



**BOYS & GIRLS CLUBS
OF THE BLACK HILLS**

*Membership fee \$25 (good for one year
from enrollment date)*

*Summer fee is \$25 per month
(+activities fees)*

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

MEMBER INFORMATION

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

Nickname: _____

Birth day: ____ - ____ - ____ **Age:** _____ **Gender:** ___ Male ___ Female

Race/Ethnicity:

- _____ Asian
- _____ African American
- _____ 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: _____)

Is parent military? ___ Yes ___ No

**BGCA Mission: Youth Outreach scholarships available
for military families. This includes active duty, reserve,
national guard, and retired military personnel)*

Medical Information:

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

Please indicate any medication presently taking:

Does your child use an epipen, inhaler or other personal health equipment?

**The Boys & Girls Club is unable to administer any medications to members, besides first aid.*

EMERGENCY CONTACT: _____ **PHONE NUMBER:** (____) _____ - _____

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Would you like to enroll in our LiveSafe public safety platform and communications system, designed specifically from Club families? (Ask Club Staff for more details) YES _____ NO _____

Mobile Phone Number: _____

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 Clubs of the Black Hills, and the 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 in 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 Clubs of the Black Hills 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 school, in the Boys & Girls Club and in life. The release 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 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/or 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 limited 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 outside of our facility.

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 that 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 that 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

OFFICE USE ONLY

Date Enrolled: _____ Paid/Receipt#: _____ New/Renew (circle) Staff Initials: _____
Assigned Membership #: _____ Card Made & Issued: _____

Date: ____/____/____

FAMILY FORM

Family Name: _____ Number of Children Enrolled: _____

Names of Children Enrolled: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Family Information:

Please be thorough and as complete as possible with this information as it allows us to get in touch with those necessary to inform them of club functions and in case of an emergency.

Parent's Name: _____

Employer: _____

Email: _____

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

Parent's Name: _____

Employer: _____

Email: _____

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

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

Relationship to Member: _____ Email: _____

Employer: _____

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

Emergency Contact Name: _____

Relationship to Member: _____

Emergency Contact Phone Number: (____) ____ - ____

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

Release Authorization:

Please list anyone **NOT** allowed to pick up your child/children:

Please list any additional people authorized to pick up your child/children:

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: _____ (round to the nearest thousand)

Number of Family Members in the Household: _____

Number of Household Members who are children (under the age of 18): _____

Check all that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> SSDI | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Veteran Compensation |
| <input type="checkbox"/> SSI | <input type="checkbox"/> General Assistance | <input type="checkbox"/> Teen Parent |
| <input type="checkbox"/> TANF | <input type="checkbox"/> Free or Reduced Price
School Lunch | <input type="checkbox"/> Single Parent |
| <input type="checkbox"/> Day Care Volunteer | | <input type="checkbox"/> Shared Custody |

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

COVID-19 Related Membership Considerations

All parents/ guardians of Club members will be provided with a copy of the Boys and Girls Clubs of the Black Hills COVID-19 Member Safety Plan and must sign an acknowledgement of the plan, to be returned with this membership form.

Additional Emergency Contacts

Please list two emergency contacts below who will be able to pick up your child in the event that they become ill at the Club. In the event that your child becomes ill at the club, including complaining of not feeling well, showing a high temperature during daily temperature checks (99.5 F or above), or if they begin showing any signs or symptoms of illness, they will be sent home. These children will be moved to a separate area while they wait. The contacts below must be able to pick up your child if they become ill while at the Club and you are unavailable.

Emergency Contact Name: _____

Phone Number: _____

Emergency Contact Name: _____

Phone Number: _____

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

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.

The Boys & Girls Clubs of Black Hills (“Club”) 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 Club 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/ Guardian

Date

Name of Parent/ Guardian

Name(s) of Club Members