



Clubhouse Name: _____

Please fill out both sides of this form.

Incomplete forms will not be accepted and membership will be denied. All Club members six (6) years of age must show proof of age (i.e. Birth Certificate or School Record).

MEMBER INFORMATION

First Name: _____ Middle: _____ Last: _____

Gender: ☐ Male ☐ Female Date of Birth (mm/dd/yyyy): ____/____/____ Age: ____
 Ethnicity (***please check one***): ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Middle Eastern
☐ Multi-Racial ☐ Native American ☐ Pacific Islander

Eye Color: _____ Hair Color: _____ Height: ____' / ____" Weight: _____

Member may participate in all Boys & Girls Clubs' activities in or adjacent to the club building: ☐ Yes ☐ No**SCHOOL INFORMATION**

Current Homeroom Teacher: _____ School: _____ Grade: ____

MEDICAL INFORMATION

Doctor Name: _____ Doctor Phone: _____

Permission for treatment by doctor/hospital: ____ Yes ____ No Do you have Medicaid: ____ Yes ____ No

Does your family have health and/or accident insurance: ____ Yes ____ No

Insurance Carrier: _____ Insurance Carrier Phone