



**\*REMINDER\*** There is a \$200.00 registration fee for the summer. Scholarships are granted on a need-basis. If you are unable to pay the registration fee, please contact the Area Director. Payments will be accepted separately from the registration form. We accept cash, check, and online payments via PayPal.

## Participant Information

First Name\* \_\_\_\_\_

Last Name\* \_\_\_\_\_

Middle Name \_\_\_\_\_

Phone \_\_\_\_\_

**Gender (select one)\***

- Female
- Male
- Non-binary

Email \_\_\_\_\_

**Ethnicity (select one)\***

- Hispanic
- Non-Hispanic

**Shirt Size (select one)\***

- Youth XS
- Youth S
- Youth M
- Youth L
- Adult XS
- Adult S
- Adult M
- Adult L
- Adult XL
- Adult XXL
- Adult XXXL

**Race (select one)\***

- White/Caucasian
- Black/African American
- Latino/a
- Asian
- Indigenous/Native American
- Hawaiian/Pacific Islander
- Multiracial

Birth Date\* \_\_\_\_\_

(mm/dd/yyyy)

Grade Level\* \_\_\_\_\_

(entering in the School Year 2024-2025)

School Name\* \_\_\_\_\_



**Parent/Guardian Information**

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_

Relationship Type\* \_\_\_\_\_

Is Authorized to Pick Up     Is Emergency Contact     Is Primary Emergency Contact

Address Type (select one)\*     Home     Work

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Type (select one) \_\_\_\_\_ Phone \_\_\_\_\_

Home     Work     Cell

Email Type (select one) \_\_\_\_\_ Email \_\_\_\_\_

Home     Work

Work-Employer \_\_\_\_\_

Work-Title \_\_\_\_\_

Work-Start Date \_\_\_\_\_  
(mm/dd/yyyy)

Work-End Date \_\_\_\_\_  
(mm/dd/yyyy)



**Household Members**

First Name\* \_\_\_\_\_

Last Name\* \_\_\_\_\_

Relationship Type\* \_\_\_\_\_

Is Authorized to Pick Up       Is Emergency Contact

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work-Employer \_\_\_\_\_

Work-Title \_\_\_\_\_

Work-Start Date  
(mm/dd/yyyy) \_\_\_\_\_

Work-End Date  
(mm/dd/yyyy) \_\_\_\_\_

**Income Category (select one)\***

- \$10,000-15,312     \$15,313-20,712     \$20,713-26,124     \$26,125-31,536     \$31,537-36,936
- \$36,937-42,348     \$42,349-47,760     \$47,761 and over     under \$10,000

**SSDI (select one)\***

- No
- Yes
- Unknown

**SSI (select one)\***

- No
- Yes
- Unknown

**Food Stamps (select one)\***

- No
- Yes
- Unknown

**Path (select one)\***

- No
- Yes
- Unknown

**General Assistance (select one)\***

- No
- Yes
- Unknown

**Veterans Compensation (select one)\***

- No
- Yes
- Unknown

**Day Care Voucher (select one)\***

- No
- Yes
- Unknown

**School Lunch (select one)\***

- No
- Yes
- Unknown



**Household Members (Cont.)**

**Family Type (select one)\***

- Apartment
- Duplex
- House
- Mobile House

**Number of sisters\*** \_\_\_\_\_

**Number of brothers\*** \_\_\_\_\_

**Family Size\*** \_\_\_\_\_

**Family Setting (select one)\***

- Guardian
- Lives with Father
- Lives with Mother
- Lives with Parents
- Lives with Foster Parents
- Lives with Grandparents
- Lives with Aunt/Uncle
- Relative

**Receives HUD Assist? (select one)\***

- No
- Yes

**Member of Boys and Girls Club before (select one)\***

- Yes
- No

**Parental Employment (select one)\***

- No
- Yes

**If yes, how many years?** \_\_\_\_\_

**Single Parent Home (select one)\***

- No
- Yes

**Adopted Child (select one)\***

- No
- Yes

**Foster Child (select one)\***

- No
- Yes

**Raised by Grandparent (select one)\***

- No
- Yes

**Kinchip Care Assist (select one)\***

- No
- Yes

**Primary Language spoken in household  
(select one)\***

- English
- Spanish
- Other

**If "Other", please specify** \_\_\_\_\_  
**your primary language.**



**Medical/Emergency**

Medical Issues/Allergies

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Mental/Physical Health Diagnoses

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Medications

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Does the Member use an Inhaler? (select one)\*

- Yes
- No

Can swim? (select one)\*

- Yes
- No

Does the Member use Insulin (select one)\*

- Yes
- No

Does the Member use an EpiPen? (select one)\*

- Yes
- No

Physician

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Physician Phone

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Hospital

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Hospital Phone

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Does the Member self-administer medication? (select one)\*

- Yes
- No

Insurance Company

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## **Waivers & Releases**

Please select YES if you understand and agree to the following statements.

