A picture containing company name

Description automatically generated

**2023-24 Membership Application**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** |  | | | | | | | |  | | | | **Member Type** | | | | | | New Member  Renewing Member | | | | | |
| **CAREGIVER PRIMARY CONTACT** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Role in Household** | | | | Mother  Father  Stepparent | | | | | | Aunt/Uncle  Sister | | | | | | | Brother  Cousin | | Grandparent  Foster Parent | | | | | Guardian  Other Relative |
| **Name (First and Last)** | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Employer / Organization** | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Email Address** | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Mobile Phone** | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Address** | | | | | |  | | | | | | | | | | | | | | | | | | |
| **City, State, Zip** | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | |
| **MEMBER INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name (First, MI., Last)** | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Informal Name** | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Address** | | | | | | | |  | | | | | | | | | | | | | | | | |
| **City, State, Zip** | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Birthdate** | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Gender** | | Male  Female  Trans Female | | | | | | | | | Gender Non-Conforming  Trans Female | | | | | | | | | | Other  Trans Male | | | |
| **Racial / Ethnic Identity** | | American Indian or Alaska Native  Asian  Black or African American | | | | | | | | | | | | | Hispanic or Latino  Middle Eastern or  North African  Native Hawaiian or other Pacific Islander | | | | | | | White  Bi-racial  Multi-Racial  Other  Choose Not to Answer | | |
| **Foster Care** | | Yes  No | | | | | | | | | | | | | | | | | | | | | | |
| **School Lunch** | | Free  Reduced  Not Eligible | | | | | | | | | | | | | | | | | | | | | | |
| **School Information** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Grade (Fall 2023)** | | |  | | | | | | | | | | | | | | | | | | | | | |
| **School Name** | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Homeroom Teacher** | | |  | | | | | | | | | | | | | | | | | | | | | |
| **School ID Number** | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Allergies** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Food Allergies** | | | | | Peanuts  Tree Nuts  Dairy/Lactose | | | | | | | Soy  Gluten  Seafood/Shellfish | | | | | | | | Eggs  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Environmental Allergies** | | | | | Bee Stings  Pollen | | | | | | | Dust  Mold | | | | | | Grass  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Medicine Allergies** | | | | | Penicillin  Aspirin | | | | | | | Amoxicillin  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| **Other Allergies** | | | | | Latex  Perfumes/Colognes | | | | | | | | | Lotions  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **Medical Information** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Diagnosed Medical Conditions** | | | | | | | Asthma  Diabetes  Hearing Impairment  Visual impairment | | | | | | | | | ADD/ADHD  Autism  Seizures  Anxiety/Depression  Oppositional Defiance Disorder | | | | | | | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please list any other physical, mental or medical limitations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | |
| **Does the member use an inhaler?** | | | | | Yes  No | | |  | | | **Does the member use insulin?** | | | | | | Yes  No |
| **Does the member use an EpiPen?** | | | | | Yes  No | | |  | | | **Does the member self-administer medication?** | | | | | | Yes  No |
| **Does the member receive additional support in the school/community?** | | | | | | | Individualized Education Plan (IEP)  504 (accommodation)  Speech Coach  Meets with school or private counselor.  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **INSURANCE and MEDICAL CONTACTS** | | | | | | | | | | | | | | | | | |
| **Insurance Carrier** | | | |  | | | | | | | | | | | | | |
| **Group Number** | | | |  | | | | | **Member/Policy Number** | | | | | |  | | |
| **Primary Care Doctor** | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | **Dentist** | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **AUTHORIZED EMERGENCY CONTACTS** | | | | | | | | | | | | | | | | | | |
| **Authorized Contact 1** | | | | | | | | | | **Authorized Contact 2** | | | | | | | | |
| **Full Name** | |  | | | | | | | | **Full Name** | | | |  | | | | |
| **Mobile Phone** | |  | | | | | | | | **Mobile Phone** | | | |  | | | | |
| **Work Phone** | |  | | | | | | | | **Work Phone** | | | |  | | | | |
| **Relationship** | Caseworker  Child  Grandchild  Grandparent  Neighbor | | | | | Other  Other Relative  Parent  Stepdad  Stepmom | | | | **Relationship** | | | Caseworker  Child  Grandchild  Grandparent  Neighbor | | | Other  Other Relative  Parent  Stepdad  Stepmom | | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Military Status (of caregiver)** | | | | | | | | | | | **Current / Former Military** | Yes  No | | **Status** | Active Duty  Reserve/Guard  Veteran | | **Branch** | Air Force  Army  Coast Guard | | Marine Corps  National Guard  Navy | | **Dept. of Defense ID Number** | |  | | | **Currently Deployed**  (or deployed within the next 6 months) | | | Yes  No | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Household Support** | | | | | | | | | |  | |  | | | | | | | | Single Adult Household  Two + Adult Household  Self (emancipated / 18) | **Who are the adults living in the household?** *(Check all that apply)* | | | Mother  Father  Parents  Stepfather  Stepmother  Grandparent(s)  Foster Parent(s) | | Joint Custody  Legal Guardian(s)  Sibling(s)  Uncle  Aunt  Other Relative(s)  Other Adult(s) | | | | | **Assistance Programs** | ☐ Food Stamps/SNAP ☐ Medicaid  ☐ Medicare ☐ TANF (Temporary Assistance for Needy Families)  ☐ Veteran’s Compensation☐ Choose Not to Answer  ☐ None | | | | | | | | **Household Income Range** | ☐ $0 - 10,000 ☐$10,001 – 25,000 ☐ $25,001 – 50,000  ☐ $50,001 – 75,000 ☐ $75,001+ | | | | | | | |  |  | |  | |  | |  | | | | | | | | | | | | | | | | | | | | |
| **Housing Type** | | | Permanent (Own or Rent)  Public Housing  Group Home | | | | | | | | | Foster Family  Transitional Housing  Homeless | | | | | | |

