



BOYS & GIRLS CLUBS  
OF THE LEWIS CLARK VALLEY

# 2018-2019 School Year Membership Form

## September - May

(1<sup>st</sup> day of school year program to last day of school year program)

**Section # 1**    **Membership Status:**     **New**     **Renewal**    **Membership Number:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Gender:**  M  F    **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Ethnicity:**  Caucasian     Hispanic     Asian     African American     Native American     Other or combination

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Name of School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ (18-19 school year)

### Section # 2

(If you already have a child with a current registration form filled out you may skip section # 2 for additional children)

**Guardian #1:** Full Name \_\_\_\_\_ Relationship to member: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Guardian #2:** Full Name \_\_\_\_\_ Relationship to member: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Emergency Contact:** Full Name \_\_\_\_\_ Relationship to member: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Section # 3

**Does the child have any food allergies, medical conditions, or behavior challenges?**  Y  N

If yes, please explain: \_\_\_\_\_

**Does your child take any medications?**  Y  N If yes, please list: \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Doctor's Phone Number:** \_\_\_\_\_

**Do you have Medical Insurance:** Yes  No

**Annual Income** (Applicants **MUST** provide information. This will be used for statistical purposes only.)

- |  |  |  |  |  |
|--|--|--|--|--|
| <input type="checkbox"/> 1,000-15,100  | <input type="checkbox"/> 15,101-17,000 | <input type="checkbox"/> 17,001-18,850 | <input type="checkbox"/> 18,851-20,400 | <input type="checkbox"/> 20,401-21,900 |
| <input type="checkbox"/> 21,901-23,400 | <input type="checkbox"/> 23,401-24,900 | <input type="checkbox"/> 24,901-25,200 | <input type="checkbox"/> 25,201-28,350 | <input type="checkbox"/> 28,351-30,240 |
| <input type="checkbox"/> 30,241-31,450 | <input type="checkbox"/> 31,451-34,000 | <input type="checkbox"/> 34,001-36,500 | <input type="checkbox"/> 36,501-37,740 | <input type="checkbox"/> 37,741-39,000 |
| <input type="checkbox"/> 39,001-40,250 | <input type="checkbox"/> 40,251-41,550 | <input type="checkbox"/> 41,551-43,800 | <input type="checkbox"/> 43,801-45,300 | <input type="checkbox"/> 45,301-46,800 |
| <input type="checkbox"/> 46,801-49,860 | <input type="checkbox"/> 49,861-50,300 | <input type="checkbox"/> 50,301-54,350 | <input type="checkbox"/> 54,351-58,350 | <input type="checkbox"/> 58,351-62,400 |
| <input type="checkbox"/> 62,401-66,400 | <input type="checkbox"/> 66,401+       |  |  |  |



Does your child qualify for \_\_\_\_ **Free** or \_\_\_\_ **Reduced lunch**? (If needing a scholarship, you must bring in proper paperwork).

**Child Lives With (check all that apply):** \_\_\_\_ Mom \_\_\_\_ Step Mom \_\_\_\_ Dad \_\_\_\_ Step Dad  
\_\_\_\_ Grandparent \_\_\_\_ Foster Parent \_\_\_\_ Other (please list) \_\_\_\_\_

**Number of people living in this household?** \_\_\_\_ **Is this a single parent household?** \_\_\_\_ Y \_\_\_\_ N

Do you reside in a Public Housing Community? \_\_\_\_ Y \_\_\_\_ N If Yes, which one \_\_\_\_\_

If employed by the Military, which Branch do you belong to? \_\_\_\_\_

### **Membership Fees & Guidelines**

The membership fee for youth between the ages of 5 – 18 (school aged) is a one-time fee for the school year. **The cost is \$25.00 per child for the school year.** \*MEMBERSHIP FEE AT THE LAPWAI CLUB IS FREE OF CHARGE\*

Membership runs for the entire school year. Participation in any or all Club programs requires a current Club Membership! Refund requests are done on a case by case basis. It is our policy to not allow a refund once our service has been provided and a member has already started to participate in our programs. If a refund is issued, please allow 7-10 days for processing.

