



Boys & Girls Clubs of Thurston County

Membership Form

CIRCLE MEMBERSHIP TYPE:

Renewal Membership

New Membership

Please fill this section in thoroughly:

Member (Child) Information:

First Name _____ **Middle** _____ **Last Name** _____

Race:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Two or more races
- ☐ Some other race

Ethnicity:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Gender:

- ☐ Male
- ☐ Female
- ☐ _____

Date of Birth:

____/____/____

Month/Day/Year

Currently Unhoused: ☐ Yes ☐ No

School:

Free or Reduced Lunch: ☐ Yes ☐ No

Current Grade:

Foster Care: ☐ Yes ☐ No **Social Worker:**

Parent/Guardian #1 Information: (List all parents/guardians with custodial privileges; use second page if needed)

First and Last Name:

Address:

(City)

(Zip)

Primary Contact Information:

Home: _____

Cell: _____

Work: _____

Email: _____

Parent/Guardian #2 Information:

First and Last Name:

Address:

(City)

(Zip)

Secondary Contact Information:

Home: _____

Cell: _____

Work: _____

Email: _____

Is either parent in the Military? ☐ Yes ☐ No Branch: _____ Active Duty: ☐ Yes ☐ No

HOUSEHOLD SIZE & INCOME

Please circle your family size, then circle the annual income below it that most closely represents your household income.

1	2	3	4	5	6	7	8
24,500	28,000	31,500	35,000	37,800	43,150	48,650	54,150
40,850	46,700	52,550	58,350	63,050	67,700	72,400	77,050
63,350	74,700	84,050	93,350	100,850	108,300	115,800	123,250

Household Emergency Contacts (DO NOT LIST PARENTS IN THIS SECTION)

Contact #1 Name: _____ Phone: _____ Relationship: _____

Contact #2 Name: _____ Phone: _____ Relationship: _____

Contact #3 Name: _____ Phone: _____ Relationship: _____

Contact #4 Name: _____ Phone: _____ Relationship: _____

Club Member Medical/Insurance Details:

Name of Physician: _____

Physician Phone Number: _____

Insurance Company: _____

Policy Number: _____

Medications: _____

Medical Conditions/Allergies: _____

Disabilities or Special Needs: _____

(Information needed to best serve your child)

Authorizations and Disclaimers:

For both internal and external use, I acknowledge that Boys & Girls Clubs of Thurston County may utilize photographs or videos of my Child taken during involvement in the Club's activities. I consent to such uses and hereby waive any rights of compensation.

Waiver of Liability & Disclaimer:

I, 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 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.

Security cameras monitor high traffic areas at Tumwater, Lacey, Rochester, RMAC, Yelm. Footage is reviewed on a regular basis to help management assess safety and programmatic needs. Cameras will be added to our other branches as grant funding allows. We periodically evaluate the placement of cameras to ensure they capture high-risk areas.

Acknowledgement and Consent:

I understand the conditions under which Boys & Girls Clubs of Thurston County (aka "the Club") operates and that it is not a licensed day care facility but rather a license-exempt program [Wash. Rev. Code § 43.215.010(2)]. I understand the Club's "open door" policy. The entity does not assume responsibility in lieu of legal guardians, unless for coordinated transportation, which allows children to leave without an adult.

Professional supervision will be provided for children at the Club's facility only. I understand that no loitering is allowed outside the Club entrance.

Parent/Guardian Signature

Date

I **Do Consent** to Photo/Video Release

Signature: _____

I **DO NOT** Consent to Photo/Video Release

Signature: _____

Club Policy Agreement

To complete the membership form, **each numbered item below must be read and initialed**. Your initials indicate that you understand the policies set forth by Boys & Girls Clubs of Thurston County (BGCTC) and will adhere to each. Your signature below indicates your full understanding and agreement to the membership details outlined in the membership packet. Please share concerns and questions with your Branch or Program Director.

