

Site/Club: \_\_\_\_\_



## MEMBERSHIP APPLICATION 2022-2023

### Member Information:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: Hispanic Non-Hispanic

Gender: \_\_\_\_\_ Pref. Pronoun: \_\_\_\_\_ DOB: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous member of another Club? \_\_\_\_\_

### School Information:

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child Qualifies for:  Free  Reduce  Paid Lunch **Student ID #:** \_\_\_\_\_

#### PRIMARY CONTACT

Relationship to Member: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

**Email:** \_\_\_\_\_

Employer: \_\_\_\_\_

#### SECONDARY CONTACT

Relationship to Member: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

**Email:** \_\_\_\_\_

Employer: \_\_\_\_\_

#### Authorized Pick-up Contact

Relationship to Member: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

**Email:** \_\_\_\_\_

Employer: \_\_\_\_\_

#### Authorized Pick-up Contact

Relationship to Member: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

**Email:** \_\_\_\_\_

Employer: \_\_\_\_\_

**Not able to pick up child:**

Please indicate if anyone is **not** able to pick up a child. If a listed person attempts a pick up, the primary contact will be immediately notified by program staff. Please provide documentation of court orders.

	Name	Relationship to Member
1		
2		

**General:**

Birth State/Country: \_\_\_\_\_

Religious Affiliation(s) \_\_\_\_\_

English as a Second Language?  Yes  No

English Language Learner/Limited English Proficiency?  Yes  No

Other language(s) spoken at home: \_\_\_\_\_

Member has permission to be used in public relations materials:  Yes  No

Member may participate in all Club activities in or adjacent to the club building:  Yes  No

**Parent name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**The following information is used for grant & funding purposes ONLY. All information is kept completely confidential. Please fill out as accurately as possible.**

**Household:**

**Member lives with:**  Mom  Step Mom  Dad  Step Dad  Grandparent  Other: \_\_\_\_\_

**Number in Household:** \_\_\_\_\_ **Number under 18:** \_\_\_\_\_

**Is a Member of the Household 65 years old or older:**  Yes  No **Current Single Parent:**  Yes  No

**Is a Member of the Household Handicapped or Disabled:**  Yes  No **Current Head of Household:**  Female  Male

**Annual Income Level:**  \$0 - \$5000  \$5001 - \$10,000  \$10,001 - \$15,000  \$15,001 - \$20,000  \$20,001 -

\$25,000

- \$25,001 - \$30,000  \$30,001 - \$35,000  \$35,001 - 40,000  \$40,001 - \$45,000
- \$45,001 - \$50,000  \$50,001 - \$55,000  \$55,001 - \$60,000  \$60,001 - \$65,000
- \$65,001 - \$70,000  \$70,001 - \$75,000  \$75,001 - \$80,000  \$80,001 - \$85,000
- \$85,001 - \$90,000  \$90,001 - \$95,000  \$95,001 -  \$100,000  \$100,000 +

**Member Health/ Medical Information**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Permission for Treatment by Doctor/Hospital:  Yes  No

Does your family have health and/or accident insurance:  Yes  No

Does your family have Medicaid?  Yes  No

**Health History:**

(Please check whether your child has a history of any of the following)

<u>YES</u>	<u>NO</u>	
_____	_____	Allergies (please specify) _____ Please specify the severity of the allergy: _____
_____	_____	Asthma
_____	_____	Bee Sting Reaction
_____	_____	Convulsions
_____	_____	Heart Condition
_____	_____	Special Diet (please specify) _____
_____	_____	Diabetes

ARE THERE ANY MEDICAL RESTRICTIONS OR LIMITATIONS TO YOUR CHILD?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child require any special assistance that we need to be aware of to be successful?

