



<b>MEMBERSHIP APPLICATION</b> <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Information Update	<b>Office Use Only:</b> Admission/Start Date: ____/____/_____  Discharge Date: ____/____/_____	
	<b>PLEASE RETURN COMPLETED APPLICATIONS TO:</b> 22137 GOVERNORS HIGHWAY RICHTON PARK, IL 60471	

#### MEMBER INFORMATION

Child's First Name:	Child's Middle Name:	Child's Last Name:
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Birth Date: (MM/DD/YYYY) ____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	HOME Street Address:	City, State, Zip:
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School:	Grade Level: (if summer, for next school year)	School District:
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Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> American Indian or Alaska Native and White <input type="checkbox"/> American Indian or Alaska Native and Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Bi/Multi-Racial <input type="checkbox"/> Black/African American <input type="checkbox"/> Black or African American and White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other
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#### MEMBER FAMILY INFORMATION

BGCSTL receives public funding and is often required to provide basic information about the families we serve.  
Please help us to continue receiving these funds by providing information about your family.

Family Setting: Does the member live in a single parent family? <input type="checkbox"/> Yes <input type="checkbox"/> No	Living Arrangements: Member lives with (check all that apply)... <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian <input type="checkbox"/> Both Grandparents <input type="checkbox"/> One Grandparent <input type="checkbox"/> Foster Care <input type="checkbox"/> Other	Family Size #:
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Please check all Assistance Programs that apply: <input type="checkbox"/> SSDI <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Food Stamps <input type="checkbox"/> SSI <input type="checkbox"/> Veterans Compensation <input type="checkbox"/> TANF <input type="checkbox"/> General Assistance <input type="checkbox"/> Medicaid	Does your child receive Free or Reduced Lunch at school? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Annual Family Income (Actual Amount): \$	Select the income range that best matches the specific Annual Family Income Amount you provided: <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 - 40,000 <input type="checkbox"/> 40,001 - 50,000 <input type="checkbox"/> 50,001 - 75,000 <input type="checkbox"/> 75,001 - 100,000 <input type="checkbox"/> 100,001 and Greater
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#### MEMBER PARENT(S)/GUARDIAN(S) INFORMATION

(PLEASE DO NOT LEAVE AN ITEM BLANK... PLACE "N/A" IN THE BOX. IF NO EMPLOYER OR PARENT 2 INFORMATION- PLACE "N/A" OR LINE THROUGH ENTIRE SECTION)

Parent 1: General	① First Name:	Last Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Member:
	HOME Address (Street, City, State, Zip) OR Check if same as member address above <input type="checkbox"/>			
Parent 1: Employer	HOME Phone#	CELL Phone#	Email address: <input type="checkbox"/> Home <input type="checkbox"/> Work	
	Employer NAME:		Employer ADDRESS (Street, City, State, Zip):	
Parent 2: General	WORK Phone# (ext., dept., or special instructions)		Job Title/Occupation:	Work Schedule/Time:
	Is this parent/guardian a Member of the Military? <input type="checkbox"/> Yes, Active Military <input type="checkbox"/> Yes, Reserve Military <input type="checkbox"/> No, None			
Parent 2: Employer	Start Date: ____/____/____	End Date: ____/____/____		
	② First Name:	Last Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Member:
HOME Address (Street, City, State, Zip) OR Check if same as member address above <input type="checkbox"/>				
HOME Phone#		CELL Phone#	Email address: <input type="checkbox"/> Home <input type="checkbox"/> Work	
Employer NAME:		Employer ADDRESS (Street, City, State, Zip):		
WORK Phone# (ext., dept., or special instructions)		Job Title/Occupation:	Work Schedule/Time:	
Is this parent/guardian a Member of the Military? <input type="checkbox"/> Yes, Active Military <input type="checkbox"/> Yes, Reserve Military <input type="checkbox"/> No, None				
Start Date: ____/____/____ End Date: ____/____/____				

