



BOYS & GIRLS CLUBS
OF MARSHALL COUNTY

GREAT FUTURES START **HERE.**

Annual Membership Application

June 1, 2019 – December 31, 2019

BREMEN UNIT FEES
See Club Director or Membership Desk
for current Bremen membership fees, or
visit our website at www.bgcmco.org.

BREMEN Enrollment Period:

Jun – July of 2019 Signature: _____ Date: _____

Aug – Dec of 2019 Signature: _____ Date: _____

(Prepayment is welcome; however, there are no refunds after each enrollment period starts.)

Member's Contact Information:

First Name: _____ Middle Name: _____ Last Name: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Sex: M F Birthdate: ____/____/____ Current Age: ____ Current Grade: ____ Name of School: _____

Ethnicity: American Indian or Alaska Native Asian Black or African American Hispanic or Latino White

2 or More Ethnicities Other: _____

Can Swim: Yes No If Yes, Swimming Ability: Well Average Poor Allowed to Walk Home: Yes No
(Recommended Age is 10)

Must Do Homework First: Yes No Shirt Size: YS YM YL YXL AS AM AL AXL A2XL A3XL

Will Your Member Utilize the Free Lunch Program at the Club: Yes No

Parents/Guardians' Contact Information:

Mother/Guardian's Name: _____ Cell: _____ Text: Yes No

Address (If Different from Child): _____ Email: _____

Employer: _____ Occupation: _____ Work #: _____

Military: Yes No If Yes, Active Duty: Yes No

Father/Guardian's Name: _____ Cell: _____ Text: Yes No

Address (If Different from Child): _____ Email: _____

Employer: _____ Occupation: _____ Work #: _____

Military: Yes No If Yes, Active Duty: Yes No

Insurance: Yes No If Yes, Please List the Company: _____ ID #: _____

Family Doctor: _____ Hospital: _____ Phone: _____

The following information is necessary for our records and the funding our organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Gross Household Income:

(Please Check One)

- | | | |
|--|--|--|
| <input type="checkbox"/> Under \$13,200 | <input type="checkbox"/> \$28,301 - \$31,400 | <input type="checkbox"/> \$36,451 - \$38,950 |
| <input type="checkbox"/> \$13,201 - \$16,460 | <input type="checkbox"/> \$31,401 - \$33,950 | <input type="checkbox"/> \$38,951 - \$41,450 |
| <input type="checkbox"/> \$16,461 - \$28,300 | <input type="checkbox"/> \$33,951 - \$36,450 | <input type="checkbox"/> \$41,501 and Up |

Assisted Programs – Federal and/or State Funded:

(Please Check All That Apply)

- Food Stamps Free/Reduced Lunch Medicare Medicaid SSI TANF

Household Structure:

(Please Check One)

- Both Biological Parents 1 Biological Parent/1 Step Parent Father Only Mother Only Grandparents Guardianship
 Foster Other: _____

Total Number of people in Household: _____ **Member Primarily Lives with:** _____

Emergency Contact/Alternate Pick-Up #1:

(Other Than Parent)

First Name: _____ Last Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Emergency Phone: _____ Email: _____

Emergency Contact/Alternate Pick-Up #2:

(Other Than Parents)

First Name: _____ Last Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Emergency Phone: _____ Email: _____

(To Add More Contacts/Authorized Pick-Ups, Please Include a Separate Sheet or Speak to the Front Desk)

Member Allergies:

Please list all known allergies, including food allergies. Please also describe the reaction and management for the reaction.

