BOYS & GIRLS CLUBS
OF WESTERN TREASURE VALLEY

Ontario Clubhouse
2026-2027 School Year
Membership Form

Registration Fee: $40.00 - Nonrefundable

Membership Expires: 06/01/2027.

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

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 (Parent or Guardian):

Full Name _____

Relationship to Member _____

Street Address _____

City _____ State _____ Zip Code _____

Main Phone Number _____

Date of Birth: ___/___/___ (Month / Day / Year)

Gender: _____

Foster Child: ☐ **Yes** ☐ **No**

Grade Entering in Fall 2026: _____

School: _____

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

☐ **Yes** ☐ **No**

If your member has a DHS caseworker, please list them below:

DHS Contact Name _____

DHS Contact Phone Number _____

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.

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.

_____ 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.

_____ 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.

_____ 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

Ontario Clubhouse
2026-2027 Before-School Program
Included with $40.00 School Year Fee

The Ontario Clubhouse will be offering a before school program for all members 1st-12th grade from 6:30am-8:00am on school days. Club Members will receive breakfast, participate in an activity, and then they will be transported to school.

Will your child or teen participate in the before-school program?

☐ **Yes** ☐ **No**

What school does your child attend?

_____

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Health Information

List all special needs or health issues:

_____

_____

_____

List any/all medications taken regularly:

_____

_____

_____

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

_____

_____

_____

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

_____

_____

_____

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

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@bgcwtv_teencenter

www.bgcwtv.org

remind

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

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