



# Membership Information Form

Lacey  Rochester  Tumwater  Olympia

## Parent/Guardian #1 Information (please print)

First Name:  Last Name:  Gender:  Male  Female

Family Income:  0-\$12,000  
 \$12,001-\$17,000  
 \$17,001-\$25,000  
 \$25,001-\$35,000  
 \$35,001-\$45,000  
 \$45,001+

Address:   
(City)  (State)  (Zip)

Phone Numbers: Home: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Work: \_\_\_\_\_

Family Size:

Military Branch:   Active Duty  Veteran Status

## Parent/Guardian #2 Information

First Name:  Last Name:  Gender:  Male  Female

Address (if different from above):

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

## Member (Child) Information

First Name:  Middle Name:  Last Name:

Nick Name:  Birth Date:  /  /  Grade:

Gender:  Male  Female

Ethnicity:  African American  Hispanic  
 Asian/Pacific Islander  Native American  
 Caucasian  Mixed Heritage

School:  Does your child qualify for free or reduced school lunch?  
 Yes  No

Does this child live in a single parent household?  Yes  No

**Member Medical Information:**

Insurance Company:

Policy Number:

Medication(s):

Medical Conditions/Allergies:

**Emergency Contact/Authorized Pick-Up** (other than parents listed on front of form):

Name:

Parent  Relative  Acquaintance

Phone:

Home  Cell  Work

Name:

Parent  Relative  Acquaintance

Phone:

Home  Cell  Work

Does your family receive any federal or state assistance:

Yes

No

If so, what type(s):

**PARENT POLICY AGREEMENT**

**Acknowledgement and Consent:**

I understand the conditions under which the Boys & Girls Clubs of Thurston County (a.k.a “the club”) operates and that it is not a day care facility. I understand the “open door” policy which allows children to come and go as they please. Professional supervision will be provided for children at the Club’s facility only. I understand that no loitering is allowed outside the club entrance. For both internal and external use, I acknowledge that the Boys & Girls Clubs of Thurston County may utilize photographs or videos of my child that may be taken during involvement in the Club’s activities. I consent to such uses and hereby waive any rights of compensation. The Club offers educational programs such as SMART Moves. My child has permission to participate in classroom discussions which teach youth the dangers of drugs, alcohol, life skills/options and negative peer pressure.

**Waiver of Liability & Disclaimer:**

In consideration of my child’s membership, and any participation in the activities and special programs or events of the Clubs, on behalf of me and my child and any heirs or assigns of me or my child, waive, release, and agree to defend and hold harmless the Boys & Girls Clubs of Thurston County, and its sponsors, staff members, board of directors, and any other affiliated persons and/or vehicle drivers from any and all claims, injuries, death, damages, and demands arising or in any way resulting from or connected to any Club-related event, activity, program, or property. I attest and verify that I have full knowledge of the risks involved in Club-related events, activities, programs, and properties and that I will, on behalf of my child, assume and pay any medical or emergency expenses. I further acknowledge that my child is physically fit to participate in the programs or other activities of the Club.

**Emergency Authorization:**

I, the undersigned, as parent/guardian of my child, hereby authorize the staff of the Club, its sponsors, and vehicle drivers as my agents to consent to medical, surgical, dental examination or treatment of my child. In case of emergency, I hereby authorize treatment or care at any hospital or by any licensed medical personnel.

**NOTE: YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU HAVE READ AND ACCEPT THE POLICIES/CONDITIONS OF THE BOYS & GIRLS CLUBS OF THURSTON COUNTY AS DESCRIBED ABOVE.**

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian Signature

\_\_\_\_\_ Printed Name

**PARENT POLICY AGREEMENT** (continued)

*Please read and initial each line if you are in agreement. If any item doesn't meet your approval do not initial, but state the reasons on the side and bring your comments to the attention of the Club Director or Program Director.*

1. \_\_\_\_\_ I have enrolled my child at the \_\_\_\_\_ Branch of the Boys & Girls Clubs of Thurston County. The current membership fee is \_\_\_\_\_ per school year. Additional program fees vary. Summer Day Camp programs also vary in both fees and schedules, and require separate registration as indicated by branch. I understand payment is due upon enrollment in all such programs.
2. \_\_\_\_\_ The BGCTC has my authorization to use photographs, reproductions, sound recordings or handiwork of my child. Such use may include advertising and publicity purposes as related to the BGCTC organization. My child's identity is not under protection furthermore; he/she is not currently a ward of the state, under my foster care or in court ordered protective custody.
3. \_\_\_\_\_ I understand that when information concerning my child changes it is my responsibility to inform Club personnel. Such changes could include address, phone numbers, emergency contact information, medical conditions, etc.
4. \_\_\_\_\_ I recognize the Clubs hours of operation. I understand there is a \$1.00 late fee for every minute my child remains after club closing. This fee is per child and is to be paid prior to the child returning to the club. If a child is left for more than an hour beyond closing, and the Club staff have exhausted all efforts to contact a parent or guardian, more serious action may be taken up to and including contacting local authorities.
5. \_\_\_\_\_ I understand that the club is closed on the following holidays as recognized on the calendar: New Years Day, MLK Day, Memorial Day, the Fourth of July, Labor Day, Thanksgiving, the day after Thanksgiving, and Christmas. Clubs will also be closed for regularly scheduled In-Service and Staff Training days, which will be posted in advance.
6. \_\_\_\_\_ Clubs may be open additional hours during parent/teacher conference, spring break and winter break. I understand that I must inquire at the club prior to these dates to confirm hours of operation. You may request a copy of your Club's annual operating calendar.
7. \_\_\_\_\_ I understand that the BGCTC operate its clubhouses with an open door policy. If I do not want my child to leave the club, I recognize that it is my responsibility to instruct my child. It is also my responsibility to make the Club Director and/or Program Director aware of any special custody arrangements regarding my child, which may affect their participation at the club.
8. \_\_\_\_\_ I understand that it is my responsibility to make travel arrangements for my child to and from the club.
9. \_\_\_\_\_ The club offers optional field trips in addition to the regularly scheduled in house activities. I understand that I must sign a permission slip in advance and that some of these events may require an additional fee for my child to participate.
10. \_\_\_\_\_ I understand that I will be notified should my child become ill during the day, and that it will be necessary to make arrangements to have my child picked up as soon as possible following such notification. *If my child is exposed to a contagious disease, I agree to notify the Branch Director or Program Director. I understand my child may not attend the club until he or she is no longer contagious and agree to provide written authorization from the doctor if asked.* A designated employee may administer properly labeled medication, with written authorization from the doctor. Prescriptions must be in pharmacy container with child's name and instructions listed on the label.
11. \_\_\_\_\_ I understand that if my child does not attend school due to an illness or suspension, my child may not attend the Boys & Girls Club that day.
12. \_\_\_\_\_ I understand that the BGCTC does not take any responsibility for lost, missing or damaged items. It is recommended that children's personal belongings including bicycles, toys, personal stereo equipment, video games, etc., are left at home.
13. \_\_\_\_\_ I understand that the BGCTC reserves the right to suspend my child from the club and/or club activities of my child exhibits poor behavior. It is my responsibility to meet with the Club Director or Program Director to discuss any matters of concern on either their part or mine.
14. \_\_\_\_\_ I understand that my child has access to supervised use of the internet. It is my responsibility to notify the club if I do not wish my child to have such access.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Name

**OFFICE USE ONLY**

Receipt Number: \_\_\_\_\_  Scholarship  Payment Plan \_\_\_\_\_  
Date Entered: \_\_\_\_\_ Member ID#: \_\_\_\_\_