Child's First Name:	Child's Middle Name:	Child's Last Name:	
<b>MEMBER MEDICAL INFORMATION</b>			
Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Insurance:	Insurance Policy Number:		
Preferred Hospital:	Hospital Phone Number:		
<b>MEMBER HEALTH REPORT</b>			
<b>PARENT'S HEALTH STATEMENT FOR SCHOOL-AGE CHILD... (✓ YOU MAY ONLY CHECK ONE STATEMENT)</b>			
<input type="checkbox"/> My child is in good health, is able to participate in group care, and <b>has no</b> special health or medical requirements. <input type="checkbox"/> My child is able to participate in group care but <b>has</b> special health or medical requirements as listed below.			
Please provide information regarding your child's health history and any current health problems. Please list any allergies and special medical conditions, including chronic health problems and disabilities (such as asthma, seizures) behavior disorders, special needs, etc. <b>If your child has asthma, you must submit a copy of his/her ASTHMA ACTION PLAN from a certified medical professional.</b> <b>If your child has a severe allergy, you must submit a copy of his/her ALLERGY ACTION PLAN from a certified medical professional.</b> <b>If your child has an Individual Education Plan (IEP) or Behavioral Intervention Plan (BIP) you must submit a copy.</b> <small>(If you selected that your child has no special health or medical requirements, place "N/A" or line through section)</small>			
<small>Does your child take any medications? <input type="checkbox"/> Yes (If yes, list any current medication your child is taking below) <input type="checkbox"/> No (If no, place "N/A" or line through section)</small>			
<small>Can your child swim? <input type="checkbox"/> Yes, my child swims well <input type="checkbox"/> Yes, but my child only knows basic swimming <input type="checkbox"/> No</small>			
<b>AUTHORIZATION FOR MEDICAL CARE – SIGNATURE MANDATORY</b>			
I do hereby authorize Mitchell Embrace NFP to secure and authorize emergency medical treatment as child listed on the application might require while under the supervision of said provider. I also agree to pay all the costs and fees contingent on emergency medical care or treatment for this person as secured or authorized under this consent. I authorize my child to be taken to the nearest medical facilities for care, although my preferred providers are listed above. I do hereby indemnify and hold harmless the physician, hospital, and other persons who act in reliance upon this authorization. Further, my signature verifies that all Medical Information and Health Report Statements listed above are accurate and complete.			
<small>Note: Every effort will be made to notify the parents/guardians in case of an emergency. In the event of an emergency, it will be necessary to have the following signature on file:</small>			
<small>Signature of Parent(s) or Legal Guardian(s):</small>		<small>Date:</small>	
<b>EMERGENCY CONTACT(S) AND AUTHORIZED TO PICK UP</b>			
<small>(MUST PROVIDE COMPLETE INFORMATION FOR AT LEAST ONE CONTACT OTHER THAN PARENTS/GUARDIANS LISTED ON PG. 1)</small>			
① First Name:	Last Name:	Relationship to Member: <input type="checkbox"/> Lives With Member	
HOME Address(Street, City, State, Zip):		Phone# <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
② First Name:	Last Name:	Relationship to Member: <input type="checkbox"/> Lives With Member	
HOME Address(Street, City, State, Zip):		Phone# <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
<b>PERMISSION TO WALK</b>			
My child has permission to walk home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>ADDITIONAL PERSONS AUTHORIZED TO PICK UP ONLY</b>			
<small>(LIST PERSONS OTHER THAN PARENTS/GUARDIANS ON PG. 1 AND EMERGENCY CONTACTS LISTED ABOVE)</small>			
First & Last Name:	Primary Phone #	Alternate Phone #	Relationship to Member:
① <input type="checkbox"/> Lives With Member	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	Relationship to Member:
② <input type="checkbox"/> Lives With Member	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	Relationship to Member:
③ <input type="checkbox"/> Lives With Member	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	Relationship to Member:

Child's First Name:	Child's Middle Name:	Child's Last Name:
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#### PARENT/GUARDIAN ACKNOWLEDGEMENTS - LINES F & G SELECTION REQUIRED - SIGNATURE MANDATORY

A. I have received a copy of BGCSTL Parent/Member Handbook containing policies pertaining to the admission, care and discharge of children. I have been afforded the opportunity to ask questions regarding its content.

