



BOYS & GIRLS CLUBS
OF THE FOX VALLEY

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

Office Use Only:	
Unit:	_____
ID Number:	_____
Date:	_____ Paid: <input type="checkbox"/> Initials: _____
Comments:	_____ _____

Annual Membership Application

\$15 per Member or \$35 per Family

First Name: <input style="width: 95%;" type="text"/>	Middle Name: <input style="width: 95%;" type="text"/>	Last Name: <input style="width: 95%;" type="text"/>	Nick Name: <input style="width: 95%;" type="text"/>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino Race: <input type="checkbox"/> Black / African American or African <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hmong <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White / Caucasian <input type="checkbox"/> More than one race <input type="checkbox"/> Unknown	Birth Date (mm/dd/yy): <input style="width: 100%; height: 30px;" type="text"/>	Member Status (Check One) <input type="checkbox"/> New Member <input type="checkbox"/> Renewing Member <input type="checkbox"/> Former Member <input type="checkbox"/> Non-Member
Address: <input style="width: 95%;" type="text"/>		City: <input style="width: 95%;" type="text"/>	
State: <input style="width: 30px; height: 20px;" type="text"/>	Zip: <input style="width: 30px; height: 20px;" type="text"/>	Main Phone Number: <input style="width: 95%;" type="text"/>	
Email Address: <input style="width: 95%;" type="text"/>			
School: <input style="width: 95%;" type="text"/>		Grade: <input style="width: 30px; height: 20px;" type="text"/>	
Marital Status of Parent/Guardian at this address:			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner			
Please check one (Based on Federal Income Guidelines):			
Free Lunch <input type="checkbox"/>		Reduced Lunch <input type="checkbox"/>	
		Ineligible <input type="checkbox"/>	

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
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Household Size: # under 18: # over 65: Household Annual Income Level: \$

Child Lives With: Head of Household: Special Housing Circumstances:

- Mom Male Homeless
 Step-Mom Female Homeless Connections
 Dad Both Harbor House
 Step-Dad Other _____
 Grandparent(s)
 Foster parent(s)
 Other: _____
- Yes
 No
- Yes
 No
- If homeless, and in need of additional resources or support, please check this box.

Are you or your family currently homeless (living in a local shelter, doubled-up and/or living with extended family members or friends, staying at a hotel)? Yes ___ No ___

Are you or your family at risk of losing your housing due to loss of income, being evicted, loss of housing support or losing a job? Yes ___ No ___

If you answered yes to either of the above questions, the Boys & Girls Clubs of the Fox valley has programs and supportive services available to support you in locating housing and providing additional resources for parent and children who are experiencing homelessness.

Single Parent Household? Yes No

Family Member in the Military? Yes No If Yes: Which Branch? Which Family Member? _____

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

(Please Print) List All Medications Your Child is Taking:

(Please Print) Medical Concerns including Allergies:

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? 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..)		

Please Read Carefully

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 45 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 _____



Authorized Pick-Up Policy

If you want to require that your age 13 or younger child only be allowed to leave the Club under the escort of an individual you have duly authorized, please circle "Yes" to this question at the bottom of page 1 of this application. If you choose to use "Authorized Pick-Up", please be aware of the following:

1. Authorized individuals will always need to come to the check in/out station to pick-up your child.
2. Authorized individuals may need to show a picture ID to verify identity. Please note that once an authorized individual becomes well known to Club staff, this step may no longer be necessary.
3. Checking-out of the Club will be a more lengthy process. Your patience is appreciated.
4. It is your responsibility to inform Club staff if you wish to add someone to your list of authorized individuals.
5. It will remain your responsibility to communicate with your child about how, when, and with whom they are allowed to leave the Club.
6. Your child will not have permission to leave the Club at any time without an authorized escort. Written notes from you or others will not be allowed to create exceptions to this.
7. All individuals listed on Page 1 of this application as an "Adult Contact" will be automatically considered authorized to pick up your child unless you specifically notify us on this membership application in writing that they are not authorized to pick up your child.

Please tell us about your child:

(Please include information on interests and hobbies as well as any special needs, disabilities, or language barriers that may help Club staff best interact with your child.)

Is your child a regular participant in other area youth programming?



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Club Member Policies

Some policies may vary by Site, please contact your Site Director if you have specific questions.

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. 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 for the 6-12 year olds.
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.