|  |  |
| --- | --- |
| **Member Type** | ☐ New Member  ☐ Renewing Member |

**Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**2023-2024 Membership Application Payment: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**$50 Membership Fee Cash Credit Check#\_\_\_\_\_\_**

**Staff Initials: \_\_\_\_\_\_\_\_\_\_**

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| **PRIMARY CONTACT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Role in Household** | | | | | | | | | ☐ Mother  ☐ Father | | | | | | | | ☐ Aunt/Uncle ☐ Sister | | | | | | | | ☐ Brother  ☐ Cousin | | | | ☐ Grandparent  ☐ Foster Parent | | | | | | | | | | ☐ Guardian  ☐ Step-Parent |
| **Name** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email Address** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mobile Phone** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **City, State, Zip** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer Phone** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **May we call you at work?** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Military Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current / Former Military** | ☐ Yes ☐ No | | | | | | | | | | | | **Status** | | | ☐ Active Duty  ☐ Reserve/Guard  ☐ Veteran | | | | | | | | | | | **Branch** | | | | | ☐ Air Force ☐ Army ☐ Coast Guard | | | | | | | ☐ Marine Corps  ☐ National Guard ☐ Navy |
| **MEMBER DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Member Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Total past years of membership with Boys & Girls Clubs** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Name** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **City, State, Zip** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Birth date** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Gender** | | | | | ☐ Male ☐ Female | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | |
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| **Racial / Ethnic Identity** | | | | | ☐ American Indian or Alaska Native ☐ Asian  ☐ Black or African American | | | | | | | | | | | | | | | | ☐ Hispanic or Latino ☐ Native Hawaiian or other Pacific Islander | | | | | | | | | | | | | | ☐ White  ☐ Other | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Teacher & Grade** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School Name** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Allergies** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Food & Seasonal Allergies:** | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |
| **Medical Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Diagnosed Medical Conditions** | | | | | | | | | | | ☐ Asthma  ☐ Diabetes  ☐ Hearing Impairment  ☐ Visual impairment | | | | | | | | | | | ☐ ADD/ADHD  ☐ Autism  ☐ Seizures  ☐ Anxiety/Depression  ☐ Oppositional Defiance Disorder | | | | | | | | | | | | | | | | ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please list any other physical, mental or medical limitations.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Does the member receive additional support in the school/community?** | | | | | | | | | | | | | | | | | | | ☐ Individualized Education Plan (IEP)  ☐ Speech Coach  ☐ Meets with school or private counselor  ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
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| **Insurance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Insurance Carrier** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Group Number** | | | | | | | |  | | | | | | | | | | | | | | | **Member/Policy Number** | | | | | | | | | | | | | |  | | |
|  | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | |
| **AUTHORIZED CONTACTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Authorized Contact 1** | | | | | | | | | | | | | | | | | | | | | | | | **Authorized Contact 2** | | | | | | | | | | | | | | | |
| **Full Name** | | |  | | | | | | | | | | | | | | | | | | | | | **Full Name** | | | | | | | | |  | | | | | | |
| **Phone** | | |  | | | | | | | | | | | | | | | | | | | | | **Phone** | | | | | | | | |  | | | | | | |
| **Mobile Phone** | | |  | | | | | | | | | | | | | | | | | | | | | **Mobile Phone** | | | | | | | | |  | | | | | | |
| **Work Phone** | | |  | | | | | | | | | | | | | | | | | | | | | **Work Phone** | | | | | | | | |  | | | | | | |
| **Emergency Contact** | | | | | | | ☐ Yes ☐ No | | | | | | | | | | | | | | | | | **Emergency Contact** | | | | | | | | | | | | ☐ Yes ☐ No | | | |
| **Relationship** | |  | | | | | | | | | | | | |  | | | | | | | | | **Relationship** | | | | | | |  | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NON-AUTHORIZED CONTACTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please list any individuals that are restricted from picking up the member.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Non-Authorized Contact 1** | | | | | | | | | | | | | | | | | | | | | | | | **Non-Authorized Contact 2** | | | | | | | | | | | | | | | |
| **Full Name** | | |  | | | | | | | | | | | | | | | | | | | | | **Full Name** | | | | | | | | |  | | | | | | |
| **Phone** | | |  | | | | | | | | | | | | | | | | | | | | | **Phone** | | | |  | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | |
| **Relationship:** | | | |  | | | | | | | | | | | | | | | | | | | | **Relationship:** | | | | | | | | |  | | | | | | |
| **Household Support** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Child’s Family Setting:**  Mother Only Father Only Foster Care 1 Parent/1 step 2 Parent Family Grandparents  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Number of adults in household\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Number of children in household\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |  | | |  |
|  | | |  | |  |  | | |  | |
| **Household Income** | ☐ $0 – 40,000 | | | ☐ $40,001 – 60,000 | | | ☐ $60,001 + |  | | | |
| **School Lunch** | | ☐ Free ☐ Reduced ☐ Not Eligible | | | | | | | | | |

