



BOYS & GIRLS CLUB
OF THE MOUNTAIN COMMUNITIES

- Iacono Club
- Valley of Enchantment Club (Let's ROK)
- Lake Arrowhead Club
- Charles Hoffman Club

MEMBERSHIP APPLICATION

PRIVACY STATEMENT: Mountain Communities Boys & Girls Club, Inc. has the greatest respect for your privacy. We will never share your child(ren)'s or your personal information with a third party. Contact and medical information is collected for your child's safety. Family, ethnicity, and income information is used to compile statistical data to help us obtain the grants that fund the Club. The information collected as part of Project Learn serves both as statistical information and to guide us in providing academic help for the individual child.

PARENT/GUARDIAN INFORMATION

First Name:		MI:	Last:	
P O Box:		Street Address:		
City:		State:	ZIP Code:	
Phone :			Email:	
Spouse's Name:		Living in Home? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Legal Guardian <input type="checkbox"/>				
Preferred Language: English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____				
Member Lives With: Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <input type="checkbox"/>				

CHILDREN INFORMATION

	First Name	Last Name	Age	Birthdate	M/F
1.					
2.					
3.					
4.					
5.					



BOYS & GIRLS CLUB
OF THE MOUNTAIN COMMUNITIES

- Iacono Club Valley of Enchantment Club (Let's ROK)
- Lake Arrowhead Club Charles Hoffman Club

MEMBERSHIP APPLICATION

DEMOGRAPHICS

Head of Household: Male Female Single Parent: Yes No Number of children under 18 in household _____

Member of household handicapped: Yes No Member of household over 65: Yes No

Employment Status: Full Time Part Time Not Employed Public Assistance Type _____

Total Family Annual Income: \$ _____ Total Persons in Household: _____

ETHNICITY

	Child 1		Child 2		Child 3		Child 4		Child 5	
	Hispanic	Non-Hispanic	Hisp	Non	Hisp	Non	Hisp	Non	Hisp	Non
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American & White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian & White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native & White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native & Black/African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the condition that would qualify you as being considered in one of the following presumed low- and moderate – income categories: abused child, battered spouse, elderly person, homeless person, disabled adult, illiterate person, or migrant farm worker: (description)

ACKNOWLEDGEMENT AND DISCLAIMER

I certify that the income and household statements made on this form are true to the best of my knowledge.

Signature of parent/guardian:	Date:
-------------------------------	-------



BOYS & GIRLS CLUB
OF THE MOUNTAIN COMMUNITIES

Emergency Contact and Authorized Pick-up

In case of emergency contact:

Parent/Guradian _____ Home phone: _____

Cell phone: _____

Place of Employment: _____ Work phone: _____

Parent/Guardian _____ Home phone: _____

Cell phone: _____

Place of Employment: _____ Work phone: _____

The following individuals are authorized to pick-up my children:

Name _____ Home phone: _____

Relationship: _____ Cell phone: _____

Place of Employment: _____ Work phone: _____

Name _____ Home phone: _____

Relationship: _____ Cell phone: _____

Place of Employment: _____ Work phone: _____

Name _____ Home phone: _____

Relationship: _____ Cell phone: _____

Place of Employment: _____ Work phone: _____

- I understand that transportation to and from the Club is my responsibility.

- In the event of an emergency evacuation BGCMC will not be able to provide transportation for my child(ren).
- In no event will BGCMC staff allow my child to leave with anyone not on the attached Authorized Pick-up list, or;
- I can authorize a ‘one-time pick-up’ with a signed, dated, written note.
- It is my responsibility to keep the Authorized Pick-up list current with a *minimum of one local* contact.
- If BGCMC staff cannot reach any of the contacts for pick-up then the Sheriffs’ Department will be contacted to take charge of my child(ren).

Parent/Guardian: _____ Date: _____

I understand that the Iacono (Crestline) Unit closes at 6:00pm. The Lake Arrowhead Elementary, Let’s ROK (Valley of Enchantment Elementary), and Charles Hoffman (Running Springs) Units close at 6:00pm. If I am late picking up my child(ren) BGCMC must pay the staff for their extra time. Therefore late fees will be charged as follows:

1 – 15 minutes	\$12.50
16 – 30 minutes	\$25.00
31 – 45 minutes	\$37.50
46 – 60 minutes	\$50.00

The second occurrence in a calendar month will double all amounts; the third instance will triple all amounts; and the fourth instance will result in a 3 day suspension for the child.

If BGCMC staff cannot contact anyone from the pick-up list within 30 minutes of closing or if pickup will be more than 60 minutes after closing the Sheriffs’ Department will be contacted to take charge of my child(ren).

Parent/Guardian: _____ Date: _____



BOYS & GIRLS CLUB
OF THE MOUNTAIN COMMUNITIES

Medical Release: I, the undersigned parent / legal guardian of the below named child(ren), a minor, do hereby authorize (Hospital or Doctor) _____ or a Boys & Girls Club of the Mountain Communities (BGCMC) representative, as agent for the undersigned to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the State of California, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital on an emergency basis. It is understood that this authorization is being given in advance of any specific diagnosis, treatment or hospital care being required; but is given to provide authority and power on the part of our aforesaid agent(s) to give specific care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is also understood that every effort shall be made by the above named agent(s) to contact the undersigned prior to rendering emergency treatment to the patient. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until cancelled or changed by the parent/guardian in writing.

