



Membership Information Form

DID YOU KNOW?

Although **we keep our membership fees very low**, it really costs the Clubs **more than \$850 per child**, per year to operate? We do this to ensure that all kids and teens can afford to belong and take part in our great programs! We even have a comprehensive scholarship program to make things work for all families. We rely 100% on donations from individuals like you, as well as local businesses to help make up the difference.

This year, when signing your child up for Club membership, you can help kids who can't afford to pay the \$25 fee! By pledging to make a monthly, or one-time contribution to the Clubs, you can make a positive impact on the lives of youth all over Thurston County!

Club: Tumwater Rochester Lacey Olympia Tenino

Name: _____ Phone: _____

Address (please include City, State, Zip): _____

YES! *I want to support Club scholarships for kids in need*

Easy Credit Card Payment
 Please charge \$_____ each month to my credit card for a total annual gift of \$_____. (Please list information below)
(Monthly pledge contributions will continue for 12 months or until total gift is reached)

One-Time Gift
 I/We plan to make this one-time contribution in the form of: ___ Cash ___ Check ___ Credit

Credit Card Information

Card Type: Visa Master Card American Express

Card Number: _____ **Exp. Date:** _____ **CVV:** _____

Billing Address (if different from above): _____

Authorization Signature: _____



Membership Information Form

CIRCLE ONE: Membership Renewal New Membership

Parent/Guardian #1 Information (please print)

Annual Household Income:

First Name:

Last Name:

Address:

(City)

(State)

(Zip)

- \$0-\$27,480
- \$27,481-\$37,056
- \$37,057-\$46,596
- \$46,597-\$56,208
- \$56,209-\$65,772
- \$65,773-\$75,348
- \$75,349+

Phone Numbers:

Home: _____ Cell: _____

Work: _____

Email: _____

Family Size:

Are you in the Military? _____

Military Branch:

Household Type: Both Parents Single Parent Extended Family Foster Care

Parent/Guardian #2 Information

(Please list all parents who have custodial privileges, use next page if needed)

First Name:

Last Name:

Address (if different from above):

Phone

Numbers:

Home: _____ Cell: _____ Work: _____

Member (Child) Information

First Name:

Middle Name:

Last Name:

Ethnicity:

- African American
- Asian/Pacific Islander
- Caucasian
- Hispanic
- Native American
- Mixed Heritage
- Other

Gender:

- Male
- Female

Birthdate:

Does your child qualify for free or reduced lunch?

- Yes No

School:

Grade:



Membership Information Form

Member Medical

Name of Physician:

Physician phone number:

Insurance Company Name:

Policy Number:

Medication(s):

Medical Conditions/Allergies:

Disabilities:

(We need this information so we can best serve your child)

Emergency Contact Information:

Name:

Phone Number:

Relationship:

Step-Parent Relative Acquaintance

Name:

Phone Number:

Relationship:

Step-Parent Relative Acquaintance

PARENT POLICY AGREEMENT

Acknowledgement and Consent:

I understand the conditions under which Boys & Girls Clubs of Thurston County (a.k.a “the Club”) operates and that it is not a day care facility. I understand the “open door” policy which allows children to leave arrive and leave without an adult. Professional supervision will be provided for children at the Club’s facility only. I understand that no loitering is allowed outside the Club entrance. For both internal and external use, I acknowledge that Boys & Girls Clubs of Thurston County may utilize photographs or videos of my child that may be taken during involvement in the Club’s activities. I consent to such uses and hereby waive any rights of compensation. The Club offers educational programs such as SMART Moves. My child has permission to participate in classroom discussions which teach youth the dangers of drugs, alcohol, life skills/options and negative peer pressure.

Waiver of Liability & Disclaimer:

I, In consideration of my child’s membership, and any participation in the activities and special programs or events of the Clubs, on behalf of me and my child and any heirs or assigns of me or my child, waive, release, and agree to defend and hold harmless Boys & Girls Clubs of Thurston County, and its sponsors, staff members, board of directors, and any other affiliated persons and/or vehicle drivers from any and all claims, injuries, death, damages, and demands arising or in any way resulting from or connected to any Club-related event, activity, program, or property. I attest and verify that I have full knowledge of the risks involved in Club-related events, activities, programs, and properties and that I will, on behalf of my child, assume and pay any medical or emergency expenses. I further acknowledge that my child is physically fit to participate in the programs or other activities of the Club.

Emergency Authorization:

I, the undersigned, as parent/guardian of my child, hereby authorize the staff of the Club, its sponsors, and vehicle drivers as my agents to consent to medical, surgical, dental examination or treatment of my child. In case of emergency, I hereby authorize treatment or care at any hospital or by any licensed medical personnel.