\_\_\_\_\_  
\_\_\_\_\_

I GIVE MY PERMISSION FOR THE BOYS & GIRLS CLUBS OF THE NORTHTOWNS STAFF TO APPLY THE FOLLOWING:

(CHECK ALL THAT APPLY/ INITIAL)

- TOPICAL OINTMENTS (FOR MINOR CUTS AND SCRAPES) (Parent/ Guardian INITIALS) \_\_\_\_\_
- SUNSCREEN (Parent/ Guardian INITIALS) \_\_\_\_\_
- TOPICALLY APPLIED INSECT REPELLENTS (Parent/ Guardian INITIALS) \_\_\_\_\_

**Medical Disclaimer:**

This health information is accurate and correct insofar as I know. In the event that I cannot be reached in an emergency, I authorize The Boys & Girls Clubs of the Northtowns and/ or its agents to obtain the proper treatment to assure the health and well-being of my child. This authorization shall extend to and include hospitalization for first aid where/ when necessary.

\_\_\_\_\_

Signature of Parent/Guardian

Date

Please check all that apply to the following questions:

Note: The following is used for grant & funding purposes ONLY and will be kept completely confidential.

	Yes	No	Previously
Is member involved in foster care?			
Are parents incarcerated?			
Is member involved in the criminal justice system?			
Is member on probation?			
Is member a runaway?			
Is there member gang involvement/affiliation?			
Does member have school attendance problems?			
Has member repeated school grades?			
Is there sibling gang involvement/affiliation?			
Is a sibling involved in the criminal justice system?			
Active Parent military involvement? Branch _____			

**AGREEMENTS:**

I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulation under which it operates.

1. I give consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the facility under proper supervision:  Yes  No
2. In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed in the medical section of this form) necessary for the proper health and wellbeing of my child.  Yes  No
3. I have provided information on my child's special needs (allergies, diet, disabilities, and/or medical information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency.  Yes  No
4. I give consent for my child to participate in evaluation surveys that will help us measure the effectiveness and success of our programming.  Yes  No
5. I agree to review and update this information whenever a change occurs and at least once every six months.  Yes  No
6. The Boys & Girls Clubs of the Northtowns Staff has parental permission to obtain student identity information from all school districts for which the member attends:  Yes  No

**Parent/Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I \_\_\_\_\_ understand the rules and regulations of the Boys & Girls Clubs of the Northtowns.

- Sign in at the front desk & have a positive attitude at all times.
- Participate in the various activities provided.
- Respect the staff and other members. Only use positive language.
- Respect the building and supplies & assist with clean up.
- Drugs, alcohol, or weapons are not permitted.
- Hats and Coats must be removed upon entry.

Member Signature: \_\_\_\_\_

### **PERMISSION TO LEAVE THE CLUB**

**\*\*If your child will always be picked up please DO NOT fill out this section\*\***

#### **PHONE CALL RELEASE:**

\_\_\_\_\_ (Initial) I give my son/daughter permission to be released from the club after a phone call to the front desk from an authorized pick up person. I understand that a cell phone call to the child is unacceptable.

#### **WALKING RELEASE:**

I give my child \_\_\_\_\_ permission to leave the Boys & Girls Club to go \_\_\_\_\_ (location) at \_\_\_\_\_ (time). My signature constitutes permission by the parent/guardian for their child to leave the Club without a parent/guardian pick-up. Without this completed form the child will be required to be picked up daily at the Boys & Girls Club of the Northtowns by designated closing time. Any changes to the agreement must be brought to the Club Director's attention immediately.

**Parent/Guardian Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature: \_\_\_\_\_

Monthly Membership	
Sept-June	\$20/month or \$180/year

I understand the club rates and agree to pay the required amount before my child begins attending the program. **I understand that if I have an issue paying the fees, I must speak with the Club Director immediately.** Any disputes with payment can result in my child not being able to attend the program.

**Parent/Guardian Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Boys & Girls Clubs of the Northtowns(“Club”) has put in place preventative measures to reduce the spread of COVID-19; however, the Club **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending the Club could increase** your risk and your child(ren)’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at the Club or participation in Club programming (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name of Parent/Guardian** \_\_\_\_\_

**Name of Club Participant(s)** \_\_\_\_\_