



Weiser Clubhouse
2026-2027 School Year
Membership Form
Registration Fee: \$40.00 - Nonrefundable
Membership Expires: 06/01/2027.

Weiser Clubhouse
Located in Weiser Christian Church
1299 E 2nd Street
Weiser, Idaho 83672
(208) 741-8382

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					

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: <i>This information is for grant purposes, membership is not dependent on amount.</i> \$ _____													
	Please list all people that live in the household and their relationship to the member:													
	<table><tr><td>_____ Name</td><td>_____ Relationship to Member</td><td>_____ Name</td><td>_____ Relationship to Member</td></tr><tr><td>_____ Name</td><td>_____ Relationship to Member</td><td>_____ Name</td><td>_____ Relationship to Member</td></tr><tr><td>_____ Name</td><td>_____ Relationship to Member</td><td>_____ Name</td><td>_____ Relationship to Member</td></tr></table>			_____ Name	_____ Relationship to Member	_____ Name	_____ Relationship to Member	_____ Name	_____ Relationship to Member	_____ Name	_____ Relationship to Member	_____ Name	_____ Relationship to Member	_____ Name
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_____ 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

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)  @boysandgirlsclubs_wtv @bgcwtv_teencenter	 @boysandgirlsclubs_wtv  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: _____
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