

YOUTH MEMBERSHIP FORM

ELLETTSVILLE UNIT	9/1/20-8/31/21	Participant ID:
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To be filled out by BGC staff:	Paid by:	Date paid:	Pymt type:	Date entered:	Staff Initials:
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MEMBER INFORMATION

Legal First Name <input style="width: 95%;" type="text"/>	Middle Name <input style="width: 95%;" type="text"/>	Last Name <input style="width: 95%;" type="text"/>
Name member wishes to go by: <input style="width: 95%;" type="text"/>	Date of Birth <input style="width: 95%;" type="text"/>	Gender (please circle): Male Female
School <input style="width: 95%;" type="text"/>	Grade <input style="width: 95%;" type="text"/>	Phone Number <input style="width: 95%;" type="text"/>
Street Address <input style="width: 95%;" type="text"/>		Email (of youth if applicable) <input style="width: 95%;" type="text"/>
City <input style="width: 95%;" type="text"/>	State <input style="width: 95%;" type="text"/>	Zipcode <input style="width: 95%;" type="text"/>
Ethnicity (please circle): Asian Arabic Black or African American Caucasian or White Hispanic or Latino Multi-Racial Native American Prefer not to answer Other:		
Please list languages spoken: _____		

Member Authorization Code *required _____

*A 4-digit code which is used to help verify the identity of authorized contacts over the phone and allows custodial parents/guardians to make temporary changes over the phone or through email.

MEDICAL INFORMATION

Physician Office/Name <input style="width: 95%;" type="text"/>	Physician Phone Number <input style="width: 95%;" type="text"/>	Medications <input style="width: 95%;" type="text"/>
Allergies <input style="width: 95%;" type="text"/>	Disabilities* <input style="width: 95%;" type="text"/>	Behavior Issues* <input style="width: 95%;" type="text"/>
Member has an Individualized Education Plan (IEP) with the school NO _____ YES _____ Special Education _____ Gifted & Talented _____ 504 Plan _____ Other, list _____ <i>*Please communicate with Club staff to create a Child Success Plan for your member</i>		
Use the space below to share more information that may be useful to successfully serve your member.		
<div style="border: 1px solid black;"></div>		

HOUSEHOLD SETTING

The following information is confidential; collection of this information is required for the club to obtain fundin as a non-profit agency.

MEMBER lives with (please circle):	Single Parent - Mother	Single Parent - Father	Lives in this Household:
Two Parents	Grandparent(s)	Foster Family	# of kids
		Other, list _____	# of adults

Annual Household Income (please circle one)

\$1-14,999	\$15,000-19,999	\$20,000-25,999	\$26,000-29,999	\$30,000-34,999	\$35,000-39,999
\$40,000-44,999	\$45,000-49,999	\$50,000-54,999	\$55,000-59,999	\$60,000-69,999	\$70,000+

Please check all that apply for your member/family (You must select at least ONE option):

<input type="checkbox"/> No Aid Received	<input type="checkbox"/> SNAP/Food Stamps	<input type="checkbox"/> SSI	<input type="checkbox"/> Bridges	<input type="checkbox"/> TANF
<input type="checkbox"/> Free Lunch	<input type="checkbox"/> Military Family	<input type="checkbox"/> SSDI	<input type="checkbox"/> Daycare Voucher	<input type="checkbox"/> Other
<input type="checkbox"/> Reduced Lunch	<input type="checkbox"/> Section 8 Housing	<input type="checkbox"/> Vets Comp	<input type="checkbox"/> Medicare/Medicaid	

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Primary Custodial Parent/Guardian Contact Information (Authorized Pick-up)

First Name <input style="width: 95%;" type="text"/>	Last Name <input style="width: 95%;" type="text"/>	Relationship to Member <input style="width: 95%;" type="text"/>	
Street Address <input style="width: 95%;" type="text"/>	City <input style="width: 95%;" type="text"/>	State <input style="width: 95%;" type="text"/>	Zipcode <input style="width: 95%;" type="text"/>
Township <input style="width: 95%;" type="text"/>	Mobile Phone <input style="width: 95%;" type="text"/>	Home Phone <input style="width: 95%;" type="text"/>	Work Phone <input style="width: 95%;" type="text"/>
Are you currently employed? (please circle) No Yes, Full-time Yes, Part-time		Name of Employer <input style="width: 95%;" type="text"/>	

Secondary Custodial Parent/Guardian Contact Information (Authorized Pick-up)

First Name <input style="width: 95%;" type="text"/>	Last Name <input style="width: 95%;" type="text"/>	Relationship to Member <input style="width: 95%;" type="text"/>	
Street Address <input style="width: 95%;" type="text"/>	City <input style="width: 95%;" type="text"/>	State <input style="width: 95%;" type="text"/>	Zipcode <input style="width: 95%;" type="text"/>
Township <input style="width: 95%;" type="text"/>	Mobile Phone <input style="width: 95%;" type="text"/>	Home Phone <input style="width: 95%;" type="text"/>	Work Phone <input style="width: 95%;" type="text"/>
Are you currently employed? (please circle) No Yes, Full-time Yes, Part-time		Name of Employer <input style="width: 95%;" type="text"/>	

Additional Adults Authorized to Pick-up Member (must show valid ID)

First and Last Name	Relationship to Member	Phone Number
1)		
2)		
3)		
4)		
5)		

Individuals NOT Allowed to Pick-up

Only individuals on a member's authorized pick-up list are able to pick-up with a valid photo ID and your member's 4-digit authorization code. However, we allow guardians to place restrictions on specific individuals for added security. Please use the space below to list any individuals that you would like us to note as a restricted contact. A copy of the court order is required for biological parents.

Restricted Contact First & Last Name	Relationship to Member
1)	
2)	

I have completed the application and the application is accurate. I reviewed the BGCB Parent handbook, and I acknowledge and agree to the rules and policies of the Boys & Girls Clubs of Bloomington including the discipline policy and request that my child be admitted into membership. My child and I accept full responsibilities for his/her actions and behaviors at the Boys & Girls Club. The Boys & Girls Clubs of Bloomington agrees that in the performance of its services, it will not, on the grounds of race, color, sex, age, sexual preference, gender identity, disability or national origin, exclude any person from participation in, deny any person the benefits of, or otherwise subject any person to discrimination under any activity. I hereby release the Boys & Girls Clubs of Bloomington, their Board of Directors, agents, employees, volunteers, and insurers from any present or future personal injury or damage to property caused by having any relation to Club activities. If my child uses the Boys & Girls Club Camp Rock Facility, I hereby release the City of Bloomington Department of Utilities and Lake Lemon Conservancy, their officers, agents, employees and insurers from any present or future injury or damage to property caused by having any relation to this activity. I understand that this release binds my heirs, executors and administrators. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

Primary Parent/Guardian Signature, agreeing to the above

Date

Initial here if you have ANY EXCEPTIONS to the above conditions, see staff: _____