

BOYS & GIRLS CLUB OF LA PLATA COUNTY (BGCLPC) - MEMBER INFORMATION FORM

SHADED AREAS OFFICE USE ONLY: Member ID#: _____ Receipt #: _____			
Expiration Date:	Renewal Date:	Initial Membership Date:	Input Worker's Name & Date of Input
12/31/18	01/01/19	_____	_____

PLEASE PRINT

First Name: _____ **Middle Name:** _____ **Last Name:** _____

Name of Person(s) Member Lives With: _____ **Home Phone: ()** _____

Home Address: _____ **City:** _____

State: _____ **Zip Code:** _____ **Email Address:** _____

Status (Circle One):	New Member (1st Time)	Renewing Member	
Gender (Circle One):	Male	Female	
Ethnicity (Circle One):	African-American	Asian	Hispanic
	Native American	White/Caucasian	Other

Birth date: ____/____/____ **Age:** _____ **Grade:** _____ **School:** _____

Child's Cell # (optional- used for Club reminders, texts about events, etc.): () _____

Total # of Persons Residing in Household: _____ **Total # in household under 18:** _____

Member lives With:	Mother	Step-mother	Father	Step-father	Aunt/Uncle
(Circle all that apply)	# of ____ sister(s)	# of ____ brother(s)	Grandparent	Guardian	Other: _____

Father's First Name: _____ **Last Name:** _____ **Father's Mobile Phone: ()** _____

Father's Employer & Occupation: _____ **Work Phone & Extension: ()** _____

Mother's First Name: _____ **Last Name:** _____ **Mother's Mobile Phone: ()** _____

Mother's Employer & Occupation: _____ **Work Phone & Extension: ()** _____

Guardian's First Name: _____ **Last Name:** _____ **Guardian's Mobile Phone: ()** _____

Guardian's Employer & Occupation: _____ **Work Phone & Extension: ()** _____

Emergency Contact other than Parent or Guardian:

Contact Name: _____ **Relationship:** _____ **Contact Phone: ()** _____

Contact Name: _____ **Relationship:** _____ **Contact Phone: ()** _____

Medical Problems / Allergies:

List All Medications Your Child Takes:

Physician's Name: _____ **Physician's Phone Number: ()** _____

Is Your Child Covered Under an Insurance Program (Circle One): Yes No

Name of Insurance Company: _____ **Insurance Policy Number:** _____

CONTINUED ON OTHER SIDE

Can Your Child Swim (Circle One)? Yes No
List Your Child's Hobbies: _____

Nickname: _____

The following information is STRICTLY CONFIDENTIAL. It is necessary for our records and the funding, including grants, BGCLPC receives. Your cooperation in providing this information is appreciated. Thank You.

Annual Household Income (Circle One):

\$0-\$14,999 \$45,000-\$54,999
\$15,000-\$24,999 \$55,000-\$64,999
\$25,000-\$34,999 \$65,000-\$74,999
\$35,000-\$44,999 \$75,000+

Family Participation in Assistance Programs (Circle All Programs that Apply):

SSDI Day Care Vouchers School Lunch Program
SSI Food Stamps Veterans Compensation
TANF/AFDC General Assistance Other _____

Family Setting (Circle One): 1 Parent Family 2 Parent Family Other

Household Description (Circle One): Extended Family Non-Family Family

Special Needs (Circle all that apply): None Physically Disabled Developmentally Disabled Emotionally Disabled
1 on 1 aide in school environment Individual Education Plan (please share)

Decisions to provide services to any child will be made with regard to appropriateness of programming, safety, capacity based on attendance numbers, and individual member's needs. Special needs services comply with ADA.

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW. AS THE PARENT OR GUARDIAN:

My child(ren) has permission to attend all field trips & engage in all activities, either on or off site, offered by the BGCLPC. These field trips & activities may require transportation & I attest my child is in good health and will not have a problem attending trips or participating in activities.

I authorize the Boys & Girls Clubs of La Plata County to use information relating to my child, including full name, photo, audio or video recordings & quotes in promotional, advertising and/or BGCLPC newsletters and publications of all types and varieties.

I give my permission to BGCLPC to survey and interview my child to find out what his/her behaviors, skills and attitudes are in regards to issues such as health risks and habits, positive self-esteem, respect for diversity, education and educational resources, positive relationships, career choices, connection to the community, as well as his/her experiences at the Club. I understand that the purpose of these surveys is to help find out how well the Club is meeting my child's needs and to identify areas which may call for further attention. The information collected is confidential and that my child's name will not be used in conjunction with any report and/or presentation. My child's participation in any survey or interview is strictly voluntary and my child may choose to stop participation at any time.

