

Memb # _____
Year _____



BOYS & GIRLS CLUB

of Southwestern Oregon

SCH _____
LMI _____

Membership Application

Child's Name: _____ Gender: _____ Age: _____ DOB: _____

Street Address: _____ City: _____ Zip: _____

School: _____ Grade (Fall 2020): _____

Activity (Check all that apply): Youth Center Sports Gymnastics Dance Volunteer Official

Is your family new to the Boys & Girls Club? Y / N If no, prior members name/s: _____

Parent/ Guardian Contact Information

Name (primary contact): _____ Relationship to Member: _____

Cell # _____ Work # _____ Employer _____

Email _____

Military Yes No Start Date _____ Branch _____

Name (secondary contact): _____ Relationship to Member: _____

Cell # _____ Work # _____ Employer _____

Email _____

Military Yes No Start Date _____ Branch _____

Member Lives With:

Both Parents Mother ONLY Father ONLY Parent & step parent Foster Parent Joint Custody

Other, specify _____

Emergency Contact/s (other than parent):

Name _____ Relationship to Member: _____

Phone # _____ Home Cell Work Phone # _____ Home Cell Work

Name _____ Relationship to Member: _____

Phone # _____ Home Cell Work Phone # _____ Home Cell Work

Medical Data Does child have any special needs? Asthma Diabetes Seizures Migraines ADHD/ADD

Other Needs _____

Does your child have any food allergies? No Yes _____

Please list all medication s your child is taking and any medical problems/allergies (please print):

GREAT FUTURES START HERE.

This information will be kept in strict confidence. This information is important because it makes the Boys & Girls Club eligible to receive various grant funding. It also helps us to identify members who qualify for FREE eye care including eye exam and glasses.

- Family Size** Check the appropriate box for your family's size:
- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Single Individual | <input type="checkbox"/> Family of 4 | <input type="checkbox"/> Family of 7 |
| <input type="checkbox"/> Family of 2 | <input type="checkbox"/> Family of 5 | <input type="checkbox"/> Family of 8 |
| <input type="checkbox"/> Family of 3 | <input type="checkbox"/> Family of 6 | <input type="checkbox"/> Family of 9 or more |

- Family Income** Check the appropriate box your family's gross income:
- | | | |
|--|--|--|
| <input type="checkbox"/> \$ 0 to 29,920 | <input type="checkbox"/> \$ 38,401 to 42,640 | <input type="checkbox"/> \$ 49,521 to 52,880 |
| <input type="checkbox"/> \$ 29,921 to 34,160 | <input type="checkbox"/> \$ 42,641 to 46,080 | <input type="checkbox"/> \$ 52,881 to 56,320 |
| <input type="checkbox"/> \$ 34,160 to 38,400 | <input type="checkbox"/> \$ 46,081 to 49,520 | <input type="checkbox"/> \$ 56,321 or more |

- Child's Ethnicity** Check the appropriate box:
- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Black / African American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Hispanic / Latino | <input type="checkbox"/> Other Race |
| <input type="checkbox"/> Two or More Races | <input type="checkbox"/> Native Hawaiian / Pacific Islander | |

Please initial for approval or mark N/A:

- _____ I have read the completed application; understand the rules of the Boys & Girls Club of Southwestern Oregon (BGCSWO) and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and we understand that my child's membership status is based upon his/ her ability to obey the rules of the BGCSWO and behavior toward the staff members and volunteers. Memberships may be suspended or terminated at any time for misbehavior without a refund.
- _____ I agree that BGCSWO will not be responsible for any accident to my son/daughter while on the premises or while engaged in any Club activities away from BGCSWO. I also 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 will not hold the members of the Board, Staff, Volunteers or Sponsors responsible for any injury that may occur while participating in any BGCSWO activities or programs.
- _____ I further grant the Boys & Girls Club and the news media, in any form, permission to publish/use photographs or videotaped footage of my son/daughter for any purpose relating to the Boys & Girls Club and release the Boys & Girls Club and any news media of responsibility from the use of such photographs or footage.
- _____ I agree that if my son/daughter needs to be picked up due to illness, injury or suspension, I will pick up my child or arrange to have him/her picked up within 30 minutes. Plus, I understand that my child must be picked up before the Club closes, and that the BGCSWO is not responsible for supervising members after closure times. A late fee will be enforced if a child is not picked up before closing time.
- _____ I understand that the Club, its employees and agents, shall not be responsible for any losses of personal property.
- _____ I hereby give permission for the Boys & Girls Club to have access to my child's/ teens teachers, grades and/or report cards in conjunction with programs related to education. I may revoke this authorization at any time by notifying the BGCSWO in writing, how ever it will not affect any actions taken before the revocation was received or actions taken based on previously shared info.
- _____ I hereby grant my consent for my child to participate in surveys or other program evaluation mechanisms instituted by the BGCSWO. I understand all results will be kept strictly confidential.
- _____ I have received a Parent Handbook and agree to all rules and requirements of Boys & Girls Club membership.

OPEN DOOR POLICY In keeping with Boys & Girls Club policy across the country our drop-in program operates with an open door policy. The decision regarding when the child leaves the Club, and with whom, is strictly between parent and child.



Parent or Guardian Signature _____ Date _____

OFFICE USE ONLY:

Membership Fee: \$ _____ **Circle One:** Scholarship Official/Volunteer Military Scholarship

Circle one: Cash/Check/Credit Card: # _____ Expiration Date _____ Receipt # _____ Total Amount \$ _____ Received by _____

Comments: _____

Data entered into Kidtrax on: ____/____/____ By: _____

Moneytrax updated on: ____/____/____ By: _____