1. _____ I understand a Membership fee is assessed and must be renewed annually. This fee is non-refundable. I understand that while BGCTC offers full-day programming during summer, there is a weekly fee. When the Club operates before and after-school programming, activity fees during the academic school year are assessed monthly and are payable through June by the 10th of each month. Monthly activity fees apply to K-8 grade members. There is no monthly fee for high schoolers; however, the annual membership fee applies. Club members who are not transported to the Club via bus/van and attend less than 4 times per month can pay a daily fee of \$10.00 per child. The Morning Program is offered at certain branches and the fee is assessed monthly.
2. _____ It is my responsibility to inform Club personnel about changes concerning my child. Changes might include household contact information, emergency contact information, or medical conditions. It is my responsibility to inform the Branch or Program Director of any custody arrangements regarding my child that could affect Club participation. I will provide Club professionals with any legal documents pertaining to these situations.
3. _____ I understand the Club's hours of operation and that there is a policy of assessing a \$1.00 late fee for every minute my child remains after closing. This fee is per family and must be paid prior to my child(ren) returning to the Club. If a child is left waiting more than an hour beyond closing and Club staff have exhausted efforts to contact a parent or guardian, local law enforcement will be notified.
4. _____ I understand the Club is closed on the following holidays: New Year's Day, MLK Day, Presidents Day, Memorial Day, Juneteenth, the Fourth of July, Labor Day, Thanksgiving, the day after Thanksgiving, and the week of Christmas. **Clubs are closed the 1st Friday of every month for staff training**, except for those months indicated on the Club calendar. Club signage and updates via the respective branch Facebook page will contain up-to-date information.
5. _____ Clubs may be open for varying hours during parent/teacher conferences, spring break, and winter break. It is my responsibility to inquire with Club professionals before these dates to confirm operating hours and dates. A copy of the Branch's annual operating calendar is available upon request.
6. _____ BGCTC is a license-exempt school-aged program and does not assume responsibility in lieu of the parent, except for the coordination of transportation. Should your child need you present, we will contact you. We are a drop-in program; there are no minimum attendance requirements and if your child is absent, we will not contact you.
7. _____ The Club offers optional field trips in addition to regularly scheduled Club activities. I understand that permission slips must be signed in advance and some events require additional fees to participate.
8. _____ I understand that I will be notified should my child become ill and it will be necessary 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 I 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 a pharmacy container with the child's name and dosage instructions listed on the label.
9. _____ I understand that if my child does not attend school or is sent home due to an illness or suspension, my child may not attend the Boys & Girls Club that day.
10. _____ I understand that BGCTC is not responsible for lost, missing, stolen, or damaged items and that Club staff strongly suggest personal belongings such as toys and cell phones be left at home, and that bicycles be securely locked during Club. Social media accounts are not to be accessed while at the Club. BGCTC'S Wi-Fi network password is not shared with Club Members. All Club Devices utilize our Wi-Fi.
11. _____ I understand that BGCTC reserves the right to suspend my child from the Club and/or Club activities if they exhibit behavior needing parental intervention or become a threat to Club members, staff, or volunteers. It is my responsibility to meet with the Branch Director to discuss any matters of concern.

Date

Parent/Guardian Signature

Printed Name

For Office Use Only

Date: _____ Payment Amount: _____ Staff Name: _____



School Communication and Conference Consent Form

Student's Name: _____

School Attending: _____

Teacher's Name: _____

Principal's Name: _____

Boys & Girls Clubs of Thurston County encourages communication between Club staff and members' classroom teachers to ensure learning goals for Club members are clear and consistent. Allowing Club staff to communicate with my child's teacher/school will help staff gain greater insight on how my child can best meet their academic goals.

By signing this form, I grant permission for Boys & Girls Clubs of Thurston County Directors to contact my child's teacher(s) and/or school district to receive grade reports and communicate with my child's teacher. This information allows Club staff to best support my child's academic needs.

My participation in this communication is always welcomed and encouraged. If my child is enrolled in Club tutoring programs, the Club Tutoring Coordinator may contact me regarding my child's progress or discussions with the school.

Parent/Guardian – Printed Name

Date

Parent Signature

Date