

Member Name: \_\_\_\_\_ Gender:  M  F  
First Middle Last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Home Phone: \_\_\_\_\_

American Indian or Alaskan Native  Asian or Pacific Islander  Black, not of Hispanic Origin  Black, of Hispanic Origin  
 Hispanic  Other  White, not of Hispanic Origin

Teacher: \_\_\_\_\_ School: \_\_\_\_\_ Grade Level: \_\_\_\_ Lunch Status:  Free  Reduced  None

Military:  Branch: \_\_\_\_\_

### REQUIRED CONTACT INFORMATION:

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Address:  Same as Above

Other Address \_\_\_\_\_ Other Contact Phone #: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_ (Mother, Foster Parent, Aunt, Uncle, Brother, etc)

Parent/Guardian  Emergency Contact  Authorized to Pickup Member

If Parent/Guardian: Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Address:  Same as Above

Other Address \_\_\_\_\_ Other Contact Phone #: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_ (Mother, Foster Parent, Aunt, Uncle, Brother, etc)

Parent/Guardian  Emergency Contact  Authorized to Pickup Member

If Parent/Guardian: Employer: \_\_\_\_\_ Title: \_\_\_\_\_

### ADDITIONAL CONTACTS:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_ (Mom, Foster Parent, Aunt, etc)  Contact  Authorized to Pickup Member

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_ (Mom, Foster Parent, Aunt, etc)  Contact  Authorized to Pickup Member

Persons Not Authorized to Pick-up Member (Legal documentation must be attached): \_\_\_\_\_

### GENERAL INFORMATION:

Transportation Plan:  School Bus  SKAT  Parent/Guardian  Walk Other: \_\_\_\_\_

How did you hear about the Club? \_\_\_\_\_ Is your child considered on-track to graduate?  Yes  No

Graduation Year: \_\_\_\_\_ Swim Ability:  None  Yes-Beg.  Yes-Int.  Yes-Adv.

**MEDICAL INFORMATION:**

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of Last Doctor Visit: \_\_\_/\_\_\_/\_\_\_\_\_ Reason for Visit: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group# \_\_\_\_\_  
Special Needs/Health Issues/Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

**STATISTICAL INFORMATION:** This information is only used to build demographics for grant purposes and is kept confidential.

Child lives with: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Step Mom \_\_\_ Step Dad \_\_\_ Grandparents \_\_\_ Foster Parent \_\_\_ Other:  
\_\_\_ # in household \_\_\_ # in household under the age of 18 \_\_\_ Member of household is handicapped \_\_\_ Member lives on Military Base

**Total Annual Household Income Information Range:**

\_\_\_ \$1,000-15,800 \_\_\_ \$15,801-17,800 \_\_\_ \$17,801-19,750 \_\_\_ \$19,751-21,350 \_\_\_ \$21,351-22,950 \_\_\_ \$22,951-24,500  
\_\_\_ \$24,501-26,100 \_\_\_ \$26,101-29,700 \_\_\_ \$29,251-32,950 \_\_\_ \$32,951-35,600 \_\_\_ \$35,601-38,250 \_\_\_ \$38,251-40,900  
\_\_\_ \$40,901-43,500 \_\_\_ \$43,501-47,450 \_\_\_ \$47,451-\$52,700 \_\_\_ \$52,701-56,950 \_\_\_ \$56,951-61,150 \_\_\_ \$61,151-65,350  
\_\_\_ \$65,351-69,600 \_\_\_ \$69,601-79,999 \_\_\_ \$80,000-85,500 \_\_\_ \$85,801-99,999 \_\_\_ \$100,000+

**RELEASES AND FINE PRINT:**

I agree to abide by the terms and conditions of the Boys & Girls Club Parent Handbook governing the enrollment of the child on this Membership Application.

I agree to permit my child to participate in walking trips, field trips or other activities sponsored by the Boys & Girls Club. This permission is given with the understanding that transportation, if needed, will be provided by the Boys & Girls Club by Club vehicle driven by Boys & Girls Club staff members, school buses, public transportation, or other approved and regulated methods of transportation. I agree to provide a booster seat for my child if they are required to utilize one. I understand that members will be under Club Staff supervision throughout the duration of any field trip and that the Club operates at a ratio of no more than 10 youth for every staff member. I certify that my child is covered by medical insurance as listed on this application. I understand that I am solely responsible to provide such coverage. I understand that I am solely responsible for any consequences of my failure to provide adequate insurance coverage I agree to abide by all the rules of the Boys & Girls Clubs of Skagit County pertaining to the health and safety of the members and to inform the Club immediately of any change in my child's health, health care insurance, or medical provider. I also agree to inform the Boys & Girls Clubs of Skagit County immediately if my child contracts a serious communicable disease. I understand that there is a certain amount of risk involved in even the simplest of children's games, sports and activities, and I give permission for my child to participate in Club activities and programs. I agree that the Boys & Girls Clubs of Skagit County, its employees (both paid and volunteer), Board of Directors and affiliated agencies, shall not be liable for any claims, demands, injuries, damages, actions or causes of action, whatsoever for any injury caused to me or to my child as a result of my child's involvement in Boys & Girls Club programs or activities. I hereby expressly forever relieve and discharge said Boys & Girls Clubs of Skagit County from all acts of negligence on the part of the Boys & Girls Clubs of Skagit County, its employees (both paid and volunteer), the corporation, its servants, agents, officers, shareholders, and affiliated agencies. In case of serious accident or illness to my child or in the event that the injury/illness involves my child's mouth or teeth, I hereby authorize the staff of the Boys & Girls Clubs of Skagit County, my children's physician, dentist, emergency personnel, and those individuals named on the Membership Form to give any necessary treatment to my child, including emergency surgery. You may call the doctor and/or ambulance if necessary at my exclusive expense. I agree that I am solely responsible for updating medical information to the Boys & Girls Clubs of Skagit County. By signing my permission below, I give permission for the Boys & Girls Clubs organization to use photographs and other types of media, including but not limited to video footage, of my child for promotional purposes and to waive any claims I may have against the Boys & Girls Clubs for all thereof. If I wish to revoke this permission, I will specifically request a Public Relations Denial form. I understand that the Boys & Girls Club works with officials, staff, teachers, and other interested parties in my child's school district for the express purpose of ensuring the Academic Success and wellbeing of my member. I give the Boys & Girls Club, and its agents, permission to contact these individuals directly to discuss the attendance, grade progression, academic progress, disciplinary issues and other matters not specifically referenced of my child. I also hereby provide the School District with release to such documents that contain information regarding the learning assessment, reading level, homework status, behavior and other cognitive and skill-related determinations. I understand and acknowledge my child's participation in the National Youth Outcomes Initiative. The Boys & Girls Club may 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, and other information collected by the Boys & Girls Clubs of Skagit County, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential. I also give the Club the right to collect information via online or written surveys, questionnaires, interviews and focus groups from the minor child listed on this application. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, Boys & Girls Clubs of America, funders and other community stakeholders to evidence program effectiveness and/or Club impact on our members. I understand the implication of this Permission and Statement of Release. I certify that I am legally capable of executing this agreement, and that I have so of my own free will on the date indicated below, on behalf of myself, my spouse, if not signed separately, and our child for whom this form was prepared. I further certify that all information provided is the most current and understand that it is my duty to update this information should anything including but not limited to: change of address; change of school; change of employment; change of number in household; change of income; change of medical information occur. This information may be verified by the local or Federal government.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**STAFF ONLY (initial each)** \_\_\_ Form is Complete \_\_\_ Information Entered into Vision