Member Medications: (NOTE: MEDICATIONS WILL NOT BE HELD OR DISPENSED BY STAFF)

- My Child Takes No Medications on a Routine Basis
 My Child Takes Medication as Follows:

Medication #1: _____ Dosage: _____ Specific Time(s) Taken Each Day: _____

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Health Conditions:

(Please Check All That Apply & Use the Space Below to Describe Conditions)

- Asthma Epilepsy Diabetes Fainting Headaches Heart Problems Nose Bleeds Seizures Other

Other Conditions:

(Please Check All That Apply & Use the Space Below to Describe Conditions)

- Autism ADD/ADHA IEP/504 Plan One-On-One Needs Visual/Hearing Oppositional Defiant Disorder Other:



BOYS & GIRLS CLUBS OF MARSHALL COUNTY

Parent Authorization for Membership & Waiver of Liability

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Marshall County, Inc. 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, including but not limited to claims based upon allegations of negligent acts by the foregoing, 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 Boys & Girls Clubs of Marshall County, Inc.

Medical Treatment

I give permission to the Boys & Girls Clubs of Marshall County, Inc. 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.

Data Collection

I give my permission to the Boys & Girls Clubs of Marshall County, Inc. 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, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or the Boys & Girls Clubs of Marshall County, Inc. impact on our members.

School Information

I give my permission to the Boys & Girls Clubs of Marshall County, Inc. and the following School Districts; Argos Community Schools, Bremen Community Schools, Culver Community Schools, Oregon Davis Community Schools, Plymouth Community Schools, St. Michael's Catholic School, St. Paul's Lutheran School, and Triton Community Schools to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Clubs of Marshall County, Inc., and in life. This release is valid for one year and may be revoked at any time by contacting applicable School District Boys & Girls Clubs of Marshall County, Inc. in writing.

Data Sharing

I understand that the Boys & Girls Clubs of Marshall County, Inc. may share information about the minor child listed on this application with Boys & Girls Clubs of America (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 Boys & Girls Clubs of Marshall County, Inc., including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Technology

As a member of the Boys & Girls Clubs of Marshall County, Inc., your child will have access to the Internet. While precautions are being taken, it is possible that he/she may access inappropriate sites. The Boys & Girls Clubs of Marshall County, Inc. will have rules and consequences for such behavior; however, we will not be responsible for the consequences of such access.

Miscellaneous

I understand that the Boys & Girls Clubs of Marshall County, Inc. is not responsible for lost or stolen items. Parents and Boys & Girls Clubs of Marshall County, Inc. members are responsible for their own transportation to and from the Boys & Girls Clubs of Marshall County, Inc. As a drop-in facility Boys & Girls Clubs are not responsible for Club members' whereabouts.

I give my permission to the Boys & Girls Clubs of Marshall County, Inc. to transport my child to and from the Boys & Girls Clubs of Marshall County, Inc. facility to another via Boys & Girls Clubs of Marshall County, Inc. vehicles for the purpose of participating in special Boys & Girls Clubs of Marshall County, Inc. programing opportunities.

I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by the Boys & Girls Clubs of Marshall County, Inc. and for its activities. I also understand that the Boys & Girls Clubs of Marshall County, Inc. is not, nor does it claim to be, a licensed day care center.

I have read the complete application and this form; understand the rules of the Boys & Girls Clubs of Marshall County, Inc. and request that my child be admitted into membership.

I give my permission to the Boys & Girls Clubs of Marshall County, Inc. and applicable school district to share information about the minor child listed on this application with Boys & Girls Clubs of America (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 the Boys & Girls Clubs of Marshall County, Inc. including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

For Bremen Public Schools: I also give permission to disclose to the Bremen 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 Century Community Learning Center project can be evaluated. I understand that all records and information are protected by FERPA, which governs the exchange of confidential information.

Parent Signature: _____

Date: ____/____/____

Member Signature: _____

Date: ____/____/____

FOR OFFICE USE ONLY:

Received by: _____ Date Received: _____

Membership Start Date: _____ Membership End Date: _____

Scholarship: Yes No If Yes, Amount: _____ Payment Plan: Yes No

Payment Amount: _____ Receipt #: _____ Paid by: CA CC CK #: _____

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Member ID #: _____ TRAX Entry Date: _____ Entered by: _____