



**MEMBER INFORMATION FORM**

**OFFICE USE ONLY:**

KidTrax Member ID # _____	Receipt # _____	Amount \$ _____	Associate _____
<b>Member Status:</b>	<b>Start Date:</b>	<b>Termination Date:</b>	<b>Initial Service Date</b>
New: ___ Renew: ___	(Input Date): _____	(Exp): 5/31/20(____)	(Date 1 <sup>st</sup> Member) _____
			<b>Renewal date:</b>
			6/1/20(____)

**The following information is STRICTLY CONFIDENTIAL.**

It is necessary for our records and for the funding Boys & Girls Clubs of the East Valley receives. Your cooperation in providing this information is appreciated. Thank you.

**Head of Household, Parent or Guardian Information**

**Name of person Member lives with:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Mobile/Home** (circle) **Alt Phone:** \_\_\_\_\_ **Mobile/Home/Work** (circle)

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Family Setting** (check one):  One Parent Family  Two Parent Family  Other

**Member lives with** (check one):  Both Parents  Mother  Father  Aunt/Uncle  Sister/Brother  
 Grandparent  Guardian  Other  Foster

**Parent/Guardian U.S. Armed Forces Member?**  No  Yes **Active Duty/Reserve** (circle) **Branch:** \_\_\_\_\_

**Annual Household Income:**

\$0-\$4,999  \$25,000-\$34,999  
 \$5,000-\$9,999  \$35,000-\$49,999  
 \$10,000-15,999  \$50,000+  
 \$16,000-\$24,999

**Family Participation in Assistance Programs** (Check all that apply):

SSDI  Day Care Vouchers  School Lunch Program  
 SSI  Food Stamp  Veterans Compensation  
 TANF/AFDC  General Assistance  **I receive no assistance**

# of sisters/step sisters \_\_\_\_\_ # of brothers/step brothers \_\_\_\_\_ **Total # of residing in the household** \_\_\_\_\_

**Community Member:** Yes or No (please provide copy of CDIB) **Gila River Branches ONLY: District #:** \_\_\_\_\_

**Guadalupe Resident:** Yes or No (circle)

**Other Parent/Guardian Information** (if different from above)

**Father/Step-Father** (circle):

First: \_\_\_\_\_ Last: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile/Home (circle)

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Mobile/Home/Work (circle)

**Mother/Step-Mother** (circle):

First: \_\_\_\_\_ Last: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile/Home (circle)

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Mobile/Home/Work (circle)

**Guardian:**

First: \_\_\_\_\_ Last: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile/Home (circle)

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Mobile/Home/Work (circle)

**Emergency Contact if Parent/Guardian Cannot be Reached:**

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile/Home/Work (circle)

Relation to member: \_\_\_\_\_

## Member (Child's) Information

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ (20\_\_ -20\_\_ school year)

Can child swim? \_\_\_Yes \_\_\_No Disabled? \_\_\_No \_\_\_Physically \_\_\_Developmentally \_\_\_Learning

Gender: \_\_\_Male \_\_\_Female Ethnicity: \_\_\_African-American \_\_\_Asian \_\_\_Hispanic \_\_\_Hawaiian/Pacific Islander \_\_\_Multi Racial \_\_\_Native American \_\_\_White/Caucasian \_\_\_Other

### PLEASE READ CAREFULLY; INITIAL AND SIGN BELOW

AS THE PARENT/GUARDIAN,

I understand that Membership payments are final and that refunds cannot be issued.

I authorize and give my consent to the Boys & Girls Clubs of the East Valley (BGCEV) to use any photographs and video footage in which my son/daughter may appear for membership cards, advertising and publicity purposes.

Initial one:

I do give my consent to the use of my child's photographs or video footage

I do not give my consent to the use of my child's photographs or video footage

I give my permission to the BGCEV 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 other 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. Participation does not in any way affect a child's membership.

I give my permission to the BGCEV to share information about the minor child listed on this application with Boys & Girls Clubs of America (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, data collected via surveys or questionnaires and other information collected by BGCEV. All information provided to BGCA will be kept confidential.

Initial one:

I do give my consent to my child's participation in the survey and evaluation process.

I do not give my consent to my child's participation in the survey and evaluation process.

I understand the rules of the BGCEV and request that my child be admitted into membership. I have explained the rules to my child. I agree that the BGCEV will not be responsible for personal injury or loss of property while on the Club premises or while engaged in any of its activities away from the Club. While I understand that every effort will be made to reach me, I give my consent to have my child be given a medical examination and/or emergency treatment by a paramedic, physician or hospital in case of emergency.

I understand that the BGCEV is a Youth Development Agency and the Branches operate on a "drop in" basis under an **open door policy**. I understand that BGCEV are **not** a licensed childcare facility, which means that my son/daughter can come and go at will. It is my responsibility as a parent/guardian to advise my child if he/she may or may not leave the Club unsupervised. **Statute #ARS36-882**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

How did you hear about us? (Circle all that apply) Internet Magazine Newspaper Friend Family TV Radio School

Other: \_\_\_\_\_

Would you like to be a volunteer or coach? \_\_\_Yes \_\_\_No

Would you like to be a member of the Branch Board? \_\_\_Yes \_\_\_No

**\*\*If there is a person who is LEGALLY banned from picking up your child, ask the front office for the appropriate form to complete. This form and the appropriate legal documentation must be on file at the Club.\*\***



***NOTE: Please print and sign in ink --Parent or Legal Guardian only!!***

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

In the event of a serious and/or life threatening illness or injury occurring to my child, I hereby give my consent for medical or dental care deemed necessary by the attending physician or dentist. My child may be examined and any necessary procedures (medical, dental, or surgical), anesthesia, or diagnostic procedures (lab or x-ray) may be performed under the supervision of a member of the hospital or medical office staff furnishing such services.