B. I have been informed that a copy of the licensing rules for child care homes or the licensing rules for group child care homes and centers is available at this facility for review.

C. The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior and individual needs.

D. When my child is ill, I understand and agree that she/he may not be accepted for care or remain in care.

E. I understand that, before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations or exemption from immunizations.

F.  I DO or  I DO NOT give permission for field trips/exursions. I understand I will be notified in advance when they are planned.

G.  I DO or  I DO NOT give permission for BGCSTL to transport my child.

H. I have been notified that I may request notice at initial enrollment or any time thereafter whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.

Signature of Parent(s)/Legal Guardian(s):

Date:

#### ASSUMPTION of the RISK/LIABILITY WAIVER RELATED to COVID-19 and ALL FACILITY PROGRAMMING

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Mitchell Embrace NFP has put in place preventative measures to reduce the spread of COVID-19; however, the Club **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending the facility could increase** your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Club or participation in Club programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

Signature of Parent(s)/Legal Guardian(s):

Date:

#### VIRTUAL & DISTANCE-BASED CLUB EXPERIENCES

Mitchell Embrace NFP provides distance-based experiences through which staff will facilitate program activities through an online platform. Mitchell Embrace NFP will use software, tools and applications provided by third parties that members, parents/guardians and/or staff will access via the Internet and use for purposes of communication and programming. This will include using a platform called Zoom. Zoom provides an opportunity to deliver video and chat-based educational experiences to members via any device. Please be aware that Zoom collects information about its users and has its own privacy terms and conditions to which members must adhere. Please review Zoom's privacy terms and conditions carefully before registering your child(ren): <http://zoom.us/terms> and <http://zoom.us/privacy>.

In order to participate in distance-based facility experiences, you will need to provide the following: A computer, mobile, or tablet device with access to the Internet | A quiet space at home in which members can participate in distance-based experiences under the supervision of an adult | To register for Zoom, you will need to provide some customer data, including but not limited to: your email address and first and last name (for more information, see <https://zoom.us/privacy>)

Anticipated ZOOM program activities include: Group chats | Video conferencing | Media sharing (for example, uploading images of artwork or other projects) | Activities facilitated by Club staff via private links for Pre-Registration Club Programs and open links for Drop-in Club Programs Our commitment to keeping the young people we serve safe is always our number one priority. Mitchell Embrace NFP will actively monitor member activity on Zoom and will make every effort to protect member information by, among other things, maintaining control of, and access to, the data collected; prohibiting re-disclosure of member information; limiting the purposes for which the online platforms may use member information; ensuring there is no advertising and that no member Mitchell Embrace NFP safety policies, which are available in our Parent/Member Handbook, available on site. Please provide your signature to record your consent for your child's use of Zoom.

Signature of Parent(s) or Legal Guardian(s):

Date:

#### MEMBER SUPPORT SERVICES

Mitchell Embrace NFP program offers individual and group support sessions with qualified mental health professionals to members at no cost. Support plans are developed to address individual needs related to attitude, behavior, self-esteem, coping skills, stress management, peer relationship, anger management, separation/loss, and social-emotional issues. When possible, content within sessions is kept **confidential** with the exception of threats to harm his/her self, threats to harm someone else, or if the member reports/there is reason to suspect any form of abuse. When it is in the best interest of the child and/or necessary for support methods to be effective; we work collaboratively with teachers, school staff, third party individuals who have existing professional relationships with your child or those who we refer as service providers. MSS is not a substitute for psychological counseling, diagnosis, or medication. It is the responsibility of parent(s)/guardian(s) to determine whether additional or different services are necessary and whether to seek them for my child. My consent is good for the duration of the requested services, however, I may end my child's participation at any time and for any reason.

