

2020 Membership Form

Jan. 1, 2020 - December 31, 2020



SITE:
To be completed by BGC staff
Paid Date:
Pymt Type:
Staff Name:

Member Information *(Please Print Clearly)*

Member's First Name	Member's Middle Name	Member's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Home Address	
<input type="text"/>	<input type="text"/>	
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Township
		<input type="text"/>

Demographic Information *(used for grant & program purposes)*

Gender: M F	<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Pacific Islander								
Birthdate: <input type="text"/>	Age: <input type="text"/>	School: <input type="text"/>	Grade: <input type="text"/>						
Sisters: <input type="text"/>	Brothers: <input type="text"/>	Total Number In Household: <input type="text"/>							
Lives With: <i>(Please circle one)</i>									
<input type="checkbox"/> 2 Parents	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Aunt/Uncle						
<input type="checkbox"/> Grandparents	<input type="checkbox"/> Foster Parents	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other _____						

Confidential: The following information is completely confidential and is required for the club to obtain funding as a non-profit agency.

Annual Family Income <i>(Please check one)</i>			
<input type="checkbox"/> \$1 - 4,999	<input type="checkbox"/> \$5,000 - 7,499	<input type="checkbox"/> \$7,500 - 9,999	<input type="checkbox"/> \$10,000 - 14,999
<input type="checkbox"/> \$15,000 - 19,999	<input type="checkbox"/> \$20,000 - 29,999		
<input type="checkbox"/> \$30,000-39,999	<input type="checkbox"/> \$40,000 - 49,999	<input type="checkbox"/> \$50,000+	
Please select from the following options below for your child/family (MUST select at least one. Select "no aid" if no aid is received)			
<input type="checkbox"/> No Aid Received <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> Bridges <input type="checkbox"/> Wrap Around <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> TANF			
<input type="checkbox"/> Free/Reduced School Lunch <input type="checkbox"/> Military Family <input type="checkbox"/> Vets. Compensation <input type="checkbox"/> Food Stamps <input type="checkbox"/> IEP			

Main Custodial Parent/Guardian Contact Information

Parent/Guardian First & Last Name	Home Phone	E-mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer	Work Phone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Zip Code
		<input type="text"/>

Other Guardian Contact Information *(spouses, step-parents, non-custodial parents, grandparents)*

1. First & Last Name	Home Phone	E-mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City/State/Zip	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of Employment	Work Phone	Relation to Member
<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Guardian Contact Information *cont.*

2. First & Last Name

Home Phone

E-mail Address

Address

City/State/Zip

Cell Phone

Place of Employment

Work Phone

Relation to Member

Medical Information

Health Problems/Allergies/Disabilities

Medications

Physician

Physician's Phone

***Behavior issues or other medical information that is helpful for the Club Staff to know *Child Success Plan available

Additional Adults Allowed to Pick Up Member *(relatives, friends, etc.)*

Name	Primary Phone	Relationship to Member
1		
2		
3		

******ID REQUIRED UPON PICK UP**** ****ALL CHANGES MUST BE MADE IN PERSON******Persons NOT authorized to pick up Member *(copy of a court order is required for birth parents)*

Does your child have permission to attend school sponsored after school clubs? Y N Name of Club:

Member Pick Up Authorization Code (4 digit confidential code): _____

Self Sign-Out Permission For children to leave the Club without an authorized adult*Please note that if members are granted permission to sign themselves out, the Club is not legally responsible for the safety and wellbeing of the Member after they have signed themselves out.*

_____ My member DOES NOT HAVE PERMISSION to sign himself/herself out of the Boys & Girls Club.

_____ My member HAS PERMISSION to sign himself/herself out and leave the Club without an authorized adult present.

_____ My member HAS PERMISSION to sign himself/herself out and leave the Club without an authorized adult present only at the following times: _____ Only on (Circle): M T W TH F _____ Only at 7:00 PM _____ Other: _____

Waiver of Liability/Agreements

- I have completed the application and the application is accurate. I reviewed the parent/member handbook and I acknowledge and agree to the rules and policies of the Boys & Girls Clubs of Morgan County including the discipline policy and request that my child be admitted into membership. My Child and I accept full responsibilities for his/her actions and behaviors at the Boys & Girls Club. I give the Boys & Girls Club permission to use my child's picture in newspaper articles, newsletters, and other publicity materials. I give my child permission to participate in pre and post tests or other measurement tools used to determine program recommendations, outcome measurements and program effectiveness. I give the Boys and Girls Club permission to copy my child's report card. The Boys & Girls Clubs of Morgan County agrees that in the performance of its services, it will not, on the grounds of race, color, sex, age, sexual preference, gender identity, disability or national origin, exclude any person from participation in, deny any person the benefits of, or otherwise subject any person to discrimination under any activity. I understand that the Club is not responsible for any lost or stolen items.
- I hereby release the Boys & Girls Clubs of Morgan County, their Board of Directors, agents, employees, volunteers, and insurers from any present or future personal injury or damage to property caused by having any relation to this activity. I understand that this release binds my heirs, executors, and administrators. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Boys & Girls Club to hospitalize, to secure proper treatment for, and to order injections, anesthesia, or surgery for my child as named above.
- I understand that in order to receive my member, I, or others on my pick up list, will be asked to provide a picture I.D. I am responsible for ensuring adults that pick up my child understand this policy. I understand any changes to my child's pick up list must be done in person, not over the phone.
- Membership fees are nonrefundable.

Parent/Guardian Signature

Date

Initial here if you have ANY EXCEPTIONS to the above conditions and explain below.

Explanation: