



Please print clearly when completing this application.

OFFICE USE ONLY:

FEES: Recd By: Initials \_\_\_\_\_ Date \_\_\_\_\_ Amt Paid \$ \_\_\_\_\_ Payment Type \_\_\_\_\_

Member ID: \_\_\_\_\_

YES: Entered By: Initials \_\_\_\_\_ Date \_\_\_\_\_

## YOUTH INFORMATION

Club ID: \_\_\_\_\_

☐ New or ☐ Previous Club:

FIRST NAME

LAST NAME(S)

NICKNAME

MOBILE PHONE

☐ Receive text notifications

EMAIL

GRADE IN AUGUST 2019

SCHOOL

TEACHER/COUNSELOR

RACE:

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino  
☐ Native Hawaiian or Pacific Islander ☐ White ☐ Multi-Racial ☐ Other \_\_\_\_\_

T-SHIRT SIZE:

☐ Youth Small ☐ Youth Large  
☐ Adult Small ☐ Adult Medium  
☐ Adult Large ☐ Adult X-Large  
☐ Adult 2XL ☐ Adult 3XL

GENDER: ☐ Female ☐ Male ☐ Other \_\_\_\_\_

BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SWIMMING ABILITY:

☐ **None**—does not know how to swim  
☐ **Beginner**—stays in the shallow end, does not go underwater  
☐ **Intermediate**—can hold breath under water for 20 seconds or more, feet are off the ground when swimming  
☐ **Advanced**—comfortable in the deep end, can swim entire length of pool without assistance, can exit the water without ladder

CHECK ALL THAT APPLY:

☐ Parent/Guardian in Military ☐ Foster Care Family ☐ Medicaid ☐ Medicare ☐ SSI ☐ TANF ☐ Food Stamps  
☐ Receives Free Lunch ☐ Receives Reduced Lunch ☐ Lives in Low-Cost Housing (Public, Section 8, Assistance)

## PARENTS/GUARDIANS living with youth

PRIMARY PARENT/GUARDIAN FIRST & LAST NAME (first point of contact for youth)

RELATIONSHIP TO YOUTH

HOME ADDRESS

EMAIL (You will receive email news, updates, and notifications)

EMPLOYER

OCCUPATION

WORK PHONE #

PREFERRED PHONE

☐ Receive text notifications

ALTERNATE PHONE

☐ Receive text notifications

MILITARY SERVICE: ☐ None ☐ Retired ☐ Active: \_\_\_\_\_

BRANCH

☐ Reserve: \_\_\_\_\_

BRANCH

☐ National Guard

HOUSEHOLD TYPE: ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ 1 Parent/1 Step ☐ Foster Parents ☐ Guardianship ☐ Grandparents

CHECK WHAT BEST REPRESENTS YOUR GROSS ANNUAL HOUSEHOLD INCOME:

☐ Less than \$10,000 ☐ \$10,000—\$14,999 ☐ \$15,000—\$24,999 ☐ \$25,000—\$34,999  
☐ \$35,000—\$42,499 ☐ \$42,500—\$49,999 ☐ \$50,000—\$74,999 ☐ More than \$75,000

THIS ANNUAL INCOME SUPPORTS:

# OF ADULTS IN HOUSEHOLD: \_\_\_\_\_

# OF YOUTH IN HOUSEHOLD: \_\_\_\_\_

OTHER PARENT/GUARDIAN FIRST & LAST NAME

RELATIONSHIP TO YOUTH

PREFERRED PHONE

☐ Receive text notifications

ALTERNATE PHONE

☐ Receive text notifications

EMAIL (You will receive email news, updates, and notifications)

## OTHER ADULT EMERGENCY CONTACTS/ALTERNATE PICK-UP not living with youth

FIRST & LAST NAME

RELATIONSHIP TO YOUTH

PREFERRED PHONE ☐ Receive text notifications

ALTERNATE PHONE ☐ Receive text notifications

FIRST & LAST NAME

RELATIONSHIP TO YOUTH

PREFERRED PHONE ☐ Receive text notifications

ALTERNATE PHONE ☐ Receive text notifications

## MEDICAL/HEALTH HISTORY

**ALLERGIES** (List all known, including food allergies) Detail the reaction and management of the reaction

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## CURRENT MEDICATIONS

- ☐ My child takes **NO** medications on a routine basis  
☐ My child takes medications as follows:

<hr/>	<hr/>	<hr/>
Medication Name	Dosage	Time(s) taken each day

<hr/>	<hr/>	<hr/>
Medication Name	Dosage	Time(s) taken each day

<hr/>	<hr/>	<hr/>
Medication Name	Dosage	Time(s) taken each day

**BOYS & GIRLS CLUBS OF ELKHART COUNTY STAFF WILL NOT DISPENSE MEDICATION.**

## HEALTH/BEHAVIORAL CONDITIONS/SPECIAL NEEDS

**HEALTH/BEHAVIORAL CONDITIONS/SPECIAL NEEDS** (Please check all that apply):

- |  |   |  |                                   |                                   |
|--|---|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Convulsions          | <input type="checkbox"/> Diabetes                      | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Frequent Headaches                            | <input type="checkbox"/> Heart Problems       | <input type="checkbox"/> Upset Stomach                 | <input type="checkbox"/> Autism   | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> One-on-One Needs                              | <input type="checkbox"/> Visual/Hearing Needs | <input type="checkbox"/> Oppositional Defiant Disorder |                                   |                                   |
| <input type="checkbox"/> IEP/504 Plan (If yes, please describe below.) |   | <input type="checkbox"/> Other:                        | <hr/>                             |                                   |

