed on this application with the Board of Directors and/or Advisory Committee for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed may include the information provided on this membership application form, information provided by the minor child's school and other information collected by DNG Youth Club, including data collected via surveys or questionnaires. All information provided by the DNG Youth Club Board of Directors/Advisory Committee will be kept confidential.

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NOTE: ALL MEMBERSHIPS EXPIRE ON MARCH 31st OF EACH YEAR AND MUST BE RENEWED ON OR AFTER APRIL 1st OF EACH YEAR.

Parent/Guardian Signature _____ Date_____

Program Director/Authorized Personnel _____ Date _____

PARENT/GUARDIAN COPY OF AGREEMENT FORM:

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Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information

Card Type: CIRCLE ONE

MasterCard **VISA** **Discover** **AMEX**

Other _____

Cardholder Name (As shown on card): _____

Card Number : _____

Expiration Date (MM/YY) : _____

CVS Number : _____

Cardholder ZIP Code (From credit card billing address) : _____

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

_____ _____

Customer Signature Date