



BOYS & GIRLS CLUBS
 OF GREATER CINCINNATI

Membership Application

Club Name: _____ Date: _____

Name: _____
 Home Address: _____
 City: _____ State: _____ County: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Email: _____
 Birth Date: _____ Age: _____ Gender: Male Female

The following information is necessary for us to assist your child academically. The answers you provide are completely confidential.

School: _____ Grade: _____ Student ID #: _____

Does your child have an IEP: Yes No Is your child enrolled in special education classes: Yes No

Demographics

The following information is necessary for 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</u>	<u>Household Income</u>	<u>Member Lives With</u>	
<input type="checkbox"/> Black	<input type="checkbox"/> \$0-\$4,999	<input type="checkbox"/> Both Parents	Number of individuals living in household: _____
<input type="checkbox"/> White	<input type="checkbox"/> \$5,000-\$9,999	<input type="checkbox"/> Mother	Member qualifies for free/reduced lunch: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hispanic	<input type="checkbox"/> \$10,000-\$12,499	<input type="checkbox"/> Father	Parent/guardian is a military member: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Asian	<input type="checkbox"/> \$12,500-\$14,999	<input type="checkbox"/> Grandparents	If yes, which branch: _____
<input type="checkbox"/> Native American	<input type="checkbox"/> \$15,000-\$17,499	<input type="checkbox"/> Guardian	Member is a U.S. citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Multi Racial	<input type="checkbox"/> \$17,500-\$19,999	<input type="checkbox"/> Foster Family	Parent/guardian is a BGC GC alumni: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other	<input type="checkbox"/> \$20,000-\$24,999	<input type="checkbox"/> Other	
	<input type="checkbox"/> \$25,000-\$29,999		
	<input type="checkbox"/> \$30,000-\$34,999		
	<input type="checkbox"/> \$35,000+		

Emergency Contacts

Father Name: _____ Employer: _____
 Home Phone: _____ Work: _____ Cell: _____ Email: _____

Mother Name: _____ Employer: _____
 Home Phone: _____ Work: _____ Cell: _____ Email: _____

Guardian Name: _____ Employer: _____
 Home Phone: _____ Work: _____ Cell: _____ Email: _____

Additional Contact: _____ Phone: _____ Relationship: _____
 Additional Contact: _____ Phone: _____ Relationship: _____
 Additional Contact: _____ Phone: _____ Relationship: _____

Please note: Parents/guardians and additional contacts are automatically authorized to pick up the member from the Club

FOR OFFICE USE ONLY

KidTrax ID _____ Date Entered _____ Staff Name _____



Medical Information

Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please specify _____
Medications	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please specify _____
Medical Conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please specify _____

Other Issues: _____

I give permission to the BGCGC to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.

Authorization

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Greater Cincinnati (BGCGC), their representatives, successors, insurers, or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by BGCGC, or participation in activities of said organization either at or away from the Club.

I give my permission to BGCGC and my child's school district to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations more effectively aid the student's academic pursuits.

I give my permission to BGCGC to collect information via online or written surveys, questionnaires, member assessments, staff assessments, and focus groups from the minor child listed on this application. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, BGCGC funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members.

I understand that BGCGC may share information about the minor child listed on this application with BGCA, external evaluators, funders, and the school district for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by BGCGC, including data collected via online or written surveys, questionnaires, member assessments, staff assessments, and focus groups.

I understand BGCGC is not responsible for lost or stolen items. As a drop-in facility, we are not responsible for Club members' whereabouts. BGCGC is not a licensed day care facility or a custodial care service and staff will not physically restrain children who insist on leaving without parent permission. I understand Club staff are not trained medical professionals nor are they trained professionals in dealing with mental and social disorders. If the attending staff do not feel that they can provide adequate supervision to ensure the safety of the member, other members or staff, the member may be asked to make alternate arrangements.

I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by BGCGC and its partners. I also understand that the Club is not, nor does it claim to be, a licensed day care center.

I have read the completed application and this form, understand the BGCGC Member/Parent Handbook and request that my child be admitted into membership.

Signature of Parent/Guardian _____ Date _____