

Crestmont Club Membership Form

June 1, 2013-May 31, 2014



BOYS & GIRLS CLUBS
OF BLOOMINGTON

To be completed by BGC staff	CRESTMONT CLUB
Kidtrax ID:	
Mem Rec'd on:	
Entered in KT:	
ID issued on:	
Staff Initial:	Pymt Plan: Y N
Paid Date:	Pymt Plan to be Paid by:
Pymt Type:	

Member Information *(Please Print Clearly)*

Member's First Name	Member's Middle Name	Member's Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone Number	Home Address		
<input type="text"/>	<input type="text"/>		
City	State	Zip Code	Township
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Demographic Information *(used for grant & program purposes)*

Gender: M F	<input type="text"/> African American Asian Caucasian Hispanic Mutli-Racial Natvie American Other		
Birthdate: <input type="text"/>	Age: <input type="text"/>	School: <input type="text"/>	Grade: <input type="text"/>
Sisters: <input type="text"/>	Brothers: <input type="text"/>	Total Number In Household: <input type="text"/>	
Lives With: <i>(Please select ONE below)</i>			
<input type="checkbox"/> 2 parents	<input type="checkbox"/> Single Parent <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Single Guardian		
<input type="checkbox"/> Other: <input type="checkbox"/> Foster Parents <input type="checkbox"/> Guardian <input type="checkbox"/> Relative: <input type="text"/>			

Confidential: The following information is completely confidential and is required for the club to obtain funding as a non-profit agency.

Annual Family Income

\$1-4,999 <input type="text"/>	\$5,000-7,499 <input type="text"/>	\$7,500-9,999 <input type="text"/>	\$10,000-14,999 <input type="text"/>
\$15,000-19,999 <input type="text"/>	\$20,000-29,000 <input type="text"/>		
\$30,000-39,999 <input type="text"/>	\$40,000-49,999 <input type="text"/>	\$50,000 + <input type="text"/>	

Is your family receive or ELIGIBLE for any of these services? (**MUST** select at least one. Select "no aid" if no aid is received)

<input type="checkbox"/> No Aid Received	<input type="checkbox"/> SSDI	<input type="checkbox"/> Vets. Compensation
<input type="checkbox"/> Free/Reduced School Lunch (receive)	<input type="checkbox"/> SSI	<input type="checkbox"/> Day Care Voucher
<input type="checkbox"/> Free/Reduced School Lunch Eligible	<input type="checkbox"/> TANF	<input type="checkbox"/> Foster Care Assistance
<input type="checkbox"/> Wrap Around		

Main Custodial Parent/Guardian Contact Information:

Parent/Guardian First & Last Name	Home Phone	E-mail Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Employer	Work Phone	Cell Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Custodial Parent/Guardian Contact Information (spouses, step-parents, non-custodial parents)

1. First & Last Name

Address

Home Phone

Work Phone

Relation to member

Cell Phone

2. First & Last Name

Address

Home Phone

Work Phone

Relation to member

Cell Phone

Medical Information

Health Problems/Allergies/Disabilities

Medications

Physician

Physician's Phone

Behavior issues or other medical information that is helpful for the Club Staff to know *Child Success Plan available

Can Member Swim? Y N

Additional Adults Allowed to Pick Up Member (relatives, friends, etc.)

Name

Phone

Relation to member

1 _____

2 _____

3 _____

****ID REQUIRED UPON PICK UP** **ALL CHANGES MUST BE MADE IN PERSON or with CODE****

Persons NOT authorized to pick up Member (For a birth parent, a copy of a court order is required):

Member Pick Up Authorization Code (4 digit confidential code) Used to make any changes over the phone: _____

Sign-Out/Transportation

My child will be riding the Return Van. YES _____ NO _____

I give permission to the Club to release my child to the front door of the listed **home address** and understand the responsibility of having a parent/guardian or appropriate child care provider available at the home

Arlington _____

Crestmont _____

INITIAL HERE check neighborhood to right

Crescent Point _____

Is your child allowed to walk home or ride public transportation Yes _____ No _____

Initial here to verify that you give your child permission to sign themselves out from the club _____

Waiver of Liability/Agreements

~I have completed the application and the application is accurate. I reviewed the parent/member handbook and I acknowledge and agree to the rules and policies of the Boys & Girls Clubs of Bloomington including the discipline policy and request that my child be admitted into membership as is. My Child and I accept full responsibilities for his/her actions and behaviors at the Boys & Girls Club. I give the Boys & Girls Club permission to use my child's picture in newspaper articles, newsletters, and other publicity materials. I give my child permission to participate in pre and post tests or other measurement tools used to determine program recommendations, outcome measurements and program effectiveness. The Boys & Girls Clubs of Bloomington agrees that in the performance of its services, it will not, on the grounds of race, color, sex, age, sexual preference, gender identity, disability or national origin, exclude any person from participation in, deny any person the benefits of, or otherwise subject any person to discrimination under any activity. I understand that the Club is not responsible for any lost or stolen items.

~I hereby release the Boys & Girls Clubs of Bloomington, their Board of Directors, agents, employees, volunteers, and insurers from any present or future personal injury or damage to property caused by having any relation to this activity. I understand that this release binds my heirs, executors, and administrators. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Boys & Girls Club to hospitalize, to secure proper treatment for, and to order injections, anesthesia, or surgery for my child as named above.

