

**BOYS AND GIRLS CLUBS OF THE EAST VALLEY: MEMBER INFORMATION FORM**

<b>OFFICE USE ONLY:</b> KidTrax Member ID# _____		Receipt# _____	Amount _____	Associate _____
<b>Member</b>		<b>Status:</b> _____ Renewing		
<b>Service Date:</b> (Date of input) _____	<b>Termination Date:</b> (Expiration Date) <u>05/31/17</u>	<b>Initial Service Date</b> (Orig membership date) _____	<b>Renewal date:</b> <u>6/1/16</u>	

PLEASE PRINT

**MEMBER INFORMATION**

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **\*Last Name:** \_\_\_\_\_

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

**Name of School:** \_\_\_\_\_ **\*Grade:** \_\_\_\_\_

**\*Can child swim?** Yes No **Disabled?** No Physically disabled Developmentally Disabled Learning disabled

**Gender:** \_\_\_Male \_\_\_Female **Ethnicity:** African-American Asian Hispanic Hawaiian/Pacific Islander  
Multi-Racial Native American White/Caucasian Other

**Is the child covered under a health insurance program?** No Yes **Name of Insurance:** \_\_\_\_\_  
**Policy Number:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Preferred Hospital/Clinic** \_\_\_\_\_

**Medical Problems/Special Needs** (Physical, behavioral, learning, etc) \_\_\_\_\_  
**\*List all over-the-counter and prescription medications your child is taking. Indicate "at home" or "at Club" or "Both":**  
 \_\_\_\_\_  
 \_\_\_\_\_

**HEAD OF HOUSEHOLD, PARENT OR GUARDIAN INFORMATION**

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

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

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

**FAMILY INFO**

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

**Household Description** (check one): Family Extended Family Non-Family Other

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

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

**\*Father** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Job \_\_\_\_\_ Work Phone & Extension \_\_\_\_\_

**\*Mother** First Name \_\_\_\_\_ Last Name: \_\_\_\_\_ Mobile Number \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Work Phone & Extension \_\_\_\_\_

**\*Guardian** First Name \_\_\_\_\_ Last Name: \_\_\_\_\_ Mobile Number \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Work Phone & Extension \_\_\_\_\_

**EMERGENCY CONTACT IF PARENT/GUARDIAN CANNOT BE REACHED**

Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_ Alt # \_\_\_\_\_

Relationship to member: \_\_\_\_\_

If your child will ride the bus here, who is the primary emergency contact for bussing? \_\_\_\_\_  
(Will be called if your child is not at the bus stop)

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

Is a parent/guardian a U.S. Armed Forces Member? No Yes Active Duty/Reserve Branch: \_\_\_\_\_

Annual Household Income:		Family Participation in Assistance Programs (Check all that apply):		
\$0 - \$4,999	\$35,000 - \$49,999	SSDI	Day_Care Vouchers	School Lunch Program
\$5,000 - \$9,999	\$50,000 - \$59,999	SSI	Food Stamp	Veterans Compensation
\$10,000 - \$15,999	\$60,000 - \$69,999	TANF/AFDC	General_Assistance	I receive no assistance
\$16,000 - \$24,999	\$70,000 - \$79,999			
\$25,000 - \$34,999	\$80,000+			

**PLEASE READ CAREFULLY 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 and 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.

\*

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

Date \_\_\_\_\_

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

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, AS THE FRONT OFFICE FOR THE APPROPRIATE FORM TO COMPLETE. THIS FORM AND THE APPROPRIATE LEGAL DOCUMENTATION MUST BE ON FILE AT THE CLUB.**

**Medical Consent & Release Form**

NOTE: Please print in ink except where a signature is required--Parent or Legal Guardian only

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

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

In the event of 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:**

Mother: \_\_\_\_\_ Personal Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(print name)  
Father: \_\_\_\_\_ Personal Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(print name)  
Friend: \_\_\_\_\_ Personal Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(print name)  
Closest Relative: \_\_\_\_\_ Personal Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(print name)

**Medical Information:**

Date of Last Tetanus Shot: \_\_\_\_\_ Child's Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medical Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Parent or Legal Guardian Printed Name (First & Last) Date