

membership application

- Membership Type**
- | | | |
|---|---------|--|
| <input type="checkbox"/> Booneville School Year – Youth | \$15.00 | 6 years old – 6 th Grade |
| <input type="checkbox"/> Magazine School Year – Youth | \$15.00 | 6 years old – 6 th Grade |
| <input type="checkbox"/> Teen Center - Teen | \$15.00 | 7 th Grade – 18 th years old |
| <input type="checkbox"/> Summer | \$15.00 | 6 – 18 years old |

Membership Information

Head of Household _____ Relationship _____

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Email address _____ Cell _____ Work _____

Secondary Adult _____ Relationship _____

Email address _____ Cell _____ Work _____

Emergency Contact Information

Name _____ Relationship _____

Cell _____ Work _____ Authorized to Pick up Yes No Lives with Yes No

Household Information (The following information is voluntary and **kept confidential** and used for grant and reporting information only)

Child(ren) Live with Mother Father Step-Parent Grandparents Aunt/Uncle Guardian Other

Household Income Level \$0-10,000 \$10-20,000 \$20-30,000 \$30-40,000 Over \$40,000

Number of persons living in the home _____ Military Family Yes No

Does your family have health insurance? Private Insurance ARKids/Medicaid

Does your family receive any of the following? TEA (Transitional Employment Assistance) Food Stamps

Youth Member(s) Information (this section must be filled out completely for each youth member)

First Name _____ Middle Int. _____ Last Name _____

School _____ Grade _____ Current Age _____ Date of Birth _____ Gender: M F

Does this youth have an IEP on file at school? Yes No

Ethnicity Caucasian African American Hispanic Multi-Racial Asian Native American Hawaiian-Pacific Islander Other Prefer not to disclose

First Name _____ Middle Int. _____ Last Name _____

School _____ Grade _____ Current Age _____ Date of Birth _____ Gender: M F

Does this youth have an IEP on file at school? Yes No

Ethnicity Caucasian African American Hispanic Multi-Racial Asian Native American Hawaiian-Pacific Islander Other Prefer not to disclose

Do any of the child(ren) member have any serious health problems, allergies, special restrictions?

PLEASE READ AND SIGN BACKSIDE OF FORM

BOYS & GIRLS CLUB OF SOUTH LOGAN COUNTY (BGCSLC)

Parental Release Form

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors & administrators, hereby release, waive, acquit & forever discharge the BGCSLC, & Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any & all loss, damage, injury or death & any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

Medical Treatment

I give permission to the BGCSLC to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention & treatment.

Data Collection

I give my permission to the BGCSLC to collect information via online or written surveys, questionnaires, interviews, & 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.

School Information

I give my permission to the BGCSLC and the Booneville School District to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting the Booneville School District or the Boys & Girls Club in writing.

Data Sharing

I understand that the BGCSLC 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 BGCSLC, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Technology

As a member of the Boys & Girls Club, your child will have access to the Internet. While precautions are being taken, it is possible who s/he may access inappropriate sites. The Boys & Girls Club will have rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access.

Miscellaneous

I understand who the Boys & Girls Club is not responsible for lost or stolen items. Parents and Club members are responsible for their own transportation to and from the Club. As a drop-in facility, we are not responsible for Club members' whereabouts.

I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the Boys & Girls Club and its activities. I also understand who the Club is not, nor does it claim to be, a licensed day care center.

I have read the completed application and this form, understand the rules of the Boys & Girls Club and request who my child be admitted into membership.

I give my permission to the BGCSLC to 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 BGCSLC, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

The Boys & Girls Club has a "Come & Go" Policy and is not responsible for time or manner in which my child may arrive or leave the Club. It is my responsibility for dropping off and picking up my child promptly and according to the hours of operation of the Club. Our staff does not grant permission to kids to leave the Club, nor do we insist that they stay. The decision as to when a child arrives and leaves the Club, and with whom they do is a matter handled between parent and child. Children not mature enough to capably handle this responsibility should have the close supervision of other, more structured programs.

I verify that no person listed on this membership application has been convicted of a crime against children, or sexual assault.

The Club has a no refund policy for membership, programs & activity fees, which may be included in our athletic programs.

I give permission for my child to go on trips, by foot, with BGCSLC during normal Club hours. Typical trips include nature walks to the park & visiting the Library.

Parent / Guardian Signature

Date: ____/____/____

I agree to receive a copy of the BGCSLC Computer Lab Agreement & Parent and Member Orientation electronically by email and review the BGCSLC's rules and procures with my child(ren).
A paper copy is available upon request if you do not have access to email

Initial Here

.....
Staff Use Only

Entered By _____ Date _____

Payment Cash CC Scholarship TANF Check CK # _____



Community Partner



additional youth

Supplement to the BGCSLC membership application and should only be used if you are enrolling more than two youth and need additional space.

Youth Member(s) Information (this section must be filled out completely for each youth member)

First Name _____ Middle Int. _____ Last Name _____

School _____ Grade _____ Current Age _____ Date of Birth _____ Gender: M F

Does this youth have an IEP on file at school? Yes No

Ethnicity Caucasian African American Hispanic Multi-Racial Asian Native American Hawaiian-Pacific Islander Other Prefer not to disclose

First Name _____ Middle Int. _____ Last Name _____

School _____ Grade _____ Current Age _____ Date of Birth _____ Gender: M F

Does this youth have an IEP on file at school? Yes No

Ethnicity Caucasian African American Hispanic Multi-Racial Asian Native American Hawaiian-Pacific Islander Other Prefer not to disclose

First Name _____ Middle Int. _____ Last Name _____

School _____ Grade _____ Current Age _____ Date of Birth _____ Gender: M F

Does this youth have an IEP on file at school? Yes No

Ethnicity Caucasian African American Hispanic Multi-Racial Asian Native American Hawaiian-Pacific Islander Other Prefer not to disclose

First Name _____ Middle Int. _____ Last Name _____

School _____ Grade _____ Current Age _____ Date of Birth _____ Gender: M F

Does this youth have an IEP on file at school? Yes No

Ethnicity Caucasian African American Hispanic Multi-Racial Asian Native American Hawaiian-Pacific Islander Other Prefer not to disclose

Do any of the child(ren) member have any serious health problems, allergies, special restrictions?

Parent / Guardian Signature

Date: ____/____/____

I agree that to receive a copy of the BGCSLC Computer Lab Agreement & Parent and Member Orientation electronically by email and review the BGCSLC's rules and procures with my child(ren).
A paper copy is available upon request if you do not have access to email

Initial Here