**Describe any other known illnesses or injuries and any special needs** (IEP, behavioral, physical, etc.)

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**ADDITIONAL NOTES/CONCERNS:**

PARENT/GUARDIAN SIGNATURE

DATE

CLUB STAFF MEMBER SIGNATURE

DATE

# PARENT/GUARDIAN RELEASE OF LIABILITY

*Boys & Girls Clubs of Elkhart County, Inc. doing business as Boys & Girls Club of Goshen, Boys & Girls Club of Elkhart, Boys & Girls Club of Middlebury, Boys & Girls Club of Nappanee and KidsCare, a Division of the Boys & Girls Clubs of Elkhart County, Inc.*

## Parent Authorization for Membership & Waiver of Liability

I, the undersigned parent or legal guardian of the minor child listed on this application (the "Member"), for myself, my heirs, assigns, personal representatives, next of kin, executors and administrators, on behalf of the Member, hereby RELEASE, WAIVE, ACQUIT and forever DISCHARGE the *Boys & Girls Clubs of Elkhart County, Inc., KidsCare, a division of the Boys & Girls Clubs of Elkhart County, Inc., and Boys & Girls Clubs of America*, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors, officers, employees, contractors, members, agents, or volunteers (collectively, the "Released Parties"), from all liability, claims, demands, or causes of action present or future, whether known or unknown, anticipated or unanticipated, that I or the Member might have against the Released Parties, for any reason, including **NEGLIGENCE ON THE PART OF THE RELEASED PARTIES**, and agree to indemnify and hold harmless the Released Parties from and against any and all claims, damages, and judgments, of whatever nature, including attorneys' fees, that may be asserted or entered against any of them in connection with the Member's use of facilities owned or controlled by the Released Parties, or participation in activities of the Member either at or away from the *Boys & Girls Clubs of Elkhart County, Inc.*

### Medical Treatment

I give permission to the *Boys & Girls Clubs of Elkhart County, Inc.* to seek emergency medical treatment for the Member if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment. I, the undersigned parent or legal guardian of the Member, further agrees to indemnify, defend and hold the Released Parties harmless from any and all liens, subrogation interests or third party actions for medical, hospital or surgical expenses and costs.

### Data Collection

I give my permission to the *Boys & Girls Clubs of Elkhart County, Inc.* to collect information via online or written surveys, questionnaires, interviews, and focus groups from the Member. Any and all information received will be kept strictly confidential. 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, *Boys & Girls Clubs of America* (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or the *Boys & Girls Clubs of Elkhart County, Inc.* impact on our members.

### School Information

I give my permission to the *Boys & Girls Clubs of Elkhart County, Inc.* and the following School Districts; Elkhart Community Schools, Concord Community Schools, Goshen Community Schools, Middlebury Community Schools and Wa-Nee Community Schools to exchange information regarding the Member. The purpose of the exchange is to help both organizations do a better job of helping the Member be successful in school, in the *Boys & Girls Clubs of Elkhart County, Inc.* and in life. This release is valid for one year and may be revoked at any time by contacting applicable School District *Boys & Girls Clubs of Elkhart County, Inc.* in writing.

### Data Sharing

I understand that the *Boys & Girls Clubs of Elkhart County, Inc.* may share information about the Member with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the Member's school or school district, and other information collected by *Boys & Girls Clubs of Elkhart County, Inc.*, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

### Technology

As a member of the Boys & Girls Clubs of Elkhart County, Inc., the Member will have access to the Internet. While precautions are being taken, it is possible that the Member may access inappropriate sites. The Boys & Girls Clubs of Elkhart County, Inc. will have rules and consequences at the Boys & Girls Clubs of Elkhart County, Inc. for such behavior; however we will not be responsible for the consequences of such access.

# PARENT/GUARDIAN RELEASE OF LIABILITY

## Miscellaneous

I understand the *Boys & Girls Clubs of Elkhart County, Inc.* is not responsible for lost or stolen items. Parents and *Boys & Girls Clubs of Elkhart County, Inc.* members are responsible for their own transportation to and from the *Boys & Girls Clubs of Elkhart County, Inc.*. As a drop-in facility Boys & Girls Clubs are not responsible for Club members' whereabouts. *Note: KidsCare is a controlled access program. Parents are responsible for dropping their children off for morning sessions to their KidsCare site and picking them up from afternoon sessions at the KidsCare site. Transportation from KidsCare sites to schools and from schools to KidsCare sites is requested and arranged by the parent with the appropriate school transportation department. KidsCare and the schools' transportation departments maintain appropriate communications with to assure that children are transported to and from KidsCare sites.*

I give permission for the Member's picture, moving pictures, or any other graphic depiction or likeness, to be used by the *Boys & Girls Clubs of Elkhart County, Inc.* and its activities. I also understand who the *Boys & Girls Clubs of Elkhart County, Inc.* is not, nor does it claim to be, a licensed day care center. I have read the completed application and this form, understand the rules of the *Boys & Girls Clubs of Elkhart County, Inc.* and request the Member be admitted into membership.

I give my permission to the *Boys & Girls Clubs of Elkhart County, Inc.* and applicable school district to share information about Member with *Boys & Girls Clubs of America (BGCA)* for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA 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 the *Boys & Girls Clubs of Elkhart County, Inc.* including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

\_\_\_\_\_  
PARENT/GUARDIAN PRINTED NAME

\_\_\_\_\_  
CLUB STAFF MEMBER PRINTED NAME

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
CLUB STAFF MEMBER SIGNATURE

\_\_\_\_\_  
CHILD/WARD PRINTED NAME

\_\_\_\_\_  
DATE