



**Boys & Girls Club of Lake County
Membership Application
Summer 2019**

Date: _____ Time: _____ Location: _____

For your child's well-being, the information you provide must be complete and accurate. It is your responsibility to keep emergency contact information updated and current. This information is necessary to maintain funding, grant compliance and records for Boys & Girls Club services.

Site Location: Genesee LEARN 6 Oakdale Teen Center

(Before Club 7:30am and After Club 5:30pm Genesee/LEARN 6/Teen Center) (7:30am-2:30pm -Oakdale)

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Parent/Guardian 1:

First Name: _____

Last Name: _____

Gender: Male Female

Relationship to Member: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Employer: _____

City: _____ State: _____ Zip: _____

Occupation: _____

Title: _____

Military Branch: _____

Status: Guard Reserve Active

Duty Station: _____

Rank: _____

Active From: _____ to _____

Phone 1: _____

Phone 2: _____

Parent/Guardian 2:

First Name: _____

Last Name: _____

Gender: Male Female

Relationship to Member: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Employer: _____

City: _____ State: _____ Zip: _____

Occupation: _____

Title: _____

Military Branch: _____

Status: Guard Reserve Active

Duty Station: _____

Rank: _____

Active From: _____ to _____

Phone 1: _____

Phone 2: _____

First Name: _____ MI: _____ Last Name: _____

Nick Name: _____ Gender: Male Female

Birth Month/Day/Year: _____ Age: _____

T-Shirt Size: Small Medium Large Adult Small Adult Medium Adult Large

Race: African American/Black Caucasian/White Hispanic/Latino Mixed Heritage Asian

Other _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Email: _____

What is your family setting: (Please check all that apply) Both Parents Foster Parent Single Parent

Parent/Step-Parent Grandparent Multi-Generational Other: _____

Family Size: _____

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Reason for Member Attendance: Academic Support Health & Fitness Safe Place Positive Role Models
 Other: _____

Grade 2018-2019 School Year: _____ Grade 2019-2020 School Year: _____

Name of School: _____ School District: _____

Emergency Contacts: Name: _____ Phone: _____
***Cannot be Primary** Relationship to Member: _____
or Secondary Name: _____ Phone: _____
Guardian* Relationship to Member: _____

THIS INFORMATION IS REQUIRED AND IS KEPT CONFIDENTIAL.

Does your family have health and/or accident insurance? Yes No

Insurance Company: _____

Doctor's Name: _____ Doctor's Phone Number: _____

Allergies: Yes No If yes, please explain: _____

Medications: Yes No If yes, please explain: _____

Physical or medical limitations: Yes No

If yes, please explain: _____

Special Medical Conditions - Health Problems (check all that apply):

- Gastrointestinal or feeding concerns Asthma Epilepsy/Seizure Disorder Diabetes
- Emotional/Behavior Disorder including ADD or ADHD Cerebral Palsy/Motor Disorder
- Other: _____

My family income is:

- Less than \$14,999
- \$15,000 - \$24,999
- \$25,000 - \$34,999
- \$35,000 - \$49,999
- More than \$50,000

Please check all that apply:

- TANF Veterans Compensation
- Food Stamps Medicaid
- SSDI SSI
- Day Care Voucher Free/Reduced School Lunch

Family rents apartment/house they live in: Yes No

Family owns house they live in: Yes No

Parent/Guardian Please Read and Sign:

My child has my permission to participate in Boys & Girls Clubs of Lake County activities that promote positive youth development by providing a variety of age-appropriate programs and activities solely for school-age children and youth aged 6-18, including positive, productive activities in areas of education, recreation and character-building for children who choose to engage in them. I understand that the operations of the youth development programs of BGCLC are not regulated by child care licensing requirements. I understand that the Club does not collect compensation for its services based on the number of visits or on a weekly or monthly or other such periodic basis, except for one-time, nominal membership dues and program service fees for specific activities.

PRINT Parent/Guardian Name

Parent/Guardian Signature

Month/Day/Year

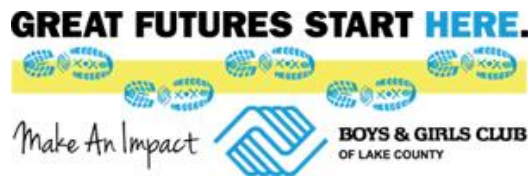
Payment Received: Full
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Amount: \$ _____
Type: Money Order
 Cash

Staff Initials: _____

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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 Lake County, and Boys & Girls Clubs of America, their representatives, successors, insurers, assigns 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.

I understand and agree that the Club will follow its Safe Passage policies (described in the Handbook) with regard to my child entering and leaving the Club. I acknowledge that membership in the Club is designed to be available to youth who desire to participate in any of the Club's youth development programs and activities and that attendance is not scheduled and there is no agreement as to a youth's attendance between the Club and parent/guardian. I understand that it is my responsibility to monitor my child's participation in Club activities based on any physical or medical limitations that my child has that would inhibit his/her participation.

Medical Treatment

I understand that in the event of a medical emergency, every effort will be made to contact me. In the event that I cannot be reached, I authorize the Club and its agents and/or employees to secure emergency transportation and to secure and consent to any and all medical care and treatment for my child as deemed necessary by a qualified medical care provider. I will be responsible for any all costs of medical attention and treatment.

School Information

I give my permission for the Boys & Girls Club of Lake County to assist my child with their academics. I give permission for the Boys & Girls Club of Lake County and Waukegan- District 60, North Chicago- District 187 or Zion- Districts 6 and 126, Beach Park School District 3, and any other school they may attend to exchange information regarding the minor child listed on this application. The purpose of the exchange is to support both organizations in helping Members be successful in school, in the Boys & Girls Club of Lake County and in life. This release is valid for one year from the date of signing and may be revoked at any time by contacting Boys & Girls Club of Lake County in writing.

Surveys and Questionnaires

I, the parent/guardian of the minor child listed on this application, give permission for Boys & Girls Club of Lake County to survey my child about his or her Club experience and behaviors, skills and attitudes using Boys & Girls Clubs of America's Youth Development Outcome Measurement Tool Kit surveys or other survey or evaluation instruments. I understand that my child may receive assessments including non-invasive physical exams as a benefit of his or her membership for tracking and attaining personal improvement goals. I acknowledge that this data may be shared with Boys & Girls Club of America or other agency partners for program assessment.

Technology

As a member of the Boys & Girls Club of Lake County, your child will have access to the Internet. While precautions are being taken, it is possible that he/she may access inappropriate sites. Boys & Girls Club of Lake County 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.

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 of Lake County for public relations and/or program evaluation purposes.

I understand that my child may be suspended or expelled from the program for failure to follow the rules of the organization or for disrespecting club property or materials. Should expulsion from the program take place I understand that no fees will be returned to me and I have relinquished the right to be on or in BGCLC property.

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

Parent / Guardian Signature

Club Staff Signature

Date