~If my child uses the Boys & Girls Club Camp Rock Facility, I hereby release the City of Bloomington Department of Utilities and Lake Lemon Conservancy, their officers, agents, employees and insurers from any present or future injury or damage to property caused by having any relation to this activity. I understand that this release binds my heirs, executors and administrators. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

~I understand that in order to receive my member, I, or others on my pick up list, will be asked to provide a picture I.D. I am responsible for ensuring adults that pick up my child understand this policy. I understand any changes to my child's pick up list must be done in person, not over the phone.

Parent/Guardian Signature

Date

Please check here if you have ANY EXCEPTIONS to the above conditions and explain below



Boys and Girls Clubs of Bloomington
Membership Acknowledgments and Agreements

You must initial next to each item to verify that you have read and understand each item.
The directing staff will gladly answer any questions related to our agreements.

GENERAL CLUB POLICY

- _____ I will update all contact information on the membership form and notify appropriate Club staff as my contact information changes.
- _____ The Club is designed to serve youth ages 6-18 years with membership and programs. I acknowledge that exceptions will be made at the discretion of the directing staff and may be terminated at any time.
- _____ The Club aims to be open most days of the school year but is closed some days for various reasons. It is my responsibility to be informed and check the Club's schedule.

SAFETY & HEALTH

- _____ Medications, prescriptions, and over-the-counter drugs that my child may need while at the Club must be given to the professional staff in its original container with administering instructions signed by a practicing physician.
- _____ I understand that sending my child to the Club when he/she is ill can jeopardize the health and safety of other members and Club staff. I will not send my child to the Club if they have a fever, the flu, lice, or any other contagious illness.
- _____ Given certain weather conditions, it is my responsibility to supply my child with sunscreen for his or her use. My child is responsible for applying his or her own sunscreen or asking a Club staff to assist with sunscreen application.

PICK-UP/RETURN

- _____ If my child will not be taking the return van home, I will have my child signed out from the Club every day by an adult or sibling who is authorized on the membership form and has ID to prove their identity
- _____ I am familiar with the late pick-up policy and will abide by Club hours and pick up my child before the Club's closing time. The Club may take all actions necessary to maintain this commitment, including releasing my child to the police department and notify the Department of Child Services if I am late to pick up my child.
- _____ I understand that if my child is to change their indicated mode of transportation home (i.e., go to a friend's house, walk, ride the van), that I must CALL the Club the day of the change and confirm with Club staff using the 4-digit security code. This option may NOT be available at all times or approved for safety reasons.
- _____ I understand that any verbal changes to my child's pick-up list must be accompanied by the 4-digit security code and that any long-term changes must be made by me on the membership form.
- _____ I understand that if I indicate on the membership form that my child may walk home that they are responsible for their actions and ability to get home. I acknowledge that they are not the responsibility of the Club staff once they have left Club property.
- _____ I understand that if my child will ride the return van, that an adult or responsible individual will be at home (or the provided address on the membership form) to supervise them.
- _____ I understand that the return van is a privilege that may be revoked at the discretion of the Club staff if inappropriate or dangerous behavior occurs.

INCIDENTS & BEHAVIOR

- _____ I understand, per the Club's Behavior Management Protocol, that Club members may lose privileges and/or be suspended from the Club based on repeated behavioral transgressions.

_____ I understand, per state law, that the Club staff is required to report any instances of suspected abuse or neglect.

_____ Accidents and a variety of personal incidents may occur while at the Club. I release that staff may provide care and document these occurrences when my child is involved, communicating complete details of occurrence, including response, to me.

PERSONAL ITEMS

_____ I accept that child's belongings are his or her sole responsibility when he or she is at the Club. The Club is not responsible for my child's articles—including bags, coats, toys, etc.—that become misplaced or disappear.

_____ I understand that my child is not permitted to bring or use his or her personal electronic devices (cell phone, iPod, gaming systems, etc.) at the Club. If I need to contact my child, I will call the Club's main phone.

PERMISSION

_____ The Club may use my child's image in photograph for public relations purposes, including the Internet and Club materials. If I do not want my child's image used I will discuss this matter with the directing staff.

_____ I give permission for my child to walk to the local park, surrounding neighborhood, Community Kitchen Express, and/or ride on Club vehicles for routine trips to schools, field trips, and other Club business.

_____ My child may view movies or television programs at the Club. These programs will have a PG rating; however, if my child is 13 years or older he or she may view PG-13 rated programs.

_____ I understand that my child may have access to the Internet and I give permission for him/her to use it under the supervision of the Club staff. I understand that the staff will maintain appropriate use and Internet safety to the best of their ability.

Having read the Membership Acknowledgements and Agreements,

I, _____, (printed parent/guardian full name) now sign my name as verification that I fully understand and support each item listed above.

Parent/Legal Guardian Signature: _____

Child Name: _____

4 Digit Security Code: _____ **Hint:** _____

Date: _____

OUR PROMISE TO OUR MEMBERS

To enable all young people, especially those who need us most, to become caring, productive, responsible citizens in full safety.