Signature of Parent(s) or Legal Guardian(s):

Date:

Child's First Name:	Child's Middle Name:	Child's Last Name:
<b>MEMBERSHIP CONSENT AND REQUIRED RELEASE INFORMATION – SIGNATURE MANDATORY</b>		
<p>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 Mitchell Embrace NFP and Mitch's Fitness LLC and Workstudy Enterprises and 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.</p>		
<p><b>Mentoring Programs</b></p> <p>I, the parent/guardian of the minor child listed on this application, give permission for my child to participate in the Mentoring Program at Mitchell Embrace NFP. I fully understand that the program involves my child spending a minimum of one hour per week on-site at the Club with mentors, either staff or volunteers selected from the community who will be screened (including a criminal background check) and trained before beginning in the program.</p>		
<p><b>Surveys and Questionnaires</b></p> <p>I, the parent/guardian of the minor child listed on this application, give permission for Mitchell Embrace NFP to survey my child about his or her experiences and behaviors, skills and attitudes.</p>		
<p><b>School Information and Educational Records</b></p> <p>I understand that the <i>Federal Educational Rights and Privacy Act of 1974 (FERPA)</i>, prohibits a student's educational records from being released to a third party without the written consent of the student's parent or legal guardian; or without the written consent of the student if he/she has reached the age of 18 years old. A third party is described as any person, organization or business outside of the educational setting, according to law.</p> <p>I, the parent/guardian of the minor child listed on this application, give permission for Mitchell Embrace NFP as the third party, to access and/or receive information from my child's school district regarding his/her educational records. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in BGCSTL, and in life. The consent will remain in effect until such time that the parent/guardian or student (if age 18 &amp; above) withdraws consent in writing.</p>		
<p><b>Sports, Fitness, Wall Climbing, Swimming, and Recreation</b></p> <p>I understand and acknowledge that my child participates at his/her own risk and I hereby waive for myself, my spouse and any legal guardian of my son/daughter liability of any kind or nature whatsoever and all claims against BGCSTL, directors, officers, employees, coaches, volunteers, sponsors, partners, affiliates and their respective heirs, successors and assigns (collectively, "the Releasees") for personal injury, death or property damage resulting from my child's participation in any athletic, sports, fitness or recreation programs, related events, field trips and other activities. I understand the risk of injury from the activities involved in this program may be significant and I knowingly and freely assume all such risks on behalf of my child, both known and unknown, even if arising from the negligence of the Releasees or others, and assume full responsibility for my child's participation without recourse against the Releasees.</p>		
<p><b>Technology</b></p> <p>As a member of Mitchell Embrace NFP your child will have access to the Internet. While precautions are taken, it is possible that she/he may access inappropriate sites. Mitchell Embrace NFP will have rules and consequences at the Club for such behavior; however, we will not be responsible for the consequences of such access.</p>		
<p><b>Photos/Media/Intellectual Property</b></p> <p>I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by Mitchell Embrace NFP, its programs, and its activities. All originally created material, unless otherwise noted, is the intellectual property of the Mitchell Embrace NFP. No material may be copied or used without the express written permission of the Mitchell Embrace NFP.</p>		
<p><b>Miscellaneous</b></p> <p>I understand that Mitchell Embrace NFP is not responsible for lost or stolen items.</p> <p>I give my permission to Mitchell Embrace NFP to share information about the minor child listed on this application with Mitchell Embrace NFP and partners for research purposes and/or to evaluate the program's effectiveness.</p>		
<p><b>MEMBERSHIP CONSENT</b></p> <p>I have read the completed application and this form, agree that membership is governed by the rules of Mitchell Embrace NFP, and request that my child be admitted into membership.</p> <p>This organization is supported with Federal funding. According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. By signing this document, I certify under penalty of perjury, that all the information on this application is correct to the best of my knowledge and belief, and I acknowledge that such information is subject to verification by CDA, CDBG, HUD or their representatives.</p>		
Signature of Parent(s)/Legal Guardian(s):		Date:

