



BOYS & GIRLS CLUBS
OF MARSHALL COUNTY

Membership Fee
\$10 Annual Membership Fee + Fall/Sum/Spr Program Fees
*Program Fee Varies by site
*NO Refunds after each program periods begin!

2024 Membership Application

Spring 2024 (January-May): __ New Member or __ Renewing Member _____

Summer 2024 (June-July): __ New Member or __ Renewing Member _____

Fall 2024 (August-December): __ New Member or __ Renewing Member _____

PRIMARY CONTACT			
Role in Household	<input type="checkbox"/> Parent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Guardian
	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other _____

First Name _____

Last Name _____

Email Address _____

Mobile Phone _____

Home Address _____

City _____

State _____

Postal Code _____

Employer _____

Work Phone _____

Military Status			
Current / Former Military	<input type="checkbox"/> Yes <input type="checkbox"/> No	Status	Branch
		<input type="checkbox"/> Active Duty	<input type="checkbox"/> Air Force
		<input type="checkbox"/> Reserve/Guard	<input type="checkbox"/> Marine Corps
		<input type="checkbox"/> Veteran	<input type="checkbox"/> Army
			<input type="checkbox"/> Coast Guard
			<input type="checkbox"/> National Guard
			<input type="checkbox"/> Navy
Dept. of Defense ID # _____		Currently Deployed (or deployed within the next 6 months) <input type="checkbox"/> Yes <input type="checkbox"/> No	

2nd PRIMARY CONTACT			
Role in Household	<input type="checkbox"/> Parent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Guardian
	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other _____

First Name _____

Last Name _____

Email Address _____

Mobile Phone _____

Home Address _____

City _____

State _____

Postal Code _____

Employer _____

Work Phone _____

Military Status			
Current / Former Military	<input type="checkbox"/> Yes <input type="checkbox"/> No	Status	Branch
		<input type="checkbox"/> Active Duty	<input type="checkbox"/> Air Force
		<input type="checkbox"/> Reserve/Guard	<input type="checkbox"/> Marine Corps
		<input type="checkbox"/> Veteran	<input type="checkbox"/> Army
			<input type="checkbox"/> Coast Guard
			<input type="checkbox"/> National Guard
			<input type="checkbox"/> Navy
Dept. of Defense ID # _____		Currently Deployed (or deployed within the next 6 months) <input type="checkbox"/> Yes <input type="checkbox"/> No	

MEMBER DETAILS**Member Information**

First Name _____

Middle Name _____

Last Name _____

Informal Name _____

Primary Club _____

Birthdate _____

Authorization Pick-Up Password _____

Is member allowed to walk home? Yes No**Gender** Female Male Other: _____**Racial / Ethnic Identity** American Indian or Alaska Native Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaiian or other Pacific Islander White Bi-racial Multi-Racial Other**Foster Care** Yes No**School Lunch** Free Reduced Entire School is Free Not Eligible**School Information****Grade (Spring)****Grade (Fall)****School Name****School Name****Teacher****Teacher****Allergies****Food Allergies** Peanuts Tree Nuts Dairy/Lactose Soy Gluten Seafood/Shellfish Eggs Other _____**Environmental Allergies** Bee Stings Pollen Dust Mold Grass Other _____**Medicine Allergies** Penicillin Aspirin Amoxicillin Other _____**Other Allergies** Latex Perfumes/Colognes Lotions Other _____

Medical Information

BGCMCO is committed to providing youth an opportunity for full and equal enjoyment of the Club experience. Our goal is to learn as much as possible about our members to make any reasonable accommodation or support to ensure their success at the Club. If your child has any serious behavioral problems or special circumstances involving physical, medical, or psychological concerns, especially if they could cause harm to themselves, other members, staff or volunteers, the club director should be notified of this so reasonable accommodation can be considered.

- Diagnosed Medical Conditions**
- | | |
|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Anxiety/Depression |
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Oppositional Defiance Disorder |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Other _____ |

Please list any other physical, mental or medical limitations.

