



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

# 2020-2021 School Session Form

Fee: \$40

## Ontario Clubhouse

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

Facebook:  
Boys & Girls Clubs  
Of the Western  
Treasure Valley

www.BGCWTV.org

USDA & this institution are equal opportunity providers and employers

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, health, or mental 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						
Current Grade: _____ 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 _____		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 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: _____			
	<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: _____

Payment Received  
  Data Entered  
  Card Made  
 Member Number: \_\_\_\_\_  
 Initials: \_\_\_\_\_  
 Date: \_\_\_\_\_

Please fill out the following information for membership prioritization.

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

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

**\*\*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.

\_\_\_\_\_ 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).

Parent/Guardian Print: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_