

Payette Clubhouse 2024-2025 School Year Membership Form Registration Fee: \$40.00 - Nonrefundable Membership Expires: 06/01/2025.

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

Mailing Address: PO Box 876, Ontario, OR 97914

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u	Returning Member First Name				Middle Name Last Name			
Member Information	Ethnicity/Race: Primary Contact: White White				Date of Birth: / /	Gender:	Foster Child:	
	Native Hawaiian or Pacific Islander Middle Eastern or	Full Name			Month Day Year Grade Entering in Fall 2024: School:			
	Middle Eastern or North African Hispanic or Latino							
	American Indian or Alaskan Native	Street Address			Fruitland Elementary School Members: We offer afterschool transportation from Fruitland Elementary School to Club.			
	Asian Black or African American	City	State	Zip Code		f you would like mo	ore information or not. Thank you!	
	Other:	Main Phone Number			YesNo *Members may be subject to a transportation waitlist.*			
	Member Address:			Single 1	Parent Household: Member of Military		ber of Military in the house:	
				Yes No			Yes No	
-	Street Address			Combined yearly household income:				
atior	City State Zip Code			This information is for grant purposes, membership is not dependent on amount.				
Household Information	Please list all people that live in the household and their relationship to the member:							
d In	<u></u>				N			
sehol	Name		Relationshi	p to Member	Name		Relationship to Member	
Hous	Name		Relationshi	ip to Member	Name		Relationship to Member	
	Name		Relationshi	p to Member	Name		Relationship to Member	
	Contact:							
u	First and Last Name				Relationship to Mem	ıber	Cell Phone Number	
natio								
nforr	Work Phone Number		Employer		Email Address			
Contact Information	Contact:							
Co	First and Last Name				Relationship to Men	ıber	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 be-half of

the Member, assume and pay any medical or emergency expenses in the event of accident, illness, or other incapacity regard-less 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

Parent/Guardian Print Name

Date

Date

	List all special needs or health issues:								
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	-								
	-	List any/all medica	ons taken regularly:						
n	.								
Health Information									
Lm									
nfo									
thI		ation like an inhaler or EpiPen:							
ealt									
Η									
	Please list any of your members repetitive behaviors and any interventions used to deescalate them.								
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B	v signii	Parent/Guardian I	Handbook Signature	vs & Girls Clubs of Western Treasure Valley					
Ъ.	, sigini		Guardian Handbook as your reference.						
	Pare	nt/Guardian Signature	_	Date					
	Pare	nt/Guardian Print Name		Date					
		Registration Requirements Staff will initial each item as it is completed to ensu		,					
	A 11	paperwork is completely filled out.	re an registration requirements have	been completed.					
•		o names and two working phone numbers have been provided.							
•		mbership fee is paid, or an arrangement has been made.							
•	Hai	ndbook has been read and signature has been provided.							
•	Par	ent/Guardian has subscribed to the Clubs Remind channel.							
•	Ori	entation has been completed							
	0	Orientation Date:							
		Stor Co	nnastadi						
		-The Boys and Girls Clubs of Western Treasure Valley (@BGCWTV)							
		-Teen Center - Boys & Girls Clubs of Western Treasure Valley (@BoysGirlsClubsWTVTeenCenter)	@boysandgirlsclubs_wtv						
	\bigcirc	@boysandgirlsclubs_wtv		Please ask front desk for your members Age Group Class Code					
	\underline{O}	@bgcwtv_teencenter	www.bgcwtv.org	for the Remind App.					
	Ρην	ment Received Data Entered Member Number:	Date:	Staff Initials:					
			Duit.	Starr mitials.					