Does the member use an inhaler? Yes No

Does the member use insulin? Yes No

Does the member use an EpiPen? Yes No

Does the member self-administer medication? Yes No

- Does the member receive additional support in the school/community?**
- | |
|---|
| <input type="checkbox"/> Individualized Education Plan (IEP) |
| <input type="checkbox"/> 504 (accommodation) |
| <input type="checkbox"/> Speech Coach |
| <input type="checkbox"/> Meets with school or private counselor |
| <input type="checkbox"/> Other _____ |

Insurance

Insurance Carrier _____

Group Number _____

Member/Policy Number _____

AUTHORIZED CONTACTS

(Other than Parents or Primary Contacts)

Authorized Contact 1		Authorized Contact 2	
Full Name	_____	Full Name	_____
Phone	_____	Phone	_____
Mobile Phone	_____	Mobile Phone	_____
Work Phone	_____	Work Phone	_____
Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship	<input type="checkbox"/> Caseworker <input type="checkbox"/> Other <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Stepdad <input type="checkbox"/> Neighbor <input type="checkbox"/> Stepmom	Relationship	<input type="checkbox"/> Caseworker <input type="checkbox"/> Other <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Stepdad <input type="checkbox"/> Neighbor <input type="checkbox"/> Stepmom
Authorized Contact 3		Authorized Contact 4	
Full Name	_____	Full Name	_____
Phone	_____	Phone	_____
Mobile Phone	_____	Mobile Phone	_____
Work Phone	_____	Work Phone	_____
Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship	<input type="checkbox"/> Caseworker <input type="checkbox"/> Other <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Stepdad <input type="checkbox"/> Neighbor <input type="checkbox"/> Stepmom	Relationship	<input type="checkbox"/> Caseworker <input type="checkbox"/> Other <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Stepdad <input type="checkbox"/> Neighbor <input type="checkbox"/> Stepmom

NON-AUTHORIZED CONTACTS

Please list any individuals that are restricted from picking up the member.

Non-Authorized Contact 1	Non-Authorized Contact 2
Full Name _____	Full Name _____
Phone _____	Phone _____
Relationship <input type="checkbox"/> Parent / Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Caseworker <input type="checkbox"/> Other	Relationship <input type="checkbox"/> Parent / Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Caseworker <input type="checkbox"/> Other
Start Date _____	Start Date _____
End Date _____	End Date _____

Please provide us with any court documents pertaining to custody issues or restraining orders.

Household Support			
Number of adults in household		Number of children in household	
Household Composition			
<input type="checkbox"/> Single Adult Household <input type="checkbox"/> Two + Adult Household <input type="checkbox"/> Self (emancipated / 18)	Who are the adults living in the household? (Check all that apply)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parents <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Foster Parent(s)	<input type="checkbox"/> Joint Custody <input type="checkbox"/> Legal Guardian(s) <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Other Relative(s) <input type="checkbox"/> Other Adult(s)

Assistance Programs	<input type="checkbox"/> Childcare Assistance <input type="checkbox"/> Food Stamps/SNAP <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Social Security	<input type="checkbox"/> SSI (Supplemental Security Income) <input type="checkbox"/> SSDI (Social Security Disability Insurance) <input type="checkbox"/> WIC (Women, Infants, and Children) <input type="checkbox"/> TANF (Temporary Assistance for Needy Families)	<input type="checkbox"/> Veteran's Compensation <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Other (please explain below) <input type="checkbox"/> Choose Not to Answer <input type="checkbox"/> None
Please describe other income sources:			

