

2018-19 BOYS & GIRLS CLUB MEMBERSHIP FORM

ATHLETICS ONLY:

Athletic Membership: \$35

AFTER-SCHOOL PROGRAM:

Membership Fee: \$35+ Elementary after school fee: \$30/month

AFTER SCHOOL PROGRAM SITE: Lebanon Club SH Club The Loft SH Jr. High

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 _____

Birth Date _____ Age _____ Gender _____

Ethnicity: African American Asian Caucasian/White Hispanic Multi-Racial Native American

School _____ Current Grade (circle one): K 1 2 3 4 5 6 7 8

Family Setting: Two Parents Single Mother Single Father Grandparent Foster Other

Annual Household Income: \$0-\$12,000 \$12,001-\$17,000 \$17,001-\$25,000 \$25,001-\$35,000

\$35,001-\$45,000 \$45,001-\$55,000 \$55,001-\$65,000 \$65,001+

Assistance Programs: Food Stamps Medicaid School Lunch SSDI SSI TANF

Medical Insurance Co. _____ Medical Concerns/Food Allergies _____

Physicians Name: _____ Physicians Phone _____

*We do not administer or store member's medication. Members are allowed to keep emergency prescription inhalers and epi-pens in their backpacks.

PARENT/GUARDIAN (First point of contact)

First Name _____ Last Name _____ Gender _____

Relationship to Member _____ Family Size _____

Home Address _____ Email Address _____

Cell Phone _____ Home Phone _____

Employer _____ Work Phone _____

Actively Serving in Military? _____ Branch _____ Start Date _____

PARENT/GUARDIAN (Secondary contact)

First Name _____ Last Name _____

Relationship to Member _____ Email Address _____

Same address as above? Yes No If No list Address _____

Cell Phone _____ Home Phone _____

Employer _____ Work Phone _____

EMERGENCY CONTACT INFORMATION The parents are always the first point of contact in the order listed on the front side. In the event of an emergency and we are unable to reach you, please list who you would like us to contact.

Name _____ Name _____

Relationship to Member _____ Relationship to Member _____

Phone _____ Phone _____

PLEASE READ AND INITIAL:

_____ I hereby certify I am the legal guardian of the member listed on this application and approve my child's application for membership to the Boys & Girls Clubs of the Greater Santiam. I understand it is my responsibility to notify the Club of any changes that may affect my child's Club account.

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

_____ I consent to having my child's photo in publications or the Club's website and social media unless previous arrangements have been made.

_____ I understand the Boys & Girls Clubs of the Greater Santiam has an "Open Door Policy," which means members are free to enter and exit the Club at their own discretion. I understand 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 my child must be picked up before the Club closes, and the Boys & Girls Club is not responsible for supervising members after the Club closes. A late fee will be enforced if a child is not picked up before closing time.

_____ I understand my child's membership status is based upon his/her ability to obey the rules of the Club. Memberships may be suspended or terminated at any time for misbehavior including misbehavior toward staff members and volunteers.

_____ I agree to not hold the Boys & Girls Clubs of the Greater Santiam responsible in the event of an injury resulting from activities in or related to the Club and it's programs. I give my consent to allow my child to be treated by a physician or hospital in the event of an emergency, and to his/her being transported to and from the necessary destination.

_____ I hereby waive, release, absolve, indemnify, and agree to hold harmless the Boys & Girls Clubs of the Greater Santiam, the board of directors, staff, organizers, sponsors, supervisors, participants, and those transporting my child to/from activities relating to the Boys & Girls Club.

_____ I understand the Boys & Girls Clubs of the Greater Santiam does not approve or encourage Club volunteers to participate with the youth members outside the control of Club professional staff.

_____ I understand the Boys & Girls Clubs of the Greater Santiam and the Lebanon Community 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 BGC in writing, however, it will not affect any actions taken before the revocation was received or actions taken based on the previously shared info.

_____ I give my permission to the Boys & Girls Clubs of the Greater Santiam 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 references to any individual responses. The aggregated results of these analyses may be shared with Club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members.

_____ I understand that the Boys & Girls Club of the Greater Santiam may share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by Boys & Girls Clubs of the Greater Santiam, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

NOTE: All memberships expire on August 31st of each year and must be renewed on or after September 1st of each year.

Parent/Guardian Signature: _____ Date _____

For Office Use Only: Payment Type _____ Amount _____ Date _____ Staff Initials _____
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