



BOYS & GIRLS CLUBS OF THE FOX VALLEY

Boys & Girls Clubs of the Fox Valley MEMBERSHIP APPLICATION

Applications take 1-2 business days to process and must be complete.

- BGC of Appleton
- The CLUB Teen Center of Appleton
- BGC of Menasha
- The CLUB Teen Center of Menasha
- BGC of Badger Elementary
- BGC of Columbus Elementary
- BGC of Foster Elementary
- BGC of Highlands Elementary
- BGC of Little Chute Elementary

Office Use Only:

Membership ID# _____ Start Date: _____
Date Rec'd: _____ Rec'd by: _____

CLUB MEMBER INFORMATION

First Name: _____ M.I. _____ Last Name: _____

Primary Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) - _____ Email: _____

School: _____ Grade: _____

Birthdate: ____ / ____ / ____

Ethnicity

- Hispanic/Latino
- Not Hispanic/Latino

Gender

- Male
- Female
- Self Identify: _____
- Prefer not to disclose

Race

- American Indian / Alaska Native
- Asian
- Hmong
- Black/African American
- Latino
- Multi-Racial
- Native Hawaiian/Pacific Islander
- White Caucasian
- Other
- Prefer not to disclose

FEES & FINANCIAL ASSISTANCE

- \$15.00 - Single Club member
- \$35.00 - Family Membership
- \$5.00 - Teen Membership

Household Size: _____ Household Annual Income: _____

Does your child qualify for Free or Reduced Lunch at school?

Please circle one: FREE REDUCED NEITHER

The Boys & Girls Clubs of the Fox Valley follows a policy that ensures financial limitations never prevent a child from fully participating in our programs and services. If you would like to request financial assistance, please check this box and someone will contact you to discuss how we can reduce or waive participation fees to fit your needs.

Yes, I would like more information regarding financial assistance

Please continue to next page

FAMILY INFORMATION

Primary Caregiver or Guardian

Name: _____
#1 Contact Phone: (____) _____ (Cell/Work/Home)
#2 Contact Phone: (____) _____ (Cell/Work/Home)
Relationship to Member: _____
Check all that apply: Emergency Contact Auth Pick Up

Additional Caregiver or Guardian

Name: _____
#1 Contact Phone: (____) _____ (Cell/Work/Home)
#2 Contact Phone: (____) _____ (Cell/Work/Home)
Relationship to Member: _____
Check all that apply: Emergency Contact Auth Pick Up

Household Information

Household Size: _____
Number in Household Under 18: _____
Number in Household Over 65: _____

Is any household member connected to Military?
 Yes: Which Branch? _____
 No

Member Lives With (check all that apply):

- Mom
- Step-Mom
- Dad
- Step-Dad
- Grandparent (s)
- Foster Parent (s)
- Other: _____

Single Parent Household?

- Yes
- No

Special Housing Circumstances:

- Are you or your family currently homeless?
- Yes
 - No
- Are you or your family at risk for losing your housing?
- Yes
 - No

If you answered yes to either of the above questions, please know that someone from our Runaway & Homeless Youth Services program may reach out to you.

Runaway Hotline: 920-731-0557

PEOPLE AUTHORIZED TO PICK MY CHILD UP

Check here if your child is in 6th grade or below and you authorize them to sign themselves out of Club

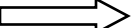
Name: _____
Contact Phone: _____
Relationship: _____
Address: _____
City, State, Zip: _____
Check all that apply:
 Emergency Contact Auth Pick Up

Name: _____
Contact Phone: _____
Relationship: _____
Address: _____
City, State, Zip: _____
Check all that apply:
 Emergency Contact Auth Pick Up

Name: _____
Contact Phone: _____
Relationship: _____
Address: _____
City, State, Zip: _____
Check all that apply:
 Emergency Contact Auth Pick Up

Name: _____
Contact Phone: _____
Relationship: _____
Address: _____
City, State, Zip: _____
Check all that apply:
 Emergency Contact Auth Pick Up

Club members in 7th grade or older are authorized to sign themselves in/out of Club at discretion of Club staff.

Please continue to next page 

MEDICAL & MENTAL HEALTH INFORMATION

Physician: _____
Phone Number: (____) _____
Preferred Hospital or Clinic: _____
Does your child have Medical Insurance:
 Yes
Insurance Company: _____
Policy Number: _____
 No

Allergies: _____

Medications: _____

Medical Diagnoses or Concerns:

Mental Health Provider: _____
Phone Number: (____) _____

Mental/Behavioral Health Diagnoses or concerns:

Medications, Treatments, Supports: _____

Please explain any special needs, care plans, or disabilities so we may serve your child best.

Please Initial on the lines below:

_____ 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 that 911 will be called first. Every attempt will be made to contact me; however, if I cannot be reached, I give my permission to the responding physician to ensure necessary medical 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 my child is welcome at any time during open hours and that it is my responsibility to ensure they know the expectations about how, when and with whom they are allowed to leave the site.

_____ Media/Photo/Art Work Permission – I grant permission to the Boys & Girls Clubs of the Fox Valley to take and use visual images and auditory recordings of my child for strictly educational and/or promotional purposes. I agree that the BGCFV owns the images and recordings and all rights related to them which may be used in any manner or media (e.g. websites, social networking sites, posters, brochures, videos etc...) without notifying me.

_____ Travel Policy – I authorize the Boys & Girls Clubs of the Fox Valley to transport my child on field trips within walking distance 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, a fee will be charged. I also understand that if my child is not picked up within 45 minutes of closing time, the Club may contact the police and a Child Protective Services report may be filed for repeated violation.

_____ Data Collection & Sharing - I give my permission for the Boys & Girls Clubs of the Fox Valley to use this membership information provided, as well as information obtained via surveys and questionnaires, to compile aggregated results that may be shared with Club staff, Boys & Girls Clubs of America, funders, school districts and other community stakeholders to communicate program effectiveness and Club impact in instances where such exchange of information is necessary.

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

_____ Communication - I understand that the Club may contact me via Swift Reach to communicate emergency situations related to building closures, severe weather and power outages.

Primary Caregiver Signature

Print

Date

13+ Club Member Signature

Print

Date