



BOYS & GIRLS CLUBS
OF WESTERN TREASURE VALLEY

www.BGCWTV.org

2020 Summer Membership Form

New Member Fee: **\$10**

Membership expires after 08/07/2020

USDA & this institution are equal opportunity providers and employers

Ontario Clubhouse

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

Payette Clubhouse

1222 1st Ave S
PO Box 876
Payette, ID 83661
(208) 642-2785

| | | | |
|--|---|---|--|
| Member Information | <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: ____ / ____ / ____ <small>Month Day Year</small> | | |
| | 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 September 2020 : _____ School: _____ | | Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

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

| | |
|--|--|
| <input type="checkbox"/> Payment Received <input type="checkbox"/> Data Entered <input type="checkbox"/> Card Made | Member Number: _____ Initials: _____ Date: _____ |
|--|--|

Please fill out the following information for membership prioritization.

Do you work in any of the following industries? (Please circle your answer)

Healthcare First Responder Food Service/Agriculture Other Essential Employment Not Essential or Unemployed

What time frame will your child(ren) be attending? 8:00 AM to 12:00 PM 1:00 PM to 5:00 PM

What days will your child(ren) be attending? Monday Tuesday Wednesday Thursday Friday

**Due to very limited registration, please have your members attend on the days you are stating they will attend. If your child(ren) will not be attending due to illness or vacation, please let the Club know as soon as possible. Zero attendance for three or more days without notice will constitute removal of membership.

Guardian Agreement

Please initial to indicate you know 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
- _____ By signing you are accepting and agreeing to the Clubs technology policy for your club member(s).
- _____ Are you aware of any reason why your child may be a danger to him/herself or to others?
If so, please specify: _____

Guardian Signature: _____

Date: _____