



**BOYS & GIRLS CLUBS**  
OF THE FOX VALLEY

160 S Badger Ave  
Appleton, WI 54914  
(920) 731-0555

<b>Office Use Only:</b>	
Unit:	_____
ID Number:	_____
Date:	_____
Comments:	_____
	_____

## Annual Membership Application

**\$15 per member or \$35 per family**

First Name:	Middle Name:	Last Name:	Nick Name:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino  <b>Race:</b> <input type="checkbox"/> Black / African American or African <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White / Caucasian <input type="checkbox"/> More than one race <input type="checkbox"/> Unknown	<b>Birth Date (mm/dd/yy):</b> <input style="width: 95%;" type="text"/>	<b>Member Status (Check One)</b> <input type="checkbox"/> New Member <input type="checkbox"/> Renewing Member <input type="checkbox"/> Former Member <input type="checkbox"/> Non-Member
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Address:	City:	<b>Marital Status of Parent/Guardian at this address:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner
State:	Zip:	Home Phone Number:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Email Address: <input style="width: 95%;" type="text"/>		
School:	Grade:	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

### ADULT CONTACTS

Check box if contact lives with child:	First & Last Names	Phone #1	Phone #2	Employer	Relationship to Child
<input type="checkbox"/>	Parent/Guardian:	_____	_____	_____	_____
<input type="checkbox"/>	Parent/Guardian:	_____	_____	_____	_____
<input type="checkbox"/>	Emergency Contact:	_____	_____	_____	_____
<input type="checkbox"/>	Other:	_____	_____	_____	_____
<input type="checkbox"/>	Other:	_____	_____	_____	_____

If your child is 13 or younger, do you want to require that they only be allowed to leave the Club with an individual you have authorized? Please see "Authorized Pickup" information on page 3 before answering.)

**YES    NO**

Household Size:  # under 18:  # over 65:

Child Lives With:  Mom  Step-Mom  Dad  Step-Dad  Grandparent(s)  Foster parent(s)  Other

Head of Household:  Male  Female  Both

Special Housing Circumstances:  Homeless  Emergency Shelter  Harbor House  Other \_\_\_\_\_

Household Annual Income Level: \$

If you feel your family requires financial assistance, please check here

Parent/Guardian in the Military?  Yes  No

If Yes, which Branch? \_\_\_\_\_

If Yes, which parent? \_\_\_\_\_

Medical Concerns including Allergies (Please Print)

List All Medications

Your Child is Taking:

Physician:  Physician's Phone:

Preferred Hospital or Clinic:  Hospital/Clinic Phone:

Do You Have Insurance?  Yes  No Insurance Company:  Policy Number:

Has your child been a Member of the Boys & Girls Clubs in another community previously?  Yes  No Number of Years:  Which Club:

Is your child a regular participant in other area youth programming? (Circle all that apply):

4-H	Best Friends	Big Brothers/Big Sisters	Boy Scouts	Boys & Girls Brigade
Church Youth Group	Girls Scouts	Junior Achievement	PALS	YMCA
YouthGo	Youth Sports @ School	Youth Sports Other (e.g. Little League, Pop Warner Football, etc..)		
Other: _____				

**Accidents** – I understand that I will be liable for any costs for any injury my child may incur during participation in Club activities and I understand and assume the risks associated with my child's participation in the Club which may include team sports and fitness activities.

**Medical Emergency** -- In the event of an emergency, I understand every attempt will be made to contact me. If I cannot be reached, I hereby give my permission to the physician selected by the Boys & Girls Club staff to secure proper treatment for my child.

**Open Door Policy** – I understand that the Boys & Girls Clubs of the Fox Valley has an open door policy. This policy means that the child is welcome at any time during open hours and that it is my responsibility to ensure my child knows my expectations about how, when and with whom they are allowed by me to leave the site.

**Media/Photo/Art work Permission** – I give my permission to have my child appear in any media coverage, communications materials, and/or for their art work to be used for educational or promotional purposes for the Boys & Girls Clubs of the Fox Valley.

**Travel Policy** – I authorize Boys & Girls Club to transport my child on field trips within an approximate 15-mile radius of the Club during normal Club operating hours. No additional permission slip is required.

**Pick-up Policy** – I understand that if my child is not picked up on time when the Club is closed, I will be charged a fee. I also understand that if my child is not picked up within 15 minutes of closing time, the Club may contact the police.

**Measurement Surveys** - I also agree that my child may complete periodic outcome surveys that help measure the changes that occur in children as a result of being involved with the Boys & Girls Club.

**Truthfulness** – I attest that the information contained in this membership application is true and complete and that I am a custodial parent or guardian of the child named herein.

Parent or Guardian Name (Print) \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_





**BOYS & GIRLS CLUBS**  
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**Club Member Policies**

1. All new Club members along with a parent or guardian are expected to attend a new member orientation within one month of membership.
2. Members must show their Club card upon entering the Club each day. In the event that a member forgets his/her card, an OK pass for admittance will be provided at a cost of .25. Lost or broken cards may be replaced at a cost of \$1.00. Guests may visit the Club up to three times at no cost.
3. Club members when absent from school due to illness of any kind may not attend Club activities on those days.
4. All prescription and non-prescription medication must be dispensed by Club staff. Medication must be accompanied by a signed, current Medicine Dispensing Agreement (available at Membership Desk).
5. The Club has a dress code policy for its members which is available at the Membership Desk.
6. The Boys & Girls Club Fox Valley is not responsible for lost or stolen items, or money lost in vending machines. The Club asks that members not bring valuable items or excessive cash to the Club.
7. Pagers, Cell Phones, and Personal CD / Tape Players are not allowed at the Club. Members carrying these items will be asked to place these items at the Membership Desk until their departure. Members who refuse to do so will be asked to leave the facility.
8. Club members, parents, and Club staff share the responsibility to create and maintain a safe and positive environment at the Boys & Girls Club. Club staff will address inappropriate behavior with members directly, using generally accepted behavior management techniques, and will communicate significant behavior issues and concerns with parents or guardians. Parents are expected to encourage positive behaviors for their child(ren). Members will be subject to the loss of privileges up to and including the suspension of their membership for flagrant violation of Club rules or continued poor behavior.