\*\*ALL HOUSEHOLD INFORMATION IS STRICTLY FOR REPORTING PURPOSES AND IS KEPT CONFIDENTIAL\*\*

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| **WAIVERS & RELEASES** | | | |
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| **Data Collection** | | | |
| ☐ Yes ☐ No | I give my permission to the BGC 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, BGCA, funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members. This release may be revolved at any time by contacting the BGC in writing. | | |
| **Medical** | | | |
| ☐ Yes ☐ No | I give permission to the BGC 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 and treatment. | | |
| **Technology** | | | |
| ☐ Yes ☐ No | As a member of the Boys & Girls Club, our child may have access to the internet. While the Boys & Girls Club has rules prohibiting such conduct and precautions are taken by the Club to prevent such access, it is possibly your child may access inappropriate sites. The Boys & Girls Club will not be responsible for such unauthorized access. | | |
| **Transportation** | | | |
| ☐ Yes ☐ No  ☐ Yes ☐ No  ☐ Yes ☐ No  ☐ Yes ☐ No  ☐ Yes ☐ No | Parents and Club members may be responsible for their own transportation to and from the Club.  My child will ride the Club assigned BUS during the school year.  I agree to pick up my child on time and understand that failure to do so may result in additional fees being charged and/or local authorities being contacted.  My child is ALLOWED to leave the building on their own.  My child may attend “WALKING CLUB” with a CLUB STAFF. | | |
| **Data Sharing** | | | |
| ☐ Yes ☐ No  ☐ Yes ☐ No | I give my permission to the BGC to share information about the minor child listed on this application with 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 BGC, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential. This release may be revoked at any time by contacting the BGC in writing.  The Boys & Girls Club of St. Marys intends to administer the Boys & Girls Clubs of America National Outcomes Survey to ALL club members between the ages of 9 and 18years old in the spring months. The purpose of this survey is to obtain information regarding perceptions of the Club Experience, Behaviors, Skill, and Attitudes. \*\*Please inform a Club Director in writing if you DO NOT want the survey administered to your child. | | |
| **Press / Media** | | | |
| ☐ Yes ☐ No | I give my permission for my child’s picture, video image, or any other graphic depiction or likeness, to be used by BGC, Boys & Girls Clubs of America and its activities. | | |
| **Miscellaneous** | | | |
| ☐ Yes ☐ No  ☐ Yes ☐ No | I understand that the Boys & Girls Club is not responsible for lost or stolen items.  My child has permission to participate in any and all activities, programs, and field trips sponsored by the Boys & Girls Club of St. Marys. I understand that all safety precautions will be taken and I will NOT hold Boys & Girls Club of St. Marys Staff or Volunteers legally liable for accidents in connection with any activities. | | |
| **APPLICATION APPROVAL** | | | |
| I understand that the club is NOT, NOR CLAIMS TO BE, a licensed daycare. AS A DROP-IN FACILITY, THE BOYS & GIRLS CLUB OF ST. MARYS IS NOT RESPONSIBLE FOR CLUB MEMBERS, WHEREABOUTS.  I, the parent/guardian of the minor child listed on this application, on behalf of the minor child listed herein and for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of St. Marys and Boys & Girls Clubs of America (BGCA), 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 and all loss, damage, injury or death and 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. | | | |
|  | | | |
| *Your signature below confirms that all information above is true and accurate.* | | | |
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|  | |  |  |
| **Parent/Guardian Signature** | |  | **Date** |