|  |  |
| --- | --- |
| **WAIVERS & RELEASES** | |
|  | |
| **PERMISSIONS** | |
| Yes  No | I give my permission for Boys & Girls Clubs of Dayton to collect information via online or written surveys, questionnaires, interviews and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. |
| Yes  No | I give permission to the Boys & Girls Clubs of Dayton to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment. |
| Yes  No | As a member of the Boys & Girls Clubs of Dayton, my child may have access to the internet. While the Boys & Girls Clubs of Dayton has rules prohibiting such conduct and precautions are taken by the Club to prevent such access, it is possibly your child may access inappropriate sites. Boys & Girls Clubs of Dayton will not be responsible for such unauthorized access. I have spoken with my child about acceptable technology behavior on Club devices and personal devices while at the Club. |
| Yes  No | Parents and Club members may be responsible for their own transportation to and from the Club, unless otherwise specified. I understand that written permission is required for Boys & Girls Clubs of Dayton to transport my child. |
| Yes  No | I give my permission to the Boys & Girls Clubs of Dayton to share information about the minor child listed on this application with BGCGC for research purposes and/or to evaluate the program’s effectiveness. All information provided to BGCA will be kept confidential. This release may be revoked at any time by contacting the Boys & Girls Clubs of Dayton in writing. |
| Yes  No | I give my permission for my child’s picture, video image, or any other graphic depiction or likeness, to be used by Boys & Girls Clubs of Dayton, Boys & Girls Clubs of America and its affiliates or donors and acknowledge neither my child nor I will receive payment for same. |
| Yes  No | I understand that the Boys & Girls Clubs of Dayton is not responsible for lost or stolen items. Each Club has the right to make membership decisions based on the resources and capacity of their facility and staff. Boys & Girls Clubs of Dayton reserves the right to decline the application, rescind the enrollment of, or suspend any youth that cannot successfully associate with other club members. |

|  |  |  |
| --- | --- | --- |
| **APPLICATION APPROVAL** | | |
| I understand the Boys & Girls Clubs of Dayton does not have an open-door policy where members can come and go as they please. Should a member leave the Club, they will not be granted return access unless approved by the Club Director. We assume no responsibility for members who choose not to attend on a particular day or who choose to leave early. I, the parent/guardian of the minor child listed on this application, on behalf of the minor child listed herein and for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Dayton, Boys & Girls Clubs of America (BGCA), their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club. | | |
|  | | |
| *Your signature below confirms that all information above is true and accurate.* | | |
|  | | |
|  | | |
|  |  |  |
| **Parent/Guardian Signature** |  | **Date** |