



TEEN PROGRAM MEMBERSHIP 2025 -2026

BGCCA's Teen Program serves youth ages 13-19 year-round, providing a safe, supportive environment amid community challenges like violence, poverty, and substance abuse. Through a variety of activities—including mentoring, health and wellness, arts, education, college preparation, and sports—the program offers comprehensive social and emotional support. Our mission is to empower Capital Area teens to navigate life's challenges confidently and equip them with the skills and resources needed for successful, healthy futures.

Weekly Schedule: Mon-Fri 3pm-8pm

Sites: ALBANY/TROY

Programs Include:

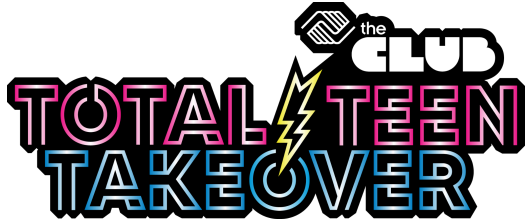
Workforce Development, Lyricism 101, Smart Moves, &
and Triple Play (Gym)

Club Rules - Be Safe - Be Kind - Be Respectful - Have Fun

1. Please remove any headgear (hats, hoodies, durags, face masks, etc.) upon entering.
2. Sign in at the front desk or with a staff member upon arrival.
3. Refrain from using cell phones during instruction or workshops.
4. This is a smoke- and drug-free area; drugs or alcohol are not permitted on the premises. The smell of Nicotine and Marijuana will not be permitted
5. No fighting—physical or verbal. Zero tolerance resulting in dismissal
6. Refrain from foul or inappropriate language at all times
7. Show respect to others in both actions and words.
8. Use all club property (e.g., game tables, computers, gym equipment) carefully and respectfully.
9. Return equipment to its designated area after use.
10. No food or drinks in the gym or computer room.

****Acknowledgement****

I (student first/last name) _____ acknowledge to adhere to the rules and regulations above. Failure to do so will result in suspension of program participation. Continuous infractions will result in a one termination from any and BGCCA programs and events



Membership Information

(Please fill all lines or N/A if Not Applicable)

First Name: _____ Last Name: _____

Ethnicity (Check):

☐ African-American ☐ Caucasian ☐ Hispanic ☐ Pacific Islander ☐ Other

Age: _____ DOB: _____ Sex (Circle): Male / Female / Non- Binary

School: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Information

(Please fill all lines or N/A if Not Applicable)

Legal Parent/ Guardian First & Last Name: _____

Legal Parent/Guardian Signature: _____ Date: _____

Home: _____ Work: _____ Cell: _____

Email Address: _____

Emergency Contact Information

(Please fill all lines or N/A if Not Applicable)

(Person to be contacted in case of injury, if parent/guardian is unable to be contacted)

Name: _____ Relationship: _____

Home: _____ Work: _____ Cell: _____

Name: _____ Relationship: _____

Home: _____ Work: _____ Cell: _____



Medical Release:

In the event of an emergency, every effort will be made to contact parents, guardians, or designated emergency contact persons. If _____
(Name) Should need emergency medical treatment while attending the program and neither I nor the person(s) designated as my emergency contacts can be reached I hereby authorize the Boys & Girls Club program staff to give consent for such emergency medical care and, if necessary, to take him/her to the nearest emergency room. I understand that a staff member will remain with him/her. In the event that time permits, I would prefer that he/she be taken to:

_____(Name of Preferred Hospital)

Media /Photo Release:

I, _____ do hereby consent to the reproduction, publication and use of photographs/projects of (or by) my child _____ to be used by the Boys & Girls Clubs of the Capital Area, and the Boys & Girls Clubs of America for advertising, educational and/or publicity purposes in any and all publications, advertisements and publicity materials and on the website, without limitation or reservation. I also consent to any testimony or copy written about my child that may accompany said photographs or stand alone in any and all publications, advertisements and publicity materials, without limitation or reservation.