Housing Type	<input type="checkbox"/> Permanent (Own or Rent) <input type="checkbox"/> Public Housing <input type="checkbox"/> Group Home	<input type="checkbox"/> Foster Family <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Homeless
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Household Income Range	<input type="checkbox"/> \$0 - 10,000 <input type="checkbox"/> \$10,001 - 15,000 <input type="checkbox"/> \$15,001 - 20,000 <input type="checkbox"/> \$20,001 - 25,000 <input type="checkbox"/> \$25,001 - 30,000 <input type="checkbox"/> \$30,001 - 35,000 <input type="checkbox"/> \$35,001 - 40,000 <input type="checkbox"/> \$40,001 - 45,000 <input type="checkbox"/> \$45,001 - 50,000 <input type="checkbox"/> \$50,001 - 55,000	<input type="checkbox"/> \$55,001 - 60,000 <input type="checkbox"/> \$60,001 - 65,000 <input type="checkbox"/> \$65,001 - 70,000 <input type="checkbox"/> \$70,001 - 75,000 <input type="checkbox"/> \$75,001 - 80,000 <input type="checkbox"/> \$80,001 - 85,000 <input type="checkbox"/> \$85,001 - 90,000 <input type="checkbox"/> \$90,001 - 95,000 <input type="checkbox"/> \$95,001 - 100,000 <input type="checkbox"/> \$100,001 - 105,000	<input type="checkbox"/> \$105,001 - 110,000 <input type="checkbox"/> \$110,001 - 115,000 <input type="checkbox"/> \$115,001 - 120,000 <input type="checkbox"/> \$120,001 - 125,000 <input type="checkbox"/> \$125,001 - 130,000 <input type="checkbox"/> \$130,001 - 135,000 <input type="checkbox"/> \$135,001 - 140,000 <input type="checkbox"/> \$140,001 - 145,000 <input type="checkbox"/> \$145,001 - 150,000 <input type="checkbox"/> \$150,001 - 155,000	<input type="checkbox"/> \$155,001 - 160,000 <input type="checkbox"/> \$160,001 - 165,000 <input type="checkbox"/> \$165,001 - 170,000 <input type="checkbox"/> \$170,001 - 175,000 <input type="checkbox"/> \$175,001 - 180,000 <input type="checkbox"/> \$180,001 - 185,000 <input type="checkbox"/> \$185,001 - 190,000 <input type="checkbox"/> \$190,001 - 195,000 <input type="checkbox"/> \$195,001 - 200,000 <input type="checkbox"/> \$200,001+
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WAIVERS & RELEASES

Data Collection

I give my permission to the BGCMCO to collect information via online or written surveys, questionnaires, interviews and focus groups from the minor child 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 our members. This release may be revoked at any time by contacting the BGCMCO in writing.

Medical

I give permission to the BGCMCO to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.

Technology

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

Transportation

I give my permission to the Boys & Girls Clubs of Marshall County, Inc., to transport my child from their school to their Boys & Girls Club, if they are signed up on the transportation roster. I also give permission for my child to be transported from their Boys & Girls Clubs of Marshall County, Inc., facility to another Boys & Girls Clubs of Marshall County, Inc., and other local Boys & Girls Clubs via our vehicles, for the purpose of participating in Boys & Girls Clubs of Marshall County, Inc., activities, and programs.

Data Sharing

I give my permission to the BGCMCO to share information about the minor child listed on this application with BGCA for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by BGCMCO, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Schools

I give my permission to the BGCMCO, to disclose to our community, public schools, and to the Indiana Department of Education, the United States Department of Education, and an IDOE contracted statewide evaluator, information including school registration, demographic data, assessment data, grades, attendance survey data, and free and reduced lunch status in order that the 21st CCLC project and other programs can be evaluated. I understand that all records and information are protected by FERPA, which governs the exchange of confidential information

Miscellaneous

I understand that the Boys & Girls Club is not responsible for lost or stolen items. Parents and BGCMCO members are responsible for their own transportation to and from the BGCMCO. As a drop in facility, Boys & Girls Clubs are not responsible for club members' whereabouts. I also understand that BGCMCO is not, nor does it claim to be a licensed daycare center. Each Club has the right to make membership decisions based on the resources and capacity of their facility and staff. BGCMCO reserves the right to decline the application, rescind the enrollment of, or suspend any youth that cannot successfully associate with other club members.

Press/Media

I give my permission for my child's picture, video image, or any other graphic depiction or likeness, to be used by BGCMCO, Boys & Girls Clubs of America and its affiliates or donors and acknowledge neither my child nor I will receive payment for same.

Yes No

APPLICATION APPROVAL

By submitting this application, I hereby give my permission to this Boys & Girls Club organization to collect and share data for the minor child listed on this application with BGCA. Data will only be reported in the aggregate and will exclude all references to any individual response. All information provided to BGCA will be kept confidential.

I understand the BGCMCO has an open-door policy where members are allowed to come and go as they please. Should a member leave the Club, they will not be granted return access unless approved by the Club Director. We assume no responsibility for members who choose not to attend on a particular day or who choose to leave early.

I, the parent/guardian of the minor child listed on this application, on behalf of the minor child listed herein and for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Marshall County (BGCMCO) and Boys & Girls Clubs of America (BGCA), 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.

Your signature below confirms that all information above is true and accurate.

Parent/Guardian Signature

Date