I understand that it may be necessary for the BGCLPC to access relevant academic records, such as report cards, attendance records, and discipline records, from my child's school. I understand that the information may be used to ensure program effectiveness, and continued academic progress. The information obtained will be for internal use only. I hereby give my consent for the Boys & Girls Club of La Plata County to access the necessary records throughout the year as needed.

I understand the rules of the BGCLPC, as outlined in the Parent/Member Handbook, and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter. I hereby give my consent and authorization for said child to be a member of the Boys & Girls Club of La Plata County and to participate in any and all activities of the BGCLPC. These include individual and group activities.

I hereby release and agree to indemnify and hold harmless BGCLPC, its agents, and employees and all BGCLPC, including such claims, damages, costs, liabilities, or expenses that may result from injury, loss, or damages that my child may suffer directly or indirectly while on the premises of or in the care, custody or company of BGCLPC including, but not limited to, being a passenger in automobiles or other vehicles operated by BGCLPC. While I understand every effort will be made to reach me, I give my consent to my child being given an examination and treatment by a physician or hospital in case of an emergency.

I hereby expressly assert and acknowledge that _____ is my child or ward and that I have the authority to make this acknowledgement, waiver and release on behalf of the said child or ward. I further expressly assert that no threats or promises, or coercion have been made or used in an effort to procure my signature on this document. This acknowledgement, waiver, and release shall be binding upon the heirs, administrators, executors, assigns, and successors in interests, guardians, trustees and conservators of the parties hereto.

Notice to Parent/Guardian

This document concerns the waiver and release of certain rights and liabilities of both you and your child or ward. Do not sign this document unless and until you have read and understood the contents.

I have read the foregoing acknowledgment, waiver and release and I understand the contents. I am willing to make the acknowledgement, waiver and release and I do so willingly and as my free and voluntary act.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

OFFICE USE ONLY:

#1 Parent Orientation Yes No
#5 Transportation

#2 Internet License Safe Surfer/No Access
#6 Financial Aid Application Yes No

Member Application Contract For Electronic Information Services

As a member, I understand that my use of the BGCLPC's Electronic Information Services (EIS), including the internet, network, and club issued devices (including but not limited to: computers, iPads, personal display devices), is a privilege. Inappropriate use will result in cancellation of these privileges and may result in disciplinary action. Law enforcement officials will be notified if illegal activities take place.

I understand that I cannot expect that communications or information sent, retrieved or stored via EIS will be private. BGCLPC has the right to review all files and communications and monitor system use at any time without notice or permission. BGCLPC may terminate access, and/or review and delete files at any time.

I understand that when I use EIS, I must strictly adhere to all user requirements set forth in the BGCLPC's Computer Use Guidelines. I understand that any violations of the policy or regulation will result in revocation of my user access and will result in disciplinary action.

Member's Name: _____ **Grade:** _____ **Member #:** _____

Member's Signature: _____ **Date:** _____

Parent or Guardian Must Sign

As the parent or guardian of this member, I have read the BGCLPC's Computer Use Guidelines. I understand the EIS, including the internet, network, computers, iPads, electronic display devices, etc., are intended for educational purposes only. These services are made available to my child at no out-of-pocket cost to me.

I understand that although the BGCLPC has taken reasonable precautions to protect against my child's access to inappropriate materials, it is impossible for the BGCLPC to restrict access to all controversial or offensive materials. Accordingly, I will not hold the BGCLPC responsible for materials acquired by my child's use of the EIS. I also agree to report to the club's Chief Professional Officer any misuse of the information services.

I understand that the BGCLPC offers Wi-Fi access for mobile devices. I understand that there is no way for the BGCLPC to filter or restrict materials/content that my child accesses from his/her personal electronic device. I further understand that the BGCLPC is not responsible for content/materials accessed by my child's personal electronic device. (i.e.: iPod Touch, iPad, personal cellular device, etc.) If my child wishes to utilize the Wi-Fi services at the club, he/she agrees to utilize a device provided by the BGCLPC.

I accept full responsibility for supervision if, and when, my child's use of the EIS is not in a club setting. I hereby give my permission for my child to use the EIS and certify that my child has agreed to abide by the terms and conditions of the Computer Use Guidelines and this agreement.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Parent or Guardian May Deny Access

As the parent or guardian of this student, I DO NOT want my child to be provided internet access by the BGCLPC. Instead, my child will use other resources available at the club or participate in an alternate activity.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Products that filter internet access will be tested on an ongoing basis and may be substituted in the future. BGCLPC makes no warranties of any kind, whether expressed or implied, for the Electronic Information