

**2023-24 Membership Application**

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| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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 |
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| **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 |

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| **Household Support** |
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| [ ]  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+  |
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| **Housing Type** | [ ]  Permanent (Own or Rent)[ ]  Public Housing[ ]  Group Home | [ ]  Foster Family[ ]  Transitional Housing[ ]  Homeless |

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| **WAIVERS & RELEASES** |
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| **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. |

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| **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.  |
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| *Your signature below confirms that all information above is true and accurate.* |
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| **Parent/Guardian Signature** |  | **Date** |