



BOYS & GIRLS CLUBS
OF SKAGIT COUNTY

CLUB MEMBERSHIP APPLICATION

2010-2011

Club Memberships are valid from NOW thru August 31st, 2011. Membership is open to school aged youth 6-18 years old. The membership fee is \$30 per membership year per child and allows members to attend the Drop-In Program and special teen program hours for youth 7th grade and older. Extra fees apply for additional program hours on non-school and early release days.

Club: _____ Date: _____

First Name: _____ Middle: _____ Last: _____

Nickname: _____ Age: _____ DOB: _____ Gender: ___M ___F

PLEASE CIRCLE

Ethnicity: African-American Asian Hispanic/Latino Multi-Racial Native American Caucasian
Other

School Lunch Program: Free lunch Reduced lunch None

School Information

Current Teacher: _____ School: _____

Grade for 2010-2011 School Year: _____

Membership Information

Has the child been a member of the Boys & Girls Clubs before? Yes No

If so, Where: _____ Year _____

Medical Information

Doctor Name: _____ Doctor Phone: _____

Date of Last Medical Exam: _____

Permission for Treatment by Doctor/Hospital: ___Yes ___No Medicaid: ___Yes ___No

Does your family have health and/or accident insurance: ___Yes ___No

Insurance Carrier: _____ Insurance Phone: _____

Policy #: _____ Group#: _____

Serious Health Problems: ___Yes ___No If Yes, explain: _____

Any Food, Medication / Bee Allergies: ___Yes ___No If Yes, explain: _____

Medications: ___Yes ___No If Yes, explain: _____

Any behavior issues we should be aware of: _____

All information must be complete to be accepted as a member.

Child's Name: _____

Medical Treatment: I give permission to the Boys & Girls Club of Skagit County 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. _____(Signature) _____(Date)

School Information: I give my permission to the Boys & Girls Club of Skagit County and _____ Schools to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting my Child's Schools or the Boys & Girls Club in writing. _____(Initials)

Surveys and Questionnaires: I, the parent/guardian of the minor child listed on this application, give permission for Boys & Girls Club of Skagit County to survey my child about his or her Club experience and behaviors, skills and attitudes using Boys & Girls Clubs of America's Youth Development Outcome Measurement Tool Kit surveys or other survey instruments. _____(Initials)

Technology: As a member of the Boys & Girls Club, your child will have access to the Internet. While precautions are being taken, it is possible that s/he may access inappropriate sites. Boys & Girls Club will have rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access. _____(Initials)

Open Door Policy: I have read the **Open Door Policy** and understand it's my responsibility to discuss my expectations with my child. _____(Initial)

Media Release: I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the Boys & Girls Club and its activities. Circle One: **Yes / No** _____(Initial)
Notes on special circumstances or conditions: _____

Miscellaneous: I also understand that the Club is not, nor claims to be, a licensed day care center. I understand that the Boys & Girls Club is not responsible for lost or stolen items.

I have received the Membership Handbook and understand the rules of the Boys & Girls Club and request that my child be admitted into membership.

_____ Date: ___/___/___
Parent / Guardian Signature Club Member's Signature

Disclaimer:
The undersigned parent / legal guardian on behalf of themselves and their child(ren) agree to hold The Boys & Girls Clubs of Skagit County, its agent, employees and officials, while acting within the scope of their duties harmless from all causes of actions, demands and claims, including the cost of their defense, arising in favor of the child participant or third parties on account of personal injury, death or damage to property arising out of Activities at the premises and in anyway connected with the activities of the child participant in the Boys & Girls Clubs of Skagit County programs except those acts or commissions which are solely negligence of the Boys & Girls Clubs of Skagit County, its agent, employees or officials.

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 Club of Skagit County, and Boys & Girls Clubs of America, 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.

Parent / Guardian Signature: _____ Date _____



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Parent & Emergency Contact Information

Member's Name: _____

Please complete this entire form. Emergency Contacts should be someone other than yourself that we can call in the event we cannot reach you. The Emergency contacts must live locally and have the ability to pick up your child at the Club in the event they become ill or need to leave the Club for a discipline issue.

Primary Parent / Guardian

Relationship to Member: _____

Name:

Occupation:

Address H:

Mailing Address:

Employer:

Address W:

Phone: _____ Type: H W C

Phone: _____ Type: H W C

Phone: _____ Type: H W C

Email: _____

Primary Parent / Guardian

Relationship to Member: _____

Name:

Occupation:

Address H:

Mailing Address:

Employer:

Address W:

Phone: _____ Type: H W C

Phone: _____ Type: H W C

Phone: _____ Type: H W C

Email: _____

Emergency Contact

Relationship to Member: _____

Name:

Occupation:

Address H:

Employer:

Phone: _____ Type: H W C

Phone: _____ Type: H W C

Phone: _____ Type: H W C

Emergency Contact

Relationship to Member: _____

Name:

Occupation:

Address H:

Employer:

Phone: _____ Type: H W C

Phone: _____ Type: H W C

Phone: _____ Type: H W C

Household: NOTE: This information is collected for Grant writing purposes ONLY

All information will be kept confidential. This section must be completed.

Member lives with: ___ Mom ___ Step Mom ___ Dad ___ Step Dad ___ Grandparent
___ Foster parent(s) ___ Other: _____

Annual	\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
Household	\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
Income	\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
Level:	\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	\$75,001 - \$80,000 _____
	\$20,001 - \$25,000 _____	\$50,001 - \$55,000 _____	\$80,001 - \$85,000 _____
	\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	\$85,001 - \$90,000+ _____

Number in Household: _____ Number of Youth 18 & under: _____

Is there a Member of the Household 65 years old or Older: ___ Yes ___ No

Is there a Member of the Household Handicapped: ___ Yes ___ No

Current Head of Household: ___ Female ___ Male ___ Both

Current Single Parent: ___ Yes ___ No Active Duty Military Family ___ Yes ___ No

Does the child belong to other Groups: Y N Please check all that apply

___ Boys Scouts or Girl Scouts ___ School Club ___ Church Group ___ Other: _____

Reason(s) for joining the Boys & Girls Club: ___ Fun ___ Homework Help ___ Recreation

___ Other: _____

Hobbies and interests: _____

How did you hear about the Boys & Girls Clubs of Skagit County? _____

Any behavior issues or concerns we should be aware of: _____

Parent Partnership Program

___ **Yes, I would love to become a Parent Partner and make a contribution to the Boys & Girls Club!!** I will donate \$ _____ every month.

___ No, I am unable to make a donation at this time. I will donate a one time gift of \$ _____

___ I can donate my time or services

The Boys & Girls Clubs of Skagit County is a 501(c)3 non-profit organization. Because we believe that every child should have the opportunity to attend the Club we keep our membership fees low and seek funding through grants, individual donations and fundraising events to cover the actual cost of over \$600 per child.

Please consider joining of our team's mission to provide a safe and positive place for your child(ren) and hundreds of others everyday after school! Your investment in the Club will make a difference in the lives of children and your community. Any amount is greatly appreciated.

FOR OFFICE USE ONLY

Membership #: _____ Contact Information _____
Data Entry Date: _____ Expiration Date: 08/31/2011

Processed by: _____ Card Issued _____ New / Renewing Member: Receipt # _____