



BOYS & GIRLS CLUBS
OF CENTRAL MINNESOTA

2018/2019 Boys & Girls Clubs Membership Application/Emergency Form

Parents are responsible for notifying the Boys & Girls Club of any changes.

Member Information

Name _____ Date of Birth ____/____/____ Gender ____ Grade ____
(Please Print or Type) Last First

Ethnicity (Check One): ___ Hispanic or Latino ___ Not Hispanic or Latino

Race: ___ White ___ Black or African American ___ Asian ___ American Indian or Alaskan Native
___ Native Hawaiian or Other Pacific Islander ___ Other (please specify) _____

Living with: (Please check only one) ___ Mother ___ Father ___ Both ___ Joint Custody ___ Foster Family ___ Grandparent ___ Other

Current School _____ County of Residence _____

KIDSTOP Site: _____

Unit Location: Eastside Roosevelt Southside (CIRCLE ONE)

Emergency Contacts (other than parents)

Name _____ Home/Work Phone _____

Name _____ Home/Work Phone _____

Parent Information

Mother _____ Home Phone _____ Cell Phone _____

Address _____ City _____ State _____ ZIP _____

Employer/School _____ Work/Message Phone _____

Email Address _____ Are you enlisted in the Military? _____

Father _____ Home Phone _____ Cell Phone _____

Address _____ City _____ State _____ ZIP _____

Employer/School _____ Work/Message Phone _____

Email Address _____ Are you enlisted in the Military? _____

Medical Information

Doctor _____ Office Phone _____

Dentist _____ Office Phone _____

Insurance Company _____

Policy # _____

Describe any unusual health conditions and or allergies of child _____

This box for office use only

New ____ Renew ____

Membership # _____

Membership Card
 Yes No

Photo Consent
 Yes No

Web Consent
 Yes No

Annual Membership Fee **\$10.00**

Cash/Check Amt. _____

Check # _____

Notes _____

Staff Initials _____

Date _____



Permission and Release Form

Parent Handbook and Fee Payment Policy

I agree to abide by the terms and conditions of the Boys & Girls Club Parent Handbook (a copy of which I have received) governing the enrollment of the child named on this Membership Application/Emergency form. I understand that payment of KIDSTOP® program fees is made on the first day of the week that child(ren) attend(s). I agree to abide by the terms and conditions of the Boys & Girls Clubs/KIDSTOP® fee policies.

Field Trip Transportation and Supervision

I agree to permit the child named above to participate in walking trips, field trips or other activities sponsored by The Boys & Girls Club. This permission is given with the understanding that transportation, if needed, will be provided by private vehicles driven by Boys & Girls Club staff members or volunteers, school buses and/or public transportation. I also understand that the children will be under Boys & Girls Club supervision throughout the duration of any field trip.

Safety

Knowing there is a certain amount of risk involved in even the simplest of children's games, sports and activities, I give my permission for my child to participate in Club activities and programs. I accept responsibility in the unlikely event that an accident might take place. I hereby certify that I carry health and/or accident insurance for my child and that I am solely responsible for the cost of health care for my child, even as a result of my child's participation in Club programs or activities.

Insurance Coverage

I further certify that my child is covered by medical insurance as listed on the above Membership/Emergency form. I understand that insurance coverage is required in order for my child to participate in Club programs and that I am solely responsible to provide such coverage. I understand that I am solely responsible for any consequences of my failure to provide adequate insurance coverage. I agree to abide by all of the rules of the Boys & Girls Clubs of Central Minnesota pertaining to the health and safety of the members and to inform the Club immediately of any changes in my child's health, health care insurance or medical provider. I also agree to inform the Boys & Girls Clubs of Central Minnesota immediately if my child contracts a serious communicable disease.

I agree that the Boys & Girls Clubs of Central Minnesota, its employees (both paid and volunteer), Board of Directors and affiliated agencies, shall not be liable for any claims, demands, actions or causes of action, whatsoever for any injury caused to me or to my child as a result of my child's involvement in Boys & Girls Club programs or activities.

I hereby expressly forever relieve and discharge said Boys & Girls Clubs of Central Minnesota from all acts of negligence on the part of the Boys & Girls Clubs of Central Minnesota, its employees (both paid and volunteer), the corporation, its servants, agents, officers, shareholders and affiliated agencies.

Exchange of Information

I give my consent to any exchange of information between my child's Boys & Girls Club/KIDSTOP® staff and school professional staff whenever it would be beneficial to my child.

Authorization for Medical Care

In case of serious accident or illness to my child or in the event that the injury/illness involves my child's mouth or teeth, I hereby authorize the staff of the Boys & Girls Clubs of Central Minnesota, my child's physician, dentist and those individuals named on the above Membership/Emergency form to give any necessary treatment to my child. You may call the doctor and/or ambulance if necessary at my exclusive expense. I agree that I am solely responsible for updating medical information to the Boys & Girls Clubs of Central Minnesota.

The following information is required for membership at the Boys & Girls Club.

This information will not be used individually but grouped for fundraising and grant writing. All information is held strictly confidential.

Number of people in your household _____

Check a range for Annual Household Income:

___ Below \$22,980 ___ \$22,981 - \$31,020 ___ \$31,021 - \$39,060 ___ \$39,061 - \$47,100 ___ \$47,101 - \$55,140
___ \$55,141 - \$63,180 ___ \$63,181 - \$71,220 ___ \$71,221 - \$76,260 ___ \$76,261 - \$87,300 ___ Above \$87,301

Does your child receive free or reduced lunch? ___ Free Lunch ___ Either Free or Reduced Lunch ___ Neither Free or Reduced Lunch

MEDIA CONSENT

[] Yes I give my permission for the Boys & Girls Clubs /KIDSTOP® organization to use photographs of my child for promotional purposes (including print, web and social media) and to waive any claims I may have against the Boys & Girls Club for all thereof.

[] No I do not give permission for the Boys & Girls Clubs/KIDSTOP® organization to use photographs of my child.

I understand the implication of this Permission and Statement of Release. I certify that I am legally capable of executing this agreement, and that I have done so of my own free will on the date indicated below, on behalf of myself, my spouse, if not signed separately, and our child(ren) named above.

Signature of Parent/Legal Guardian _____ Date _____

Signature of Second Parent/Legal Guardian _____ Date _____
(optional)