### **Program Registration**

To participate in Boys & Girls Club programs **you must complete a registration form** for the specific program. Every BGCLCV program requires a current registration form. Boys & Girls Clubs offer additional fee based programs during the year which may incur additional costs. Check with the Club you are registering with for the specifics of these programs. **All fees must be paid in advance.** We encourage members not to bring items of value while participating in Club Programs. We also encourage members to take responsibility for all of their personal belongings. The Boys & Girls Club and staff are not responsible for lost or stolen items.

### **Scholarship Policy**

Reduced fees are available to families based on specific eligibility criteria. Inquire at the front counter for more information. **Proof of eligibility** (Free or Reduced Lunch Form from School District) **is required before we can process the membership or reduce the program fee.** Scholarships are not given for fees already paid. For families and youth needing financial assistance with membership and program fees, we offer the following:

- If the child is on the free lunch program at school, the **fee based program** is reduced in half and must be paid up front. If the child is on the reduced lunch program at school, the **fee based program** is reduced by ¼ and must be paid up front.

### **Membership Handbook**

I have received the Membership Handbook and will support the discipline procedures of the BGCLCV. I also full understand that failure to accept responsibility for inappropriate actions by either myself or my child may result in loss of program access.

### **Open Door Policy**

I understand that members are allowed to check themselves in and out of the Club. Arrival and departure is a matter strictly between the parent/guardian and the child. However, “open door” does not mean revolving door. Once a member arrives at the Club, the expectation is for them to remain at the Club until they leave for the day.

### **Photo Release Consent**

I hereby give my consent to Boys & Girls Clubs of the Lewis Clark Valley to use any images that may be taken of my child while registered as a Club member in marketing and promotional materials. I relinquish all rights to copyright, title, property interest and/or any other interest in said photographs and I waive the right to inspection and approval of the finished reproduction.

### **Technology Policy**

I understand that the BGCLCV will provide my child internet access from the Club’s computer education centers and that technology usage is a privilege and that Club staff may revoke this permission at any time. I also understand that my child’s cell phone may only be used as a communication device and shall not interrupt Club programming. Failure to follow the Electronic Devices Policy will result in confiscation of the device, and it will be held at the front counter for Parent/Guardian pick up. This may also result in disciplinary action.

### **Surveys & Questionnaires**

I understand that the BGCLCV may ask my child to participate in surveys about his or her experience, behaviors, skills and attitudes to assess program effectiveness.

**Member Consent**

I promise to take care of my Club and property by respecting Club Staff, Club Members, and Club Equipment. I also understand that I am expected to behave respectfully and follow all of the rules of the Club. If I choose not to follow the rules I may lose the privilege to attend the Club.

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

**Consent for Membership, Participation, Hold Harmless, Medical Authorization**

As a parent or legal guardian of the above named child, I hereby give my consent for his/her membership in the Boys & Girls Clubs of the Lewis Clark Valley. I give permission for the applicant to be transported and participate in all BGCLCV sponsored activities and events, to administer surveys and to use the applicant's picture in publications. I give my permission to the Boys & Girls Club of the Lewis Clark Valley 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 Boys & Girls Club of the Lewis Clark Valley including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential. 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. I give my permission to my child's School District to exchange information regarding the minor child listed on this application. I agree to hold harmless BGCLCV, members of their board, staff, authorized volunteers and instructors for accidental injury to the applicant or damage to the applicant's property. I further give authority to the BGCLCV staff, instructors and authorized volunteers in case of accident, injury or sickness of the applicant when in their care to render first aid, provide transportation and admittance to a medical facility. In addition, I authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician. I waive rights to informed pre-consent for such treatment. I understand that BGCLCV does not cover the applicant with any primary medical insurance coverage and that the parent/guardian is financially responsible for any treatment provided. Members are covered under a group accident medical plan for balances due after primary medical insurance has paid benefits. Claim must be made on a form provided by BGCLCV within 90 days of the accident injury.

**\*\*\*All Memberships MUST have a valid phone number and email address listed above!\*\*\***

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

**Office Use Only:**

Receipt # \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ ColorTyme \_\_\_\_\_ Scholarship \_\_\_\_\_ Donation \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date \_\_\_\_\_