BOYS & GIRLS CLUBS
OF THURSTON COUNTY

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:	**Middle:**	**Last:**
Gender: ☐ Male ☐ Female ☐ Other _____		**Date of Birth:** (MM/DD/YYYY)
School:		**Grade:**
Is your family experiencing Unstable Housing: ☐ Yes ☐ No		**Free or Reduced Lunch:** ☐ Yes ☐ No
Foster Care: ☐ Yes ☐ No		
Social Worker Name:		
Social Worker Email:		

Race & Ethnicity

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

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

First Name:	**Primary Contact Information:**
Last Name:	Home:
Address:	Cell:
	Work:
City: **Zip:**	Email:

Parent/Guardian #2 Information

First Name:	**Secondary Contact Information:**
Last Name:	Home:
Address:	Cell:
	Work:
City: **Zip:**	Email:

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

HOUSEHOLD SIZE & INCOME

Please find the Number of People in your household, then circle the annual income amount that most closely represents the household income.

1	2	3	4	5	6	7	8
25,800	29,500	33,200	36,850	39,800	44,360	50,040	55,720
43,000	49,150	55,300	61,400	66,350	71,250	76,150	81,050
68,800	78,600	88,450	98,250	106,150	114,000	121,850	129,700

Club Member Medical/Insurance Details:

Insurance Company:	**Policy Number:**
Name of Physician:	**Physician Phone Number:**
Medications:	**Medical Conditions/Allergies:**

Disabilities or Special Needs: (Information needed to best serve your child)

Household Backup Emergency Contacts (TO BE CALLED IF PARENTS/GUARDIANS ARE UNAVAILABLE)

Contact #1 Name:

Relationship: **Phone:**

Contact #2 Name:

Relationship: **Phone:**

Contact #3 Name:

Relationship: **Phone:**

Contact #4 Name:

Relationship: **Phone:**

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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:

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Club Policy Agreement

*In order 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 Director.*

1. _____I understand that a non-refundable annual Membership Fee is required. BGCTC offers full-day programming during winter, spring, and summer breaks, which requires a weekly fee. During the academic school year, before- and after-school program activity fees are assessed monthly and must be paid by the 10th of each month through June. Members who are not transported by Club bus/van and attend fewer than four times per month may pay a daily fee of $14.00 per child.

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 there is a policy of a $1.00 late fee assessing 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 one week of winter break. **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 county Facebook page will contain up-to-date information.

5. _____Club hours may vary during parent-teacher conferences, spring break, and winter break. It is my responsibility to inquire with Club professionals to confirm dates and operating hours ahead of time. 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; 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. *If my child is exposed to a contagious disease, I agree to notify the Branch Director or Front Desk Coordinator. I understand my child may not attend the Club until they are no longer contagious, and I agree to provide written authorization from the doctor if asked.* A designated employee may administer properly labeled medication, with our Authorization to Administer Form completed by the doctor. Prescriptions must be in the original 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 all Club members are required to successfully complete the BGCA-approved Digital and Technology Safety Trainings before using their personal or/and Club technology. BGCTC is not responsible for lost, missing, stolen, or damaged items. Club staff strongly suggest personal belongings such as bicycles, toys, and cell phones be left at home. 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.

_____

Printed Name Parent/Guardian Signature Date

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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/Guardian – Signature Date

Office Use only

Date input into system_____ Staff Name_____