Office Use:

Membership #: _____
Club/Site (Circle): **CF SO SY PR WM**
School/Enrollment Year (ex. 2016-2017)
_____

GREAT FUTURES START HERE.

BOYS & GIRLS CLUBS OF STANISLAUS COUNTY

MEMBERSHIP APPLICATION

DATE: _____

SCHOOL _____

In order for us to best serve you and your child, please complete ALL of the information on BOTH sides.

- Memberships are $10 per child and are good for the duration of the school year
- Memberships available to all youth ages 6 to 18. Proof of age required. Students must be 6 years of age at time of enrollment.
- Some sites may be full and you may be put on a waiting list.
- Memberships MUST be renewed annually. Scholarships are available.
- All youth members must attend an orientation with legal parent or guardian before becoming a member.
- All personal information is kept strictly confidential.
- Only aggregated data is shared with funding sources.

MEMBER INFORMATION

First Name _____ Middle Initial ____ Last Name _____

Address _____ City _____ Zip_____

Insurance? Y__ N__ Company _____ Policy No._____

Physician Name _____ Physician Phone _____

Preferred Hospital/Clinic _____ Medicaid/Cal No._____

Child's Medical Problems / Allergies / List of Medications Child is Taking

_____

☐ My child requires Accommodation or has an IEP (Individualized Education Plan): Please attach a copy to help enhance your child's experience at the club.

PRIMARY PARENT(S) / GUARDIAN INFORMATION

1. **First/Last** _____ Relationship _____
   Mailing Address _____ City _____ Zip_____
   Home Phone _____ Work Phone _____ Cell Phone _____
   Email Address: _____
   Employer _____ Job Title _____
2. **First/Last** _____ Relationship _____
   Mailing Address _____ City _____ Zip_____
   Home Phone _____ Work Phone _____ Cell Phone _____
   Email Address: _____
   Employer _____ Job Title _____

AUTHORIZED PERSONS TO PICK-UP MEMBER (outside of parent/guardians):

1. **First/Last** _____ Relationship _____
   Cell Phone _____
2. **First/Last** _____ Relationship _____
   Cell Phone _____

EMERGENCY CONTACT (other than above)

1. First/Last _____ Relationship _____
   Home Phone _____ Work Phone _____ Cell Phone _____

MEMBERSHIP
____ New ____ Renewal

GENDER
____ Male ____ Female

AGE / GRADE
_____ Current Age
_____ Date of Birth
_____ Grade Level

CHILD'S TEACHER

_____

RACE / ETHNICITY
____ African American
____ Asian
____ Caucasian
____ Latino / Hispanic
____ Native American
____ Pacific Islander
____ Multiracial
____ Other

ANNUAL FAMILY INCOME
____ **Number in Family**
____ Under $9,000
____ $9,001-19,999
____ $20,000-29,999
____ $30,000-39,999
____ $40,000-49,999
____ $50,000-59,999
____ $60,000-69,999
____ $70,000-79,999
____ $80,000+

CHILD LIVES WITH
____ Both Parents
____ Mother
____ Father
____ 50% Mom/50% Dad
____ Grandparent(s)
____ Foster Care/Guardian
____ Aunt/Uncle
____ Sister/Brother
____ Group Home
____ Homeless/Shelter
____ Other

PROGRAMS USED
(Check all that apply)
____ TANF
____ Food Stamps
____ SSI / SSDI
____ School Lunch
____ CalWORKs
____ Other

PARENT/GUARDIAN AGREEMENT

OPEN DOOR POLICY
I understand that the Boys & Girls Clubs of Stanislaus County (BGCSTAN or "The Club") has an OPEN DOOR policy. Clubs are open to all members anytime during regular hours of operation. Members may come and go during those hours. I understand that the BGCSTAN is not responsible for the time or manner in which my child may arrive or depart from club premises.

PARENT ORIENTATION
I understand that it is my responsibility to attend a site-specific Parent Orientation prior to enrolling my child. Club hours and policies may vary from site to site depending on program funding.

TECHNOLOGY USE
I have been given information at the orientation on the appropriate use of computers at the Club. I give my consent for my child to use email and the internet while at the Club according to the rules outlined in the Parent Member Information Manual.

PHOTO RELEASE
I consent to allow the Club to use photographs or video of my child participating in Club activities and I waive all rights for compensation. (i.e. Marketing Materials/Social Media Sites).

AUTHORIZATION FOR INTERAGENCY EXCHANGE OF CONFIDENTIAL INFORMATION
I give permission for the release and exchange of the following confidential information within this membership application, and also the release and exchange of confidential information (ie. STAR testing data, grades and other school-related data, and all other confidentially protected data) from the following sources in order for the Club to provide programs and coordinate services on behalf of my child: (Sylvan School District). I understand that my records are protected under federal confidentiality regulation and cannot be disclosed without my written consent unless otherwise provided for in these regulations. I may withdraw this consent at any time except to the extent that action has been taken in reliance upon it. This release will be in effect as long as the child has a current membership with the Club.

PARENT HANDBOOK
I have read and agree to abide by the policies stated in the Parent Handbook. I understand that failure to abide by the policies in the handbook may result in the removal of my child from Club programs. I understand that if either I or my child violates the rules of the Club my child may be asked to forfeit his or her membership and that no membership fees will be refunded to me.

PARENT RELEASE
I give permission for my child to participate in all Boys & Girls Clubs of Stanislaus County Programs. I understand that the Club and its properties are not responsible for personal injury or loss of property. I agree to hold the Club free and blameless from any claim for injury or missing items on the Club's property or in connection with any Club activity. I hereby authorize Club personnel to administer emergency medical treatment and/or transportation for my child in the event of sudden illness or accident.

MEMBER AGREEMENT
- I agree to take care of my Club and the property therein.
- I will abide by the rules of the Club at all times.
- If at any time I am asked to return my Club membership card, I understand no dues will be returned to me.

Parent / Guardian Signature	Date	Member Signature	Date

FOR OFFICE USE ONLY

INTAKE Staff Initial________	**DATA ENTRY**
ORIENTATION DATE: _____________ ☐ Handbook Received MEMBERSHIP TYPE: ☐ General School Year ☐Summer Day Camp ☐OJP ☐JAG DOCUMENTS RECD: ☐IEP ☐ Other ________________________ PAID: ☐Cash ☐Credit/Debit Card ☐Money Order ☐Scholarship ☐Check #_________ Amount $__________ Receipt # __________	☐ Entered in KidTrax: Date______/Staff Init____ ☐ Emergency Contact Card Made: Date______/Staff Init____ ☐ Member Card Made & Distributed: Date______/Staff Init____ Membership # _________________________ ☐ Copy Made / Sent to Administrative Office: Date______/Staff Init____