

Boys & Girls Clubs of Thurston County



BOYS & GIRLS CLUBS
OF THURSTON COUNTY

Membership Form

CIRCLE MEMBERSHIP TYPE: Membership Renewal New Membership

Please fill this section in thoroughly:

Member (Child) Information:

First Name _____ **Middle** _____ **Last Name** _____

Ethnicity:

- Black/African American
- Asian
- Pacific Islander
- White
- Hispanic or Latino
- Native American
- Middle Eastern
- Two or more Races
- Other

Gender:

- Male
- Female
- _____

Birthdate:

____ / ____ / ____

Current Grade:

Currently Unhoused: Yes

School:

Free or Reduced Lunch? Yes No

Parent/Guardian #1 Information (please print)

First and Last Name:

Address:

(City)

(Zip)

Primary Contact Information:

Home: _____

Cell: _____

Work: _____

Email: _____

Parent/Guardian #2 Information (List all parents/guardians with custodial privileges; use additional pages, if needed)

First and Last Name:

Address:

(City)

(Zip)

Parent/Guardian #2 Contact

Information:

Home: _____

Cell: _____

Work: _____

Email: _____

Is either parent in the Military, circle one: Yes No

Branch: _____ Active Duty, circle one: Yes No

HOUSEHOLD SIZE & INCOME							
Please find your family size, then circle the annual income amount that most closely represents your household income.							
1	2	3	4	5	6	7	8
23700	27050	30450	33800	36550	39250	41950	44650
47340	54120	60900	67620	73020	78420	83880	89280
63100	72150	81150	90150	97400	104600	111800	119000

Household Emergency Contacts (DO NOT LIST PARENTS IN THIS SECTION)

Contact #1 Name: _____	Phone: _____	Relationship: _____
Contact #2 Name: _____	Phone: _____	Relationship: _____
Contact #3 Name: _____	Phone: _____	Relationship: _____
Contact #4 Name: _____	Phone: _____	Relationship: _____

Club Member Medical/Insurance Details:

Name of Physician:

Physician Phone Number:

Insurance Company:

Policy Number:

Medication(s):

Medical Conditions/Allergies:

Disabilities or Special Needs: (Information needed to best serve your child)

Authorizations and Disclaimers:

For both internal and external use, I acknowledge that Boys & Girls Clubs of Thurston County may utilize photographs or videos of my child taken during involvement in the Club’s activities. I consent to such uses and hereby waive any rights of compensation.

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.

Security cameras monitor high traffic areas at Tumwater, Lacey, Rochester, RMAC, Yelm. Footage is reviewed on a regular basis to help management assess safety and programmatic needs. Cameras will be added to our other branches as grant funding allows. Periodically evaluate the placement of cameras to ensure they capture high-risk areas.

Acknowledgement and Consent:

I understand the conditions under which Boys & Girls Clubs of Thurston County (aka “the Club”) operates and that it is not a licensed day care facility but rather a license-exempt program [Wash. Rev. Code § 43.215.010(2)]. I understand the Club’s “open door” policy. The entity does not assume responsibility in lieu of legal guardians, unless for coordinated transportation, which allows children to 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.

Parent/Guardian Signature **Date**

I Do Consent to Photo/Video Release	Signature: _____
I DO NOT Consent to Photo/Video Release	Signature: _____

Club Policy Agreement

*In order to complete the membership form, **each numbered item below must be read and initialed.** Your initials indicate that you understand the policies set forth by Boys & Girls Clubs of Thurston County (BGCTC) and will adhere to each. Your signature below indicates your full understanding and agreement to the membership details outlined in the membership packet. Please share concerns and questions with your Branch or Program Director.*

