

BOYS & GIRLS CLUB OF LA PLATA COUNTY - MEMBER INFORMATION FORM

SHADED AREAS OFFICE USE ONLY: Member ID#: _____		Receipt #: _____	
Date of Input	Expiration Date:	Initial Membership Date:	Renewal Date:
_____	12/31/09	_____	01/01/10
Input Worker's Name: _____			

PLEASE PRINT

First Name: _____ **Middle Name:** _____ **Last Name:** _____

Name of Person(s) Member Lives With: _____ **Home Phone:** (____) _____

Home Address: _____ **City:** _____

State: _____ **Zip Code:** _____ **Email Address:** _____

Emergency Contact other than Parent or Guardian:

Contact Name: _____ **Relationship:** _____

Contact Phone: (____) _____ **Mobile Phone:** (____) _____

Status (Circle One):	New Member (1st Time)	Renewing Member	
Gender (Circle One):	Male	Female	
Ethnicity (Circle One):	African-American	Asian	Hispanic
	Native American	White/Caucasian	Other

Birth Date: ____ / ____ / ____ **Age:** _____

Name of School: _____ **Grade:** _____

Total # of Persons Residing in Household: _____ **Total # in household under 18:** _____

Member lives With: **Mother** **Step-mother** **Father** **Step-father** **Aunt/Uncle**
 (Circle all that apply) **# of ____ sister(s)** **# of ____ brother(s)** **Grandparent** **Guardian** **Other: _____**

Father's First Name: _____ **Last Name:** _____ **Work Phone & Extension:** (____) _____

Father's Employer & Occupation: _____ **Father's Mobile Phone:** (____) _____

Mother's First Name: _____ **Last Name:** _____ **Work Phone & Extension:** (____) _____

Mother's Employer & Occupation: _____ **Mother's Mobile Phone:** (____) _____

Guardian's First Name: _____ **Last Name:** _____ **Work Phone & Extension:** (____) _____

Guardian's Employer & Occupation: _____ **Guardian's Mobile Phone:** (____) _____

Medical Problems / Allergies: _____ **List All Medications Your Child is Taking:** _____

Physician's Name: _____ **Physician's Phone Number:** (____) _____

Preferred Hospital: _____ **Hospital Phone:** (____) _____

Is Your Child Covered Under an Insurance Program (Circle One): Yes No

Name of Insurance Company: _____ **Insurance Policy Number:** _____

CONTINUED ON OTHER SIDE

Can Your Child Swim (Circle One)? Yes No

List Your Child's Hobbies: _____ Nickname: _____

The following information is STRICLTY CONFIDENTIAL. It is necessary for our records and the funding the Boys & Girls Clubs of La Plata County receives. Your cooperation in providing this information is appreciated. Thank You.

Annual Household Income (Circle One):

\$0-\$14,999 \$45,000-\$54,999
\$15,000-\$24,999 \$55,000-\$64,999
\$25,000-\$34,999 \$65,000-\$74,999
\$35,000-\$44,999 \$75,000+

Family Participation in Assistance Programs (Circle All Programs that Apply):

SSDI Day Care Vouchers School Lunch Program
SSI Food Stamps Veterans Compensation
TANF/AFDC General Assistance Other _____

Family Setting (Circle One): 1 Parent Family 2 Parent Family Other

Household Description (Circle One): Extended Family Non-Family Family

Handicap (Circle One): Not Handicapped Physically Disabled Developmentally Disabled

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW. AS THE PARENT OR GUARDIAN:

I authorize the Boys & Girls Clubs of La Plata County to use information relating to my child, including his/her full name, photo, audio or video recordings and quotes in promotional, advertising and/or Boys & Girls Club of La Plata County newsletters and publications of all types and varieties.

I give my permission to the Boys & Girls Clubs of La Plata County 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 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.

I understand the rules of the Boys & Girls Clubs of La Plata County, as outlined in the Parent/Member Handbook, and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter. I hereby give my consent and authorization for said child to be a member of the Boys & Girls Club of La Plata County and to participate in any and all activities of the Boys & Girls Club of La Plata County. These include individual and group activities.

I hereby release and agree to indemnify and hold harmless Boys & Girls Club of La Plata County, its agents, and employees and all Boys & Girls Club of La Plata County members, including such claims, damages, costs, liabilities, or expenses that may result from injury, loss, or damages that my child may suffer directly or indirectly while on the premises of or in the care, custody or company of Boys & Girls Club of La Plata County including, but not limited to, being a passenger in automobiles or other vehicles operated by Boys & Girls Club of La Plata County. While I understand every effort will be made to reach me, I give my consent to my child being given an examination and treatment by a physician or hospital in case of an emergency.

I hereby expressly assert and acknowledge that _____ is my child or ward and that I have the authority to make this acknowledgement, waiver and release on behalf of the said child or ward. I further expressly assert that no threats or promises, or coercion have been made or used in an effort to procure my signature on this document. This acknowledgement, waiver, and release shall be binding upon the heirs, administrators, executors, assigns, and successors in interests, guardians, trustees and conservators of the parties hereto.

I understand that it may be necessary for the Boys & Girls Club of La Plata County to access relevant academic records, such as report cards, attendance records, and discipline records, from my child's school. I understand that the information may be used to ensure program effectiveness, and continued academic progress. The information obtained will be for internal use only. I hereby give my consent for the Boys & Girls Club of La Plata County to access the necessary records throughout the year as needed.

Notice to Parent/Guardian

This document concerns the waiver and release of certain rights and liabilities of both you and your child or ward. Do not sign this document unless and until you have read and understood the contents.

I have read the foregoing acknowledgment, waiver and release and I understand the contents. I am willing to make the acknowledgement, waiver and release and I do so willingly and as my free and voluntary act.

Parent or Guardian Signature Date

Parent or Guardian Signature Date

OFFICE USE ONLY:

#1 Parent Orientation Yes No
#3 Community Service Yes/No
#5 Transportation
#7 Guitar Hero Permission Yes No

#2 Internet License Safe Surfer/No Access
#4 Camp Programs SDC / WDC / SPRING BREAK
#6 Special/National Programs
#8 Financial Aid Application Yes No