



Membership fee \$25 – scholarships available.

I would like to sponsor ___ additional youth at a cost of \$25 each.

MEMBER INFORMATION

Youth First Name: _____ **Middle:** _____

Last Name: _____ **Nickname:** _____

Gender: ___ Male ___ Female ___ Other **Birthday:** ___ - ___ - ___ **Age:** ___

EMERGENCY PHONE NUMBER: (___) _____ - _____

Race/Ethnicity:

___ Asian
___ Black
___ Caucasian
___ Hispanic/Latino
___ Multi-Racial
___ Native American
___ Pacific Islander
___ Other: _____

School Information:

Name of School: _____

Grade: _____

Current Teacher: _____

General Information:

Are you a previous member of a Boys & Girls Club?: ___ Yes ___ No

Previous Club name: _____

Is parent active military?: ___ Yes ___ No

*BGCA Mission: Youth Outreach scholarships available for military families.

Family History:

Parent's Name: _____

Parent's Employer: _____

Parent's Email: _____

Parent's Work Phone Number: (____) ____ - ____ ext. #: ____ Cell Number: (____) ____ - ____

Parent's Name: _____

Parent's Employer: _____

Parent's Email: _____

Parent's Work Phone Number: (____) ____ - ____ ext. #: ____ Cell Number: (____) ____ - ____

Address: _____

City: _____ State: _____ Zip code: _____

Name of Guardian (if different from parents listed above): _____

Relationship to Member: _____ Email: _____

Guardian's Employer: _____

Guardian's Work Phone Number: (____) ____ - ____ ext. #: ____ Cell Number: (____) ____ - ____

Emergency Contact Name: _____

Relationship to Member: _____

Emergency Contact Phone Number: (____) ____ - ____

Place of Employment: _____ Work Phone: (____) ____ - ____

List anyone **NOT** allowed to pick up your child: _____

List additional people to pick up your child: _____

Medical Information:

Please indicate any medical problems, allergies and/or behavior problems that may affect the staff or members at the Boys & Girls Club:

Please indicate any medication presently taking:

**The Boys & Girls Club is unable to administer any medications to members.*

Confidential Information:

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

Annual Household Income: _____ \$0-\$5,000 _____ \$5,001-\$12,000 _____ \$12,001-\$26,000
_____ \$26,001-\$32,000 _____ \$32,001-\$40,000 _____ \$40,000+

Number of Family Members in the Household: _____

Number of Brothers/Step Brothers: _____ **Number of Sisters/Step Sisters:** _____

Check all that apply:

____ SSDI ____ SSI ____ TANF ____ Day Care Volunteer ____ Food Stamps ____ General Assistance
____ Free or Reduced Price School Lunch ____ Teen Parent ____ Veteran Compensation
____ Single Parent ____ Shared Custody

Child's Family Setting (check all that apply):

____ Mother Only ____ Father Only ____ Foster Care ____ 1 parent/1 step ____ 2 parent family
____ Grandparents ____ Other: _____

Household Dwelling:

____ Apartment ____ House ____ Mobile Home ____ Other: _____

Do You Live At A Public Housing Property?: ____ Yes ____ No

Office Use Only: Date Enrolled: _____ Paid/Receipt#: _____ New/Renew (circle)

Staff Initials: _____ Assigned Membership #: _____ Card Made & Issued: _____

Parent Release

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 Club of the Black Hills, and Boys & Girls Clubs of America, their representatives, successors, insurers, assign 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.

Medical Treatment

I give permission to the Boys & Girls Clubs of the Black Hills 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 the Black Hills 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 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), fundraisers, and other community stakeholders to evidence program effectiveness and/or Club impact on our members.

School Information

I give my permission to the Boys & Girls Club of Lead-Deadwood and _____ School District 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 the school, in the Boys & Girls Club and in life. The release I valid for one year and may be revoked at any time by contacting _____ School District or the Boys & Girls Club in writing.

Data Sharing

I understand that the Boys & Girls Clubs of the Black Hills may share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) for research purposed 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 Club of the Black Hills, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Technology

As a member of the Boys & Girls Club, 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 Club will have rules and consequences at the Club for such behavior, however we will not be responsible for the consequences of such access.

Miscellaneous

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

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

I have read the completed application and this form, understand the rules of the Boys & Girls Club and request who my child be admitted into membership.

I give my permission to the Boys & Girls Clubs of the Black Hills to share information about the minor child listed in 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 the Black Hills, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Parent/Guardian Signature

Club Member's Signature

Date: ____/____/____