1. ____ I understand a Membership fee is assessed and must be renewed annually. This fee is non-refundable. I understand that while BGCTC offers full-day programming summer, there is a weekly fee. When the Club operates before and after-school programming, activity fees during the academic school year are assessed monthly and are payable through June by the 10th of each month. Monthly activity fees apply to K-8 grade members. There is no monthly fee for high schoolers; however, the annual membership fee applies. Club members who are not transported to the Club via bus/van and attend less than 4 times per month can pay a daily fee of \$10.00 per child. The Morning Program is offered at certain branches and the fee is assessed monthly.
2. ____ It is my responsibility to inform Club personnel about changes concerning my child. Changes might include household contact information, emergency contact information, or medical conditions. It is my responsibility to inform the Branch or Program Director of any custody arrangements regarding my child that could affect Club participation. I will provide Club professionals with any legal documents pertaining to these situations.
3. ____ I understand the Club's hours of operation and policy of a \$1.00 late fee is assessed for every minute my child remains after closing. This fee is per family and must be paid prior to my child(ren) returning to the Club. If a child is left waiting more than an hour beyond closing and Club staff have exhausted efforts to contact a parent or guardian, local law enforcement will be notified.
4. ____ I understand the Club is closed on the following holidays: New Year's Day, MLK Day, Presidents Day, Memorial Day, Juneteenth, and the Fourth of July, Labor Day, Thanksgiving, the day after Thanksgiving, and the week of Christmas. **Clubs are closed the 1st Friday of every month for staff training**, except for those months indicated on the Club calendar. Club signage and updates via the respective branch Facebook page will contain up-to-date information.
5. ____ Clubs may be open for varying hours during parent/teacher conferences, spring break, and winter break. It is my responsibility to inquire with Club professionals prior to confirm dates to operating hours. A copy of the Branch's annual operating calendar is available upon request.
6. ____ BGCTC is a license-exempt school-aged program and does not assume responsibility in lieu of the parent, except for the coordination of transportation. Should your child need you present, we will contact you. We are a drop-in program; there are no minimum attendance requirements and if your child is absent, we will not contact you.
7. ____ The Club offers optional field trips in addition to regularly scheduled Club activities. I understand that permission slips must be signed in advance and some events require additional fees to participate.
8. ____ I understand that I will be notified should my child become ill and it will be necessary 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 I 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 the child's name and dosage instructions listed on the label.
9. ____ I understand that if my child does not attend school or is sent home due to an illness or suspension, my child may not attend Boys & Girls Club that day.
10. ____ I understand that BGCTC is not responsible for lost, missing, stolen, or damaged items and that Club staff strongly suggest personal belongings such as bicycles, toys, and cell phones be left at home. Social media accounts are not to be accessed while at the Club. BGCTC's Wi-Fi network password is not shared with Club members, all Club devices utilize our Wi-Fi.
11. ____ I understand that BGCTC reserves the right to suspend my child from the Club and/or Club activities if they exhibit behavior needing parental intervention or become a threat to Club members, staff, or volunteers. It is my responsibility to meet with the Branch Director to discuss any matters of concern.

Date

Parent/Guardian Signature

Printed Name

For Office Use Only

Database Entry Date: _____ Staff Initials: _____



School Communication and Conference Consent Form

Student's Name: _____

School Attending: _____

Teacher's Name: _____

Principal's Name: _____

Boys & Girls Clubs of Thurston County encourages communication between Club staff and members' classroom teachers to ensure learning goals for Club members are clear and consistent. Allowing Club staff to communicate with my child's teacher/school will help staff gain greater insight on how my child can best meet their academic needs.

By signing this form, I grant permission for Boys & Girls Clubs of Thurston County Directors to contact my child's teacher(s) and/or school district to receive grade reports and communicate with my child's teacher. This information allows Club staff to best support my child's academic needs.

My participation in this communication is always welcomed and encouraged. If my child is enrolled in Club tutoring programs, the Club Tutoring Coordinator may contact me regarding my child's progress or discussions with the school.

Parent/Guardian – Printed Name

Date

Parent Signature

Date