**Membership Information Form**

***For Office Use Only***

*Entered by: \_\_\_\_\_\_\_\_*

*Entered on: \_\_\_\_\_\_\_\_*

*Amt Paid: \_\_\_\_\_\_\_\_*

*New: \_\_\_\_*

*Renew: \_\_\_\_*

*CYFD: \_\_\_\_*

*Housing: \_\_\_\_*

*Hardship: \_\_\_\_*

*Prog.Yr: \_\_\_\_\_\_\_\_\_\_\_*

*Member ID:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*



**Check Club Site:**

\_\_\_ Amy Biehl

\_\_\_ Zona \_\_\_ Las Vegas \_\_\_ Valle Vista \_\_\_ Other\_\_\_\_\_\_\_\_\_

\_\_\_ Camino de Jacobo

\_\_\_ After School \_\_\_ Summer \_\_\_ Teen

*All Program/Membership Fees*

*Are Non-Refundable*

**Contact Information (Please Print)**

**Member’s First Name: Middle Name: Last Name:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member School ID # Home Phone No: Cell Phone No:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Address: Member Lives with:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City: State: Postal Code: Email Address:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Demographic**

**Gender:** \_\_\_ Female \_\_\_ Male **Birth Date:** \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_ **Age:** \_\_\_\_\_

**School**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade:** \_\_\_\_\_\_ **Communities In School Member:** \_\_\_Yes \_\_\_ No

**Ethnicity:** \_\_\_ African American \_\_\_ Caucasian \_\_\_ Hispanic/Latino

\_\_\_ Native American \_\_\_ Asian American \_\_\_ Multi-Racial \_\_\_ Other

**Family Totals:** \_\_\_ Sisters \_\_\_ Brothers \_\_\_ Household

**Member Before?** \_\_\_ Yes \_\_\_ No If yes, name of club(s) attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian**

**Father’s First Name: Father’s Last Name: Father’s Work Phone/Ext:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father’s Employer: Father’s Occupation: Father’s Date of Birth:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_

**Mother’s First Name: Mother’s Last Name: Mother’s Work Phone/Ext:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother’s Employer: Mother’s Occupation: Mother’s Date of Birth:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_

**Guardian’s First Name: Guardian’s Last Name: Guardian’s Work Phone/Ext.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Guardian’s Employer: Guardian’s Occupation: Guardian’s Date of Birth:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_

**THE FOLLOWING MEDICAL/EMERGENCY INFORMATION IS REQUIRED:**

**Medical Problems/Allergies: Medications:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician: Physician Phone:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Company: Insurance Policy & Number:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BGC staff has my permission to transport my child in the case of an emergency. \_\_\_\_\_ (please initial)**

**CONFIDENTIAL: The following information is necessary for our records and the funding our Club receives. The answers you provide are completely confidential. Your cooperation in providing this information is appreciated.**

**Annual Income: (Circle One)**

$ 9,999 and under $10,000 - $19,999 $20,000 - $29,999 $30,000 - $39,999

$40,000 - $49,999 $50,000 - $59,999 $60,000 and over

**Check all that apply:** \_\_\_\_ SSDI \_\_\_\_ SSI \_\_\_\_ TANF \_\_\_\_ Day Care Voucher \_\_\_\_ Food Stamps

\_\_\_\_ General Assistance \_\_\_\_ School Lunch \_\_\_\_ Vet. Compensation

**Child’s Labor Force Status:**  \_\_\_\_ Employed \_\_\_\_ Not employed

**Child’s Household Type:**  \_\_\_\_ Both parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Guardian \_\_\_\_ Other

\_\_\_\_ Grandparent(s) \_\_\_\_ Foster Parent(s)

**Child’s Family Setting:**  \_\_\_\_ County Housing \_\_\_\_ Section 8 \_\_\_\_ Civic Housing \_\_\_\_ N/A

**MEMBERSHIP:** I have read the completed application and the Boys & Girls Clubs of Santa Fe/Del Norte (BGCSF/DN) Member Handbook and understand the rules of the Club and request that my child/ren be admitted into membership. I have explained the rules to my child/ren and we agree that all rules of the Club will be followed.

**SUPERVISION POLICY: I understand that once my child/ren is signed out of the program/premises, they are no longer under the supervision of the BGCSF/DN staff.**

**MEDIA CONSENT:** I hereby give permission to BGCSF/DN to utilize photos or videos of my child in Club publicity. I consent to such uses and hereby waive all rights of compensation.

**PROGRAM PARTICIPATION & OUTCOMES MEASUREMENT:** I give permission for my child to participate in Boys & Girls Club programs such as SMART Moves, One-on-One and Group Mentoring, AIM, and Project Learn, and to be surveyed and interviewed to find out what his/her behaviors, skills and attitudes are in regard to issues such as health risks and habits, positive self-esteem, respect for diversity, education and educational resources, positive relationships, career choices, and connection to community, as well as his/her experiences at the Club.

**TECHNOLOGY:** I understand that all BGCSF/DN members are expected to follow all rules and regulations for using the Internet and technology center, including mobile devices like e-readers and tablets, for any activity that involves technology. Rules and guidelines are posted at each site and in the Club computer lab. Failure to abide by the rules and guidelines may result in temporary or permanent loss of access to any technology at the Club.

**RELEASE OF SCHOOL INFORMATION:** I grant permission for my child’s school to release information regarding my child’s personal school records including but not limited to free and reduced lunch application, report cards and standardized test scores, absences, disciplinary actions & current health records. I further give permission for my child’s school to disclose student records including contact information, class schedule, attendance and grades in connection with his/her participation in Club programs.

**ASSURANCE OF CONFIDENTIALITY:** The information collected about your child will be kept private and locked in a secure area.

**FEES: All Program/Membership Fees are Non-Refundable.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or Guardian Signature Club Member’s Signature Date**



**AGE 18+ EMERGENCY/CHILD PICK-UP AUTHORIZATION FORM**

**Child’s Name:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\* 4 Contacts/Pick-up persons required for valid application per guidelines

**#1 Main Emergency/Pick-Up Person:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**#2 Main Emergency/Pick-Up Person:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional person who may pick up child:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional person who may pick up child:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING IF APPLICABLE. YOU WILL BE REQUIRED TO PROVIDE A COPY OF OFFICIAL COURT-ISSUED PAPERWORK.**

**Person/s NOT AUTHORIZED to pick up child:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_