NOTE: YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU HAVE READ AND ACCEPT THE POLICIES/CONDITIONS OF BOYS & GIRLS CLUBS OF THURSTON COUNTY AS DESCRIBED ABOVE.

Date

Parent/Guardian Signature

Printed Name



Membership Information Form

CLUB POLICY AGREEMENT

In order for this membership form to be complete, all information below must be read and initialed. Your initial indicates that you understand the policies set forth by Boys & Girls Clubs and indicates that you will adhere to them. Please see the Club Director or Program Director if you have questions or concerns.

1. _____ I understand that the \$25 membership fee is annual and I must renew it each year; Furthermore, this fee is non-refundable. I understand that there is a monthly activity fee, ranging from \$0 to \$50, based on my family income, payable October through June, and due by the 5th of the month. For members without a bus spot, and who attend less than 4 times per month, there is a daily fee of \$5.00 per child. The monthly activity fees apply only to elementary school members. **THE MONTHLY ACTIVITY FEE DOES NOT APPLY TO TENINO THIS YEAR.**
2. _____ I understand that when information concerning my child changes it is my responsibility to inform Club personnel. Such changes could include household contact information, emergency contact information, medical conditions, custody agreements, etc.
3. _____ I recognize the Club's hours of operation. I understand there is a \$1.00 late fee for every minute my child remains after Club closing. This fee is per family and is to be paid prior to my child(ren) returning to the Club. If a child is left for more than an hour beyond closing, and the Club staff have exhausted all efforts to contact a parent or guardian, more serious action may be taken up to and including contacting authorities.
4. _____ I understand that the Club is closed on the following holidays as recognized on the calendar: New Year's Day, MLK Day, Presidents' Day, Memorial Day, the Fourth of July, Labor Day, Thanksgiving, the day after Thanksgiving, and Christmas. Clubs will also be closed for regularly scheduled In-Service and Staff Training days, which will be posted in advance. Look for signage.
5. _____ Clubs may be open for varying hours during parent/teacher conference, spring break and winter break. I understand that I must inquire at the Club prior to these dates to confirm hours of operation. You may request a copy of your Club's annual operating calendar.
6. _____ I understand that BGCTC operates its clubhouses with an open door policy. If I do not want my child to leave the club, I recognize that it is my responsibility to instruct my child. It is also my responsibility to make the Club Director and/or Program Director aware of any special custody arrangements regarding my child, which may affect their participation at the Club and I will provide them with any legal documents pertaining to these situations.
7. _____ I understand that it is my responsibility to make travel arrangements for my child to and from the Club.
8. _____ The Club offers optional field trips in addition to the regularly scheduled in house activities. I understand that I must sign a permission slip in advance and that some of these events may require an additional fee for my child to participate.
9. _____ I understand that I will be notified should my child become ill during the day, and that it will be necessary to make arrangements to have my child picked up as soon as possible following such notification. *If my child is exposed to a contagious disease, I agree to notify the Branch Director or Program Director. I understand my child may not attend the club until he or she is no longer contagious and agree to provide written authorization from the doctor if asked.* A designated employee may administer properly labeled medication, with written authorization from the doctor. Prescriptions must be in a pharmacy container with child's name and instructions listed on the label.
10. _____ I understand that if my child does not attend school due to an illness or suspension, my child may not attend Boys & Girls Club that day.
11. _____ I understand that BGCTC does not take any responsibility for lost, missing or damaged items. Children's personal belongings including bicycles, toys, personal electronics (mp3 players, iPods, cell phones), video games, etc., must be left at home.
12. _____ I understand that BGCTC reserves the right to suspend my child from the Club and/or Club activities if my child exhibits extremely poor behavior or becomes a threat to other Club members, staff, or volunteers. It is my responsibility to meet with the Club Director or Program Director to discuss any matters of concern on either their part or mine.

_____ Date

_____ Parent/Guardian Signature

_____ Printed Name

For Office Use Only

Date entered into KidTrax: _____

Member ID: _____

Staff Initials: _____



Membership Information Form

School Conferencing Consent Form

Student's Name: _____

School Attending: _____

Teacher's Name(s): _____

Principal: _____

Boys & Girls Clubs of Thurston County encourages communication between staff and classroom teachers so that learning goals are clear and consistent. Allowing us to communicate with your child's teacher/school will help us gain greater insight on how to best meet the academic needs of your child.

By signing this form, you are granting permission for Boys & Girls Clubs of Thurston County Branch Directors and/or Program Directors to contact your child's teacher(s) and support personnel regarding your child's academic progress.

Your participation in this communication is welcomed. If your child is enrolled in our tutoring program, the tutoring coordinator may contact you regarding your child's progress or discussions with the school.

Parent/Guardian – Printed Name

Date

Parent/Guardian – Signature

Date