### **Data Collection**

I give my permission to the Boys and Girls Club of Somerset to collect information via online or written surveys, questionnaires, interviews, and focus groups from the child/teen listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, BGCA, funders, and other community stakeholders to evidence program effectiveness and/or Club impact on members. This release may be revoked at any time by contacting the Boys and Girls Club of Somerset in writing.

- Yes
- No

### **Medical**

I give permission to the Boys and Girls Club of Somerset to seek emergency medical treatment for my minor child/teen if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment. \*See section regarding injury and illness in Member Handbook.\*

- Yes
- No

### **Technology**

As a member of the Boys and Girls Club of Somerset, your child/teen may have access to the internet. While the Boys and Girls Club of Somerset has rules prohibiting such conduct, and precautions are taken by the Club to prevent such access, it is possible your child/teen may access inappropriate sites. The Boys and Girls Club will not be responsible for such unauthorized access.

- Yes
- No



### **Waivers & Releases (Cont.)**

Please select YES if you understand and agree to the following statements.

#### **Transportation**

Parents and Club members may be responsible for their own transportation to and from the Club, unless otherwise specified.

- Yes
- No

#### **Walking To/From the Club**

The child/teen on this form is within walking distance to the Club from their school and/or residence. I give permission for the minor child/teen on this form to walk to the Club from school or their residence prior to their arrival at the Club and after they are dismissed from the Club.

- Yes
- No
- I give permission for the child/teen on this form to walk to the Club from school or their residence prior to their arrival at the Club ONLY
- I give permission for the child/teen on this form to walk from the Club to their residence after they are dismissed from the Club ONLY

#### **Member Driving To/From the Club**

The teen on this form has a valid driver's license with proof of insurance. I give permission for the minor teen on this form to use their vehicle (or a vehicle provided by a parent/guardian/authorized person) to drive to the Club from school or their residence prior to their arrival at the Club and after they are dismissed from the Club.

- Yes
- No



## **Waivers & Releases (Cont.)**

Please select YES if you understand and agree to the following statements.

### **Data Sharing**

I give permission to the Boys and Girls Club of Somerset to share information about the minor child listed on this application with Boys & Girls Clubs of America for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to the Boys & Girls Clubs of America may include the information provided on this membership application form, information provided by the child/teen's school or school district, and other information collected by the Boys and Girls Club of Somerset, including data collected via surveys or questionnaires. All information provided to the Boys & Girls Clubs of America will be kept confidential. This release may be revoked at any time by contacting the Boys and Girls Club of Somerset in writing.

- Yes
- No

### **Photo Release**

I give my permission to the Boys and Girls Club of Somerset to use pictures, video images, or any other graphic depiction or likeness of the child/teen on this form. Boys & Girls Clubs of America and its affiliates and donors acknowledge that neither the child/teen on this form nor I will receive payment for same.

- Yes
- No

### **Field Trip Permission**

I give my permission for the child/teen on this form to go on Boys & Girls Club of Somerset field trips. Field trips include supervised walks to and from locations in downtown Somerset. The Boys & Girls Club of Somerset will notify parents/guardians about each and every field trip that requires the Boys & Girls Club of Somerset to transport the child/teen on this form, and will send a permission form to be signed for each field trip of this nature.

- Yes
- No





**Pick Up List**

First Name\* \_\_\_\_\_

Last Name\* \_\_\_\_\_

Is Authorized to Pick Up

Is Emergency Contact

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**Relationship Type (select one)\***

- Parent     Self     Guardian
- Child     Sibling     Acquaintance
- Family     Spouse     See Member Form

First Name\* \_\_\_\_\_

Last Name\* \_\_\_\_\_

Is Authorized to Pick Up

Is Emergency Contact

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**Relationship Type (select one)\***

- Parent     Self     Guardian
- Child     Sibling     Acquaintance
- Family     Spouse     See Member Form

First Name\* \_\_\_\_\_

Last Name\* \_\_\_\_\_

Is Authorized to Pick Up

Is Emergency Contact

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**Relationship Type (select one)\***

- Parent     Self     Guardian
- Child     Sibling     Acquaintance
- Family     Spouse     See Member Form



**Pick Up List**

Will your Member be riding the bus to/from the Club?

- Yes
- No
- Maybe

If yes, list their regular pick up and drop off locations.

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Application Received \_\_\_\_\_

(mm/dd/yyyy)