

Member Information

New Member

Returning Member _____ _____ _____
First Name Middle Name Last Name

Ethnicity/Race:

- White
- Native Hawaiian or Pacific Islander
- Middle Eastern or North African
- Hispanic or Latino
- American Indian or Alaskan Native
- Asian
- Black or African American
- Other: _____

Primary Contact:

_____ _____
Full Name

_____ _____
Relationship to Member

_____ _____
Street Address

City State Zip Code

_____ _____
Main Phone Number

Date of Birth:

____/____/____
Month Day Year

Gender:

Gender

Foster Child:

Yes No

Grade Entering in Fall 2024:

School:

Will your member
ride a school bus to
the Club afterschool?

Yes No

Will DHS be paying
for your members
membership fee?

Yes No

Household Information

Member Address:

_____ _____ _____
Street Address

City State Zip Code

Single Parent Household:

Yes No

Member of Military in the house:

Yes No

Combined yearly household income:

*This information is for grant purposes,
membership is not dependent on amount.* _____

Please list all people that live in the household and their relationship to the member:

_____ Name	_____ Relationship to Member	_____ Name	_____ Relationship to Member
_____ Name	_____ Relationship to Member	_____ Name	_____ Relationship to Member
_____ Name	_____ Relationship to Member	_____ Name	_____ Relationship to Member

Contact Information

Contact:

First and Last Name _____ _____
Relationship to Member Cell Phone Number

Work Phone Number _____ _____
Employer Email Address

Contact:

First and Last Name _____ _____
Relationship to Member Cell Phone Number

Work Phone Number _____ _____
Employer Email Address

Parent/Guardian Release

The Boys & Girls Clubs of the Western Treasure Valley strive to provide a safe, educationally sound, stable, and welcoming environment for our members and staff. The Club takes extraordinary steps to ensure that these objectives and our mission statement are met. The Member's parent/guardian acknowledges and understands that there are inherent risks in the activities sponsored by the Club. By participating in such activities, the parent/guardian assumes the risk of injury to the Member. Therefore, I, the parent/guardian of the minor child listed on this application, for myself hereby release, waive, acquit and forever discharge BGCWTV, and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

The Club has a CONTROLLED ACCESS POLICY to help ensure the safety of its members. It is the responsibility of the Member and parent/guardian to determine, understand, and enforce the arrival and departure methods they see fit. Club policy requires Members to sign in upon arrival and sign out when leaving the Club. Members should not arrive at the Club prior to opening and should leave promptly upon closing. I, the parent/guardian, also understand that the Club is not, nor does it claim to be, a licensed day care center.

I attest and verify that I have full knowledge of the risks involved in any participation of the Club's activities and that I will, on behalf of the Member, assume and pay any medical or emergency expenses in the event of accident, illness, or other incapacity regardless of whether I have authorized such expenses. I attest that the Member is physically fit and sufficiently able to participate in the programs of the Club in conjunction with other members.

I authorize that the Club and its sponsors/partners may utilize images of the Member, which may be taken during involvement in Club programs and activities. This includes using images on the Club's website, Facebook page, and in local news. I consent to such uses and hereby waive all rights to compensation.

Parent/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 cannot 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.

Club staff 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.

Club staff cannot 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 cannot 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 and the safety of others is at risk, 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.

No member will be turned away due to inability to pay, however, all membership fees must be paid or payment plan must be in place upon registration completion.

Members may be surveyed—we work with local providers and periodically survey youth.

I give permission for my member to be transported in licensed and insured Boys & Girls Clubs vehicles or those contracted by the Club.

I give permission to BGCWTV to seek and obtain any medical care necessary for my child, and testify that, to the best of my knowledge, accurate information has been provided in all areas of this medical information and release form.

Please sign below to indicate you know and accept the following terms of the "Parent/Guardian Release" and the "Parent/Guardian Agreement":

Parent/Guardian Signature

Date

Parent/Guardian Print Name

Date

List all special needs or health issues:

Three horizontal lines for listing special needs or health issues.

List any/all medications taken regularly:

Three horizontal lines for listing medications taken regularly.

List any/all allergies, disorders, or special dietary needs that may require on-site medication like an inhaler or EpiPen:

Three horizontal lines for listing allergies, disorders, or special dietary needs.

Please list any of your members repetitive behaviors and any interventions used to deescalate them.

Three horizontal lines for listing repetitive behaviors and interventions.

Parent/Guardian Handbook Signature

By signing below, you as the parent/guardian, acknowledge that you have read and understand the policies and procedures of the Boys & Girls Clubs of Western Treasure Valley. Please keep a copy of the Parent/Guardian Handbook as your reference.

Parent/Guardian Signature

Date

Parent/Guardian Print Name




Date



Registration Requirements (To Be Filled Out By Staff):

Staff will initial each item as it is completed to ensure all registration requirements have been completed.

- All paperwork is completely filled out. _____
- Two names and two working phone numbers have been provided. _____
- Membership fee is paid, or an arrangement has been made. _____
- Handbook has been read and signature has been provided. _____
- Parent/Guardian has subscribed to the Clubs Remind channel. _____
- Orientation has been completed. _____
 - Orientation Date: _____

Stay Connected!

 -The Boys and Girls Clubs of Western Treasure Valley (@BGCWTV)
 -Teen Center - Boys & Girls Clubs of Western Treasure Valley (@BoysGirlsClubsWTVTeenCenter)
 @boysandgirlsclubs_wtv @bgcwtv_teecenter

 @boysandgirlsclubs_wtv
 www.bgcwtv.org



Please ask front desk for your members Age Group Class Code for the Remind App.

Payment Received Data Entered Member Number: _____ Date: _____ Staff Initials: _____