Child Name: _____ Allergies: _____ Health Issue: _____

Medications: _____ Date of Last Medical Exam: _____

Child Name: _____ Allergies: _____ Health Issue: _____

Medications: _____ Date of Last Medical Exam: _____

Child Name: _____ Allergies: _____ Health Issue: _____

Medications: _____ Date of Last Medical Exam: _____

Physician: _____ Physician Phone: _____

Insurance Carrier: _____ Carrier Phone: _____ Policy # _____

Special academic or social/emotional needs or conditions: _____

Hold harmless clause: I further release BGCMC, its board of directors, officers, staff, volunteers, exhibitors, and or any other person or company in any way associated with the Club, to the maximum extent allowed by law, from any and all liability, claims, demands, damages, or any other legal responsibilities in any way related to the use of the Club or its facilities or participation in any Club programs, events, or activities. This release includes without limitation any and all claims, foreseeable and unforeseeable, relating to physical or other injury, death, or damage to property and any and all claims relating to negligence or negligent instruction, hiring, supervision, inspection, or maintenance.

Parent/Guardian: _____ Date: _____

Foster Parent: _____ Date: _____

Social Worker: _____ Date: _____

Medications: I understand that no non-prescription medications may be in the possession of my child. Further, the employees of BGCMC are not authorized to hold or dispense any non-prescription medications. I understand that for the safety of my child and other members all prescription medications, including inhalers and epipens, will be held in a lock box by the staff. All medications must be kept in a clearly labeled prescription bottle or accompanied by a copy of the prescription. I will provide a doctor's note that my child understands how to self-administer any medication that has been prescribed. I understand that employees of BGCMC are not responsible for maintaining the schedule for dispensing of prescriptions.

Parent/Guardian: _____ Date: _____

Closed Facility Policy: I understand that BGCMC maintains a closed door policy. I understand that once my child has checked in to the Club s(he) will be allowed to leave only with a person listed on my "Authorized Pick-up List" unless written permission is given to Club staff allowing my child to check his/herself out. I understand that the Club bears no responsibility for my child until s(he) checks in. I further understand that the Club will not use physical restraint to keep my child from leaving the premises. Therefore I agree that BGCMC is not responsible for my child if they leave the Club premises without permission. I also understand that BGCMC chooses not to be a licensed day care provider.

Parent/Guardian: _____ Date: _____

Publicity Release: I hereby consent to authorize the use and publication by BGCMC of my child's photograph or likeness in support of the Club and its activities. I further understand that at no time will my child's picture be used for commercial purposes without my express written consent.

Parent/Guardian: _____ Date: _____

I hereby give my permission for my child to become a member of the Boys & Girls Club of the Mountain Communities. I understand that the Club is not responsible for the time or manner in which my child may arrive at the Club and that BGCMC and its staff are not responsible for personal injury or loss of property. I understand that if I have any concerns or questions, the appropriate procedure is to make an appointment with the Unit Director to discuss my concerns, then address any further concerns to the Chief Professional Officer. I also understand that if I am not satisfied with the meeting with the Chief Professional Officer, I may request to speak with the Board of Directors.

Parent/Guardian: _____ Date: _____



BOYS & GIRLS CLUB
OF THE MOUNTAIN COMMUNITIES

Project Learn

Parent/Guardian Permission

I, the parent/guardian of the member(s) named below hereby give my permission for my child(ren) to participate in the Project Learn mentoring program at the Boys & Girls Club of the Mountain Communities.

I fully understand that the program involves mentors, who may include staff or volunteers who will be screened (including criminal background check) and trained before beginning the program. The mentor program is a group program based on academic, character building, and recreational activities within the club. Through these activities the members will form safe, trusting relationships with caring adults.

I understand that my child will participate in an orientation session at the Club in which the Project Learn program will be explained. The program is planned to last through the school year.

I give the Boys & Girls Club staff permission to photocopy my child(ren)'s report card and to communicate with their teachers in order to track their progress while participating in Project Learn.

Member's Name: _____ Age: _____ Grade: _____

Teacher: _____ School: _____

Member's Name: _____ Age: _____ Grade: _____

Teacher: _____ School: _____

Member's Name: _____ Age: _____ Grade: _____

Teacher: _____ School: _____

Member's Name: _____ Age: _____ Grade: _____

Teacher: _____ School: _____

Member's Name: _____ Age: _____ Grade: _____

Teacher: _____ School: _____

Parent/Guardian Name: _____

Signature: _____

Date: _____



BOYS & GIRLS CLUB
OF THE MOUNTAIN COMMUNITIES

Club Rules

Respect the Staff

Respect Myself

Respect Others

Respect the Club

The Boys & Girls Club of the Mountain Communities wants to enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens. This requires a partnership among the staff, the member, and the parent/guardian. We will make every effort to work together to solve any problems while always remembering that we cannot allow other members to be subject to physical or emotional violence.

BGCMC has a zero tolerance policy for physical violence against other members or staff. The consequences for violence are:

First act – Minimum of sent home for the day

Second act in three month period – Minimum of a three day suspension

Third act in three month period – Up to expulsion

Other infractions will be dealt with first with the member within the club; second in discussions with the parent/guardian. Continued unresolved issues may result in suspension and ultimately expulsion from the Club.

I wish to become a member of the Boys & Girls Club of the Mountain Communities. I promise to follow the Club rules and take care of my Club and its property.

Members' Signature(s) _____

Parent/Guardian Signature _____