



BOYS & GIRLS CLUBS
OF SHEBOYGAN COUNTY

107 Cedar St
Sheboygan Falls, WI 53085
920.467.9733
www.thepositiveplace.com

Annual Membership Application

Membership fee = \$20 per child per year

Memberships valid one year from date of
submission

Staff Use Only: Unit: _____
Date: _____ Staff Int _____
Memb Fee: Amount Paid _____
CASH _____ CK# _____ Sch _____
Pymt Plan _____ CC _____ Staff Int _____
Member Type: _____ Reg _____ ASP _____ CO _____
Memb ID: _____

Child Full Name: _____ Birthdate: _____ Age: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home phone: _____ Cell phone: _____ Gender: _____ Male _____ Female
Member Status: _____ New _____ Renew Previously a member at: _____ Sheb Falls _____ Stayer _____ ASP
School: _____ Grade: _____

**** The following information is both appreciated and necessary for our records and the funding our organization receives.**

*The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary. ***

<u>Ethnicity of Child:</u>	<u>Household Income:</u>	<u>Member lives with:</u>	<u>Household Type & Family Setting:</u>
___ Black	___ \$0—\$24,999	___ Both Parents	___ Both Parents
___ White	___ \$25,000—\$29,999	___ Mother	___ Single Parent Family
___ Hispanic	___ \$30,000—\$34,999	___ Father	___ Grandparents
___ Asian	___ \$35,000—\$39,999	___ Guardian	___ Extended Family
___ Native American	___ \$40,000—\$44,999	___ Other	
___ Multi Racial	___ \$45,000—\$49,999	Number of Individuals Living in Household: _____	
___ Other	___ \$50,000—\$54,999	Is parent/guardian a member of the Military: Yes No	
	___ \$55,000—\$59,999	If Yes, Branch: _____	
	___ \$60,000 or more	Eligible for Free/Reduced Lunch: Yes No	

If you would like to discuss financial assistance options with a director, please check here:

Adult Contacts:

Father/Guardian Name: _____ **Employer:** _____

Home phone: _____ Cell: _____ Work: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother/Guardian Name: _____ **Employer:** _____

Home phone: _____ Cell: _____ Work: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Other: _____ Phone: _____ Relationship: _____

Other: _____ Phone: _____ Relationship: _____

If your child is in 6th grade or younger, do you want to require that they only be allowed to leave the Club with an individual you have authorized? **YES** or **NO** *See Authorized Pick up Policy information on next page...*

Medical Information

Allergies: _____ Yes _____ No Please Specify: _____
Food allergies: _____ Yes _____ No Please Specify: _____
Medical Conditions: _____ Yes _____ No Please Specify: _____
Medications: _____ Yes _____ No Please Specify: _____
Other Issues: _____
Doctor's Name: _____ Doctor Phone: _____
Preferred Medical Care Facility: _____

OPEN DOOR POLICY: I understand the Boys & Girls Clubs of Sheboygan County has an "open door policy". It is my responsibility as the parent/guardian to instruct my child as to whether or not he/she may leave the Club.

AUTHORIZED PICK-UP POLICY: I understand my child cannot be left at the Boys & Girls Club earlier than the Club's established hours of operation and my child must leave the Club's property or be picked up at or before closing time.
The Boys & Girls Club provides no supervision or transportation after closing.

Parents/Guardians: If you want to require that your child in 6th grade or younger only be allowed to leave the Club under the escort of an individual you have authorized, please circle "Yes" to this question at the bottom of page 1 of this application.

If you choose to use "Authorized Pick-Up", please be aware of the following:

1. Authorized individuals will always need to come to the front desk to pick up your child, no exceptions.
2. Authorized individuals may need to show a picture ID to verify identity. Please note that once an authorized individual becomes well known to Club staff, this step may no longer be necessary.
3. Checking out of the Club will be a more lengthy process. Your patience is appreciated.
4. It is your responsibility to complete the Authorized Pick-Up form if you wish to add someone or delete someone to your list of authorized individuals.
5. It will remain your responsibility to communicate with your child about how, when, and with whom they are allowed to leave the Club.
6. Your child will not have permission to leave the Club at any time without an authorized escort. Written notes from you or others will not be allowed to create exceptions to this.
7. All individuals listed on page 1 of this application as an "Adult Contact" will be automatically considered authorized to pick up your child unless you specifically notify us on the Authorized Pick Up Form, in writing, that they are not authorized to pick up your child.

PROGRAMS: I understand the BGCSC facilitate programs designed to teach members refusal and resistance skills toward risky behaviors including tobacco, alcohol, drug use, and premature sexual activity, and to develop their knowledge and skills in the areas of personal safety, healthy living, and nutritional habits. I understand that I need to advise Club staff if I do not want my child participating in these programs.

MEDIA/PHOTO/ARTWORK RELEASE STATEMENT:

_____ I **GIVE** the Boys & Girls Clubs of Sheboygan County the absolute right and permission to use my child's photograph and/or artwork in the promotional materials and publicity efforts of the Boys & Girls Clubs of Sheboygan County. I understand that the photographs may be used in a publication, print ads (including billboards), direct-mail piece, electronic media (e.g., video, CD-ROM, Internet/WWW, PSA's), or other forms of promotion. I release the Boys & Girls Club, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that this authorization shall remain in effect, unless nullified by a submitted written request.

_____ I **DO NOT GIVE** the Boys & Girls Clubs of Sheboygan County permission to use my child's photograph in promotional materials.

AGREEMENTS:

- I have read the completed application; understand the rules of the Boys & Girls Club, and request that my son/daughter be admitted into membership.
- I understand that there are inherent risks involved in physical activities. I release the Boys & Girls Clubs of Sheboygan County from liability for any injuries suffered in the normal course of Boys & Girls Club activities.
- I authorize the Boys & Girls Clubs of Sheboygan County to seek medical attention for my child should the need arise and I cannot be reached.
- I authorize the Boys & Girls Clubs of Sheboygan County to survey my child throughout the year for the purpose of assessing program effectiveness. I understand that my child's responses will remain confidential. Included in, but not limited to these surveys, are: National Youth Outcomes Survey, Power Hour Program survey, individual program surveys (SMART Moves, SMART Girls, Passport to Manhood, etc)
- I understand my child's membership is based on his/her ability to obey all the rules of the Club and to respect staff, property and other Club members. Membership may be suspended or canceled at any time for misbehavior without a refund of membership fees.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date Signed