



**BOYS & GIRLS CLUB**  
OF WESTERN TREASURE VALLEY

www.BGCWTV.org

# 2018-2019 Program Year Membership Form

Membership Fee: **\$10**

Membership expires after 08/09/2019

**USDA & this institution are equal opportunity providers and employers**

## Ontario Club

573 SW 3rd Ave  
PO Box 876  
Ontario, OR 97914  
(541) 889-7979

Application

## Payette Club

1222 1st Ave South  
Payette, ID 83661  
(208) 642-2785

Application

<b>Member Information</b>	<input type="checkbox"/> New Member		
	<input type="checkbox"/> Renewing Member		
	First Name _____	Middle Name _____	Last Name _____
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> Caucasian (white) <input type="checkbox"/> African <input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other (multi-racial)
	Date of Birth: ____/____/____ Month Day Year		
List all special needs or health issues: _____			
List all medications taken regularly: _____			
Is this child covered under an insurance plan? <input type="checkbox"/> Yes <input type="checkbox"/> Yes- Medicaid <input type="checkbox"/> No			
Grade Entering in <b>September 2018:</b> _____ School: _____		Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Household Information</b>	<input type="checkbox"/> Household information is the same as this member: _____		
	Address _____		Single parent household? <input type="checkbox"/> Yes <input type="checkbox"/> No
	City _____ State _____ Zip Code _____		Member of military in the house? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Main Phone Number _____	Number of residents in _____	Combined <b>annual household income</b> <small>NOTE: This is requested for grant-writing purposes. Having these numbers enables us to continue to provide free lunches and snacks daily.</small>
	_____		

<b>Contact Information</b>	<input type="checkbox"/> Contact information is the same as this member: _____			
	<b>Primary Contact</b>			
	First Name _____	Last Name _____	Relationship to Child _____	Email Address _____
	Cell Phone Number _____	Work Phone Number _____	Home Phone Number _____	Employer: _____
	<b>Secondary Contact</b>			
	First Name _____	Last Name _____	Relationship to Child _____	Email Address _____
	Cell Phone Number _____	Work Phone Number _____	Home Phone Number _____	Employer: _____
	<b>Additional Contact</b>			
	First Name _____	Last Name _____	Relationship to Child _____	Email Address _____
	Cell Phone Number _____	Work Phone Number _____	Home Phone Number _____	Employer: _____

<input type="checkbox"/> Payment Rec.	<input type="checkbox"/> Member Info	<input type="checkbox"/> House Info	<input type="checkbox"/> Contact Info	Member #: _____	Initials: _____	Date: _____
_____ Total Payments-		\$10 Membership	\$_____ Field Trips	\$_____ Early Riser	\$_____ Other Fee	

**B&G Club Mission:**

*To inspire and empower youth through safe & impactful programs so they will: graduate high school with a plan for college or career, contribute to their community, and live a healthy life.*

**Priority Outcomes:**

*Academic Success, Good Character & Citizenship, and Healthy Lifestyles.*

**Guardian Agreement**

Please initial to indicate you understand and accept the following terms of membership:

\_\_\_\_\_ The safety of our members is our number one concern. Adults who have been convicted of crimes against children, or who are registered **sex offenders are not allowed in the Boys & Girls Club facility or on Club grounds at any time.**

\_\_\_\_\_ The Club **can not be held liable for injuries or accidents** that may occur at the Club or during Club-sponsored events. The Club does have an insurance policy that covers medical expenses for such accidents.

\_\_\_\_\_ Authorized Club personnel may **provide medical assistance** to members in the form of CPR, first aid, and transport to medical facilities as deemed necessary and without parental consent.

\_\_\_\_\_ Authorized Club personnel **can not administer medications** nor provide over-the-counter drugs to members. Members must bring and be able to self-administer any medications they require.

\_\_\_\_\_ The Club can not be held responsible for the manor in which members **arrive and depart.** Such arrangements are strictly between the member and their guardians.

\_\_\_\_\_ Following our Positive Choice Policy, in circumstances where the member repeatedly does not follow Club rules, a guardian will be contacted and **must be able to pick up the Member from the Club immediately.**

\_\_\_\_\_ All members may be **photographed, surveyed or interviewed** as those activities pertain to official business of the Boys & Girls Club of Western Treasure Valley.

\_\_\_\_\_ All **off-site activities** require the expressed, written **consent of a guardian.**

\_\_\_\_\_ I give the Boys & Girls Club Mentoring Program permission to obtain my child’s academic and attendance records from my child’s school.

\_\_\_\_\_ All financial obligations or debts must be paid in full before services will be provided. The Club will not offer credit to members and their families

\_\_\_\_\_ Are you aware of any reason why your child may be a danger to him/herself or to others?  
**If so, please specify:** \_\_\_\_\_

\_\_\_\_\_ Does your child receive Special Education services, speech and language services or have an IEP or Section 504? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, please describe:** \_\_\_\_\_

Prior Special Education School District & contact name: \_\_\_\_\_

\_\_\_\_\_ By signing this membership form I give the listed school district(s) and the Boys & Girls Club of Western Treasure Valley approval to share case files pertaining to my child’s Special Education services, speech and language services or IEP or Section 504 documentation.

\_\_\_\_\_ Club Members must ask to use computers, Club Members are to only access appropriate websites Computers may be used on occasion for free game play, however educational and learning opportunities will be encouraged.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Printed Name: \_\_\_\_\_