



BOYS & GIRLS CLUBS
OF WESTERN TREASURE VALLEY

www.BGCWTV.org

2020 Fall Special Session Form

Fee: **\$40**

Will be reevaluated 10/01/2020
USDA & this institution are equal opportunity providers and employers

Ontario Clubhouse

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

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 2021 : _____ 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: _____			
	<i>Primary Contact</i>			
	_____	_____	_____	_____
	First Name	Last Name	Relationship to Child	Email Address
	_____	_____	_____	_____
	Cell Phone Number	Work Phone Number	Home Phone Number	Employer:
	<i>Secondary Contact</i>			
	_____	_____	_____	_____
	First Name	Last Name	Relationship to Child	Email Address
	_____	_____	_____	_____
Cell Phone Number	Work Phone Number	Home Phone Number	Employer:	
<i>Additional Contact</i>				
_____	_____	_____	_____	
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:

Current employer(s) of parent(s)/guardian(s):

Do you need full day services? Y N Which days of the week? M T W TH F

I would like to sponsor the membership of ____ child(ren) at \$40 each for a total of: _____

**Due to very limited registration, 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:

_____ I understand that my member must be wearing a mask properly while attending the Club. I will provide the mask for them and give them instruction for proper usage.

_____ 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 manner 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 or a payment plan must be in place before services will be provided. No member will be turned away due to inability to pay.

_____ 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: _____