



MEMBERSHIP APPLICATION

Boys & Girls Clubs of Brigham City/Bear River

The Positive Place For Kids



Club Membership Application & Release forms

1. Member Name: _____ Birth date: _____ Gender: Male Female

2. Member Name: _____ Birth date: _____ Gender: Male Female

Home Phone: _____ **Please include/specify additional work and cell phone numbers for parent(s)/guardian(s)**

Parent/Guardian: _____ Work/Cell #: _____ Relation to Youth: _____

Parent/Guardian: _____ Work/Cell #: _____ Relation to Youth: _____

Home Address _____ City _____ State _____ Zip _____

Additional Emergency Contacts– please include home, work, and cell phone numbers when applicable

Name	Relation to Member(s)	Phone Number	Phone Type

1. Member Name _____ **Current Grade:** _____

Current School _____ **Birthdate:** _____ **Membership Status** New Renewal

Program to attend: K-2nd grade (JR's) 3rd-5th grade (FANZ) 6th-7th grade (HYPE) 8th-up (TEENS)

Membership Application Dues: \$10 School Year Monthly Fee: _____ Summer Monthly Fee: _____

Circle Days for Pickup: M T W T H F Please list any medical conditions, disabilities or illness that would require medication or special consideration. _____

My child has permission to be used in public relations materials. Yes No

Ethnic Origin: African American Asian Caucasian Hispanic Multi-Racial Native American Pacific Islander

2. Member Name _____ **Current Grade:** _____

Current School _____ **Birthdate:** _____ **Membership Status** New Renewal

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Waiver of Liability

I understand that the Boys & Girls Club is a drop in program and that each of my children is responsible for his/her attendance and actions while attending the program. I will not hold the Club, its Partners or Administration liable for accident or injury while any of my children attends the program.

Yes No **Signature of responsible Parent/Guardian:** _____ **Date:** _____

INCOME SURVEY:

Information on income will remain strictly confidential but provides the Club access to funding to continue to provide care for your youth and your family. Please respond correctly:

Number of persons in your family: _____

Please check income level your family falls within:

Under \$35,850 \$35,851-\$40,300 \$44,801-\$48,400 \$48,401-\$51,950 \$51,951-\$55,550 over \$55,551

PERMISSION TO EVALUATE:

Various organizations provide money for all or part of our program and may require that the Club evaluate the impact of programs offered at the Club. Therefore, we are asking permission to have your youth participate in surveys concerning programs they may attend. The questions on the surveys may be about your youth's school experiences, drug and alcohol use, trouble with the law, mental health and friends and family. The answers youth give to the survey questions will be available only to licensed researchers. Youth are free to skip a question or stop completing the survey at any time. No information that is given on the survey will affect the youth's current, or any future, program services received. Information from the survey will remain strictly confidential.

I give my permission for my Club member(s) to participate in Club program evaluations.

Yes No **Parent/Guardian Signature** _____ **Date** _____

PROGRAM FEES & PAYMENTS:

The Boys & Girls Club of Brigham City/Bear River Valley is a non-profit youth organization that charges limited fees for day programs and activities. The Club requires payment for program fees by the 5th of the month attending. A \$5 per week late fee will apply after that time. Payment arrangements can be made through the main clubhouse at 435-723-6224. Questions regarding your youth's program can also be directed there.

TRANSPORTATION POLICY:

I give permission for my child(ren) to be transported by the Boys & Girls Clubs of Brigham City/Bear River Valley to specified programs, field trips, and other club activities. I understand that my child must follow the rules when riding the club vans including always wearing a seatbelts, staying seated and other safety rules.

Failure to comply with van rules will result in a loss of van transportation privileges. I understand that the van driver's will do all they can to assure the safety of my child(ren) while riding in a Boys & Girls Club van. Realize that there is inherent risk any time a person rides in a motor vehicle.

Yes No **Parent/Guardian Signature** _____ **Date** _____

FIELD TRIP & EMERGENCY CARE PERMISSION:

I give the Boys & Girls Clubs of Brigham City/Bear River Valley permission to take my child(ren) off the grounds for field trips. In the unforeseen event that my child becomes in need of medical care during any club event, I give permission to administer medical care and, if deemed necessary, to transport my child to a hospital.

Yes No **Parent/Guardian Signature** _____ **Date** _____

The Boys & Girls Club is an open door after school program and school break program. Youth are able to sign themselves out of the Club at any time. Please educate your youth as to their responsibilities and your expectations regarding club attendance.

Rev. 8/7/07

For Office Use Only:

Membership 1 # _____ **Membership 2 #** _____

Expiration Date: _____ **Processed by:** _____

Guardian Signed Policy Page Yes No **Paid: Cash/Check/CC \$** _____ **CK#** _____ **Staff** _____