

Membership Application 2018-2019

Dear Chehalis Club Parent/Guardian,

Welcome to the Boys & Girls Club of Chehalis! We are so glad you are joining us this membership year. Club Our mission, at the Chehalis Club is **to enable all young people, especially those who need us most, to reach their full potential as productive, caring and responsible citizens.** We look forward to serving your child encourage you to fill out this membership form in its entirety and review the code of conduct document with your child as well.

We are a leading youth development organization with skilled, caring professionals who seek to understand where every kid is coming from and help them shape their path toward a great future. We accomplish this by providing:

- A safe, positive environment (encompassing both physical and emotional safety)
- Supportive relationships with adults and peers.
- Access to fun and a sense of belonging.
- Meaningful opportunities and expectations.
- Formal and informal recognition.

Safety

Safety of our members is the #1 priority. We do mandatory and ongoing background checks on all potential Club professionals, board members and volunteers, each of whom must follow strict policies and procedures. We also offer routine staff trainings to build a culture of safety. We employ a zero-tolerance policy for any disregard of our procedures. If any child safety issues or concerns are brought to our attention, we contact the police and Child Protective Services immediately.

We incorporate the national BGCA safety standards and work with other community organizations to consistently strengthen our safety programming through new trainings. We also continually work with kids to reinforce their knowledge of self-defense and safety smarts. And we listen closely to make sure that their voices are always heard. If you have any safety-related concerns or questions, please contact your local Club Director, CEO or Board Chair.

Additionally, the national organization offers a 24-hour hotline, **1-866-607-SAFE.**

We look forward to a great year together,



Lauren Day
Executive Director of Boys & Girls Club of Chehalis

Membership Application 2018-2019

Are you in a position to help another family?

This year, when signing your child up for Club membership, you can help kids who can't afford to pay the \$35 monthly activity fee! By pledging to make a monthly, or one-time contribution to the Club, you can make a positive impact on the lives of youth throughout our community!

Although **we keep our membership fees very low**, it really costs the Clubs **more than \$850 per child**, per year to operate. We do have a comprehensive scholarship program to make things work for all families. We rely 100% on donations from individuals like you, as well as local businesses and organizations to help make up the difference. Thank you for helping to make sure all kids can benefit from mentorship at the Boys & Girls Clubs of Chehalis.

Name: _____ Phone: _____

Address (please include City, State, Zip): _____

☐ **YES!** *I want to support Club scholarships for kids in need*

☐ **Easy Credit Card Payment**

Please charge \$_____ each month to my credit card for a total annual gift of \$_____. (Please list information below). *Monthly pledge contributions will continue for 12 months or until total gift is reached*).

☐ **One-Time Gift of \$_____.**

I/We plan to make this one-time contribution in the form of: ____ **Cash** ____ **Check** ____ **Credit**

Credit Card Information

Card Type: ☐ Visa ☐ Master Card ☐ American Express

Card Number: _____ Exp. Date: _____ CVV: _____

Billing Address (if different from above): _____

Authorization Signature: _____

Membership Application 2018-2019

For Office Use Only

Fee Received _____ Date: _____
 Membership Number _____
 Orientation Completed: Y / N
 Proof of Age : Y / N
 Proof of Assistance: Y / N

Date: _____

Full Name: _____

Nickname/Preferred Name _____

Birthdate: ____ - ____ - ____ Age: _____

Proof of age is required for members age 6 and 7

Gender: ☐ Male ☐ Female ☐ Other _____

Race/Ethnic Identity (select all that apply)

- | | |
|--|---|
| ☐ American Indian or Alaska Native | ☐ Hispanic or Latino |
| ☐ Asian | ☐ White |
| ☐ Black or African American | ☐ Bi-racial |
| ☐ Middle Eastern or North African | ☐ Multi-Racial |
| ☐ Native Hawaiian or other pacific islander | ☐ Other: _____ |

Is Member in Foster Care? ☐ Yes ☐ No

School information for 2018/2019

School Name: _____ Grade _____ Teacher: _____

Does your child receive additional support in school/community? (check all that apply)