*I understand that, in the event of a serious illness or injury, every effort will be made to reach me.*

I further acknowledge that I am responsible for any medical, dental, ambulance expenses or student transportation home, which might occur as a result of such injury or illness. I understand that any insurance coverage through the Boys & Girls Clubs of the East Valley Member Insurance plan is secondary to my family insurance coverage.

***Reviewed and Approved:***

\_\_\_\_\_  
Signature of Parent or Legal Guardian                      Printed Name                      Date

***If we need to contact you (Please Print):***

Father: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone & Ext: \_\_\_\_\_

Mother: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone & Ext: \_\_\_\_\_

Relative: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone & Ext: \_\_\_\_\_

Friend: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone & Ext: \_\_\_\_\_

**\*\*Please contact the Boys & Girls Clubs of the East Valley immediately if any of the above information changes.\*\***

***Medical Information:***

Date of Last Tetanus Shot: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Preferred Hospital/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL CONSENT & RELEASE FORM-Page 2**

**Medical Conditions staff need to be aware of:**

Allergies             No         Yes... explain \_\_\_\_\_

Allergic Reactions  No         Yes... explain \_\_\_\_\_

Asthma             No         Yes... explain \_\_\_\_\_

Other               No         Yes... explain \_\_\_\_\_

**Daily Medications..Please list all for medical emergency information only – Medications will not be administered without a signed "Parent Request for Administration of Medication" form.**

**Rx#:** \_\_\_\_\_                      **Medication:** \_\_\_\_\_

**Instructions:** \_\_\_\_\_

**Rx#:** \_\_\_\_\_                      **Medication:** \_\_\_\_\_

**Instructions:** \_\_\_\_\_

**Rx#:** \_\_\_\_\_                      **Medication:** \_\_\_\_\_

**Instructions:** \_\_\_\_\_

**Rx#:** \_\_\_\_\_                      **Medication:** \_\_\_\_\_

**Instructions:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



**BOYS & GIRLS CLUBS  
OF THE EAST VALLEY**

**Member Application Contract for Electronic Information Services**

***(Required at fourth grade and above)***

As a member, I understand that my use of the BGCEV's Electronic Information Services (EIS), including the Internet and network, 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. BGCEV has the right to review all files and communications and monitor system use at any time without notice or permission. BGCEV may terminate access, and/or review and delete files at any time. I understand that when I use Electronic Information Services, I must strictly adhere to all user requirements set forth in the BGCEV'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; this includes information or content accessed via mobile phone or other electronic devices.

**Member's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Mem #:** \_\_\_\_\_

**Member's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent or guardian must cosign**

As the parent or guardian of this member, I have read the BGCEV's Computer Use Guidelines. I understand that Electronic Information Services, including the Internet and network, 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 BGCEV has taken reasonable precautions to protect against my child's access to inappropriate materials, it is impossible for the BGCEV to restrict access to all controversial or offensive materials. Accordingly, I will not hold the BGCEV responsible for materials acquired by my child's use of the Club's Electronic Information Services. I also agree to report to the Club's Branch Executive any misuse of the information services.

I agree that my child will abide by the Computer Use Guidelines on appropriate use of Electronic Information Services. I accept full responsibility for supervision if, and when, my child's use of the information services is not in a club setting. I hereby give my permission to have my child use Electronic Information Services and certify that my child has agreed to abide by the terms and conditions of this agreement. I understand that parental control access options are available on my child's phone and are my responsibility.

**Print 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 BGCEV. Instead, my child will use other resources available at the club or participate in an alternative activity.

Member's Name: \_\_\_\_\_ Parent or Guardian's Name: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Products that filter Internet access are tested on an ongoing basis and may be substituted in the future. BGCEV makes no warranties of any kind, whether expressed or implied, for the Electronic Information Services it provides.***

## Mandatory Orientation

I understand that there is a mandatory orientation that I must attend with my child. I understand that there is a separate orientation for Summer Day Camp and After School Program. **If I do not attend** orientation, my child may not be permitted to attend Boys & Girls Clubs of the East Valley programs.

**I will attend orientation on \_\_\_\_\_, 20\_\_\_\_\_**

Parent/Guardian Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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## Refunds

There will be **no refunds, credits or fund transfers** for weeks, days or fieldtrips that are unattended. Please select your days wisely; there is very little space for movement. Thank you!

Parent/Guardian Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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## Late Payments

Program and Transportation fees are due prior to services rendered. Fees are **due on** \_\_\_\_\_ for the following program session (Example: December fees are due in November). If this date falls on a weekend (Saturday or Sunday) fees are due the Friday before. If failing to pay on time, your account will be charged a **\$20 late fee per child**, that must be paid prior to continued attendance in the program. All accounts are subject to late payment fees, unless previously agreed upon by the Branch Executive or their approved representative. In order to provide adequate staffing, we need to know numbers ahead of time. Please help us in providing the best program for your children.

Parent/Guardian Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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## Notifications

By providing a mobile number below, you agree to receive text messages notifications. If you decline or do not respond, you will not receive our notifications for payment reminders, closures, field trips, transportation and other special opportunities.

Mobile/Cell # \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_



**BOYS & GIRLS CLUBS**  
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