- ☐ Individualized Education Plan (IEP) ☐ 504 (accommodation) ☐ Speech Coach
☐ Meets with School or Private Counselor ☐ Other: _____

Medical/Health Information

Allergies

Food: ☐ None ☐ Peanuts ☐ Tree Nuts ☐ Dairy/Lactose ☐ Soy ☐ Gluten ☐
 Seafood/Shellfish ☐ Eggs ☐ Other: _____

Medicine: ☐ None ☐ Penicillin ☐ Aspirin ☐ Amoxicillin ☐ Other: _____

Environmental: ☐ None ☐ Bee Stings ☐ Pollen ☐ Dust ☐ Mold ☐ Grass

Other: ☐ Latex ☐ None ☐ Perfumes / Colognes ☐ Lotions ☐ Other: _____

Does your child use an Epipen? ☐ No ☐ Yes _____

Medical Conditions ☐ None

- ☐ Asthma ☐ Diabetes ☐ Hearing Impairment ☐ Blindness ☐ ADHD ☐ Autism ☐ Seizures
☐ Anxiety/Depression ☐ Other: _____

Does your child use an inhaler? ☐ Yes ☐ No Does your child use insulin? ☐ Yes ☐ No

Membership Application 2018-2019

MEMBER NAME: _____

Only Completed Forms will be Processed

**** YOUTH INFORMATION ONLY ****

Does your child self-administer medication? ☐ Yes ☐ No

If so, which medication? _____

Please list any physical, mental or medical limitations of your child below and discuss them with the Program Director upon submitting your application: _____

Insurance

Insurance Carrier _____ Group Number _____ Policy Number _____

BGCC is committed to providing youth an opportunity for full and equal enjoyment of the Club experience. Our goal is to learn as much as possible about our members to make any reasonable accommodation or support to ensure their success at the Club. If your child has any serious behavioral problems or special circumstances involving physical, medical, or psychological concerns, the Club Director should be notified of this so reasonable accommodation can be considered. Please list any applicable circumstances:

Parent/Guardian Information

Head of Household

Relationship to Member (circle): Mother Father
Step-Parent Aunt/Uncle Sister/Brother Cousin
Grandparent Foster-Parent

Name: _____

Address: _____

City: _____ Zip Code: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

E-mail Address: _____

Employer: _____

Parent/Guardian 2

Relationship to Member (circle): Mother Father
Step-Parent Aunt/Uncle Sister Brother Cousin
Grandparent Foster-Parent

Name: _____

Address: _____

City: _____ Zip Code: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

E-mail Address: _____

Employer: _____

EMERGENCY CONTACTS: Please list other(s) than shown above.

Name: _____

Relationship to Member (circle): Aunt/Uncle Sibling
Cousin Grandparent Family Friend Other: _____

Phone(s): _____

Is this person authorized to pick up member?

☐ Yes ☐ No

Name: _____

Relationship to Member (circle): Aunt/Uncle Sibling
Cousin Grandparent Family Friend Other: _____

Phone(s): _____

Is this person authorized to pick up member?

☐ Yes ☐ No

Membership Application 2018-2019

MEMBER NAME: _____

Only Completed Forms will be Processed

Your Responses below are kept **CONFIDENTIAL** and are essential for our funders. This information helps keep membership fees low. All information is required for membership. Thank you!

Tribal Affiliation: ☐ Yes ☐ No

If yes, please list tribe name(s):

School Lunch: ☐ Free/Reduced ☐ Entire School is free
☐ Not eligible

Is this a military family?: ☐ Yes ☐ No

If yes, please list branch, status and I.D. number:

Please check all assistance programs you receive:

- ☐ Food Stamps/SNAP
- ☐ Medicaid
- ☐ Social Security
- ☐ SSI (Supplemental security Income)
- ☐ SSDI (Social security disability insurance)
- ☐ Housing (section 7, section 8 etc.)

How many adults and youth live in your household:

#adults _____ #youth _____

Housing Type

- ☐ Permanent (Own, rent etc.) ☐ Public Housing
- ☐ Group Home ☐ Foster Home
- ☐ Homeless

Household Composition

Single Adult Household	
Who is the adult in the single adult household?	☐ Mother Only
	☐ Father Only
	☐ Grandparent
	☐ Other relative
	☐ Legal Guardian
	☐ Foster Care
☐ Joint Custody	
Two + adult household	
Who are the adults in the household?	☐ Parents
	☐ Grandparents
	☐ Other relative
	☐ Legal Guardian
	☐ Foster Care
	☐ Parent and other adults(s)
☐ Self (teen must demonstrate they are 18 or emancipated)	

Please indicate your total household income by placing a checkmark in the appropriate box.

☐ \$0 – 13,650	☐ \$26,001 – 29,250	☐ \$41,601 – 42,120	☐ \$64,501 – 68,650	☐ \$125,001 - 175,000
☐ \$13,651– 15,600	☐ \$29,251 – 31,200	☐ \$42,121 – 42,900	☐ \$68,651 – 70,000	☐ \$175,001 – 200,000
☐ \$15,601 – 17,550	☐ \$32,101 – 32,500	☐ \$42,901 – 45,240	☐ \$70,001 – 75,000	☐ \$195,001 - 200,000
☐ \$17,551 – 19,500	☐ \$32,501 – 35,100	☐ \$46,801 – 48,360	☐ \$75,001 – 80,000	☐ \$200,000+
☐ \$19,501 – 21,100	☐ \$35,101 – 36,400	☐ \$48,361 – 51,480	☐ \$80,001 – 85,000	
☐ \$21,101 – 22,650	☐ \$36,401 – 37,700	☐ \$51,481 – 52,000	☐ 85,001 – 90,000	
☐ \$22,651 – 24,200	☐ \$37,701 – 39,000	☐ \$52,001 – 56,200	☐ \$90,001 – 95,000	
☐ \$24,201 – 25,750	☐ \$36,001 – 40,300	☐ \$56,201 – 60,350	☐ \$95,001 – 100,000	
☐ \$25,751 – 26,000	☐ \$40,301 – 41,600	☐ \$60,351 – 64,500	☐ \$100,001 - 125,000	

Membership Application 2018-2019

MEMBER NAME: _____

Only Completed Forms will be Processed

Releases & Waivers

Please select responses for all checkboxes and sign the bottom of this page.

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the **Boys & Girls Clubs of Chehalis (BGCC)** 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.

Data Collection I give my permission to the BGCC 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 revoked at any time by contacting the BGCC in writing.

☐ Yes ☐ No

Medical I give permission to the BGCC 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.

☐ Yes ☐ No

Technology As a member of the Boys & Girls Club, your 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 possible your child may access inappropriate sites. The Boys & Girls Club will not be responsible for such unauthorized access.

☐ Yes ☐ No

Transportation Parents and Club members are responsible for their own transportation to and from the Club, unless otherwise specified. As a drop-in facility, we are not responsible for Club members' whereabouts.

☐ Yes ☐ No

Data Sharing I give my permission to the BGCC 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 BGCC, 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 BGCC in writing.

☐ Yes ☐ No

Press I give permission for my child's picture, video image, or any other graphic depiction or likeness, to be used by BGCC and its activities and acknowledge neither more child nor I will receive payment for same.

☐ Yes ☐ No

Miscellaneous I understand who the Boys & Girls Club is not responsible for lost or stolen items. Boys & Girls Clubs has an open door policy where members are allowed to come and go as they please. We assume no responsibility for members who choose not to attend on a particular day or who choose to leave early. Each Club has the right to make membership decisions based on the resources and capacity of their facility and staff. BGCC reserves the right to decline the application, rescind the enrollment of, or suspend any youth that cannot successfully associate with other club members.

☐ Yes ☐ No

Parent/Guardian Signature _____

Date _____

**Your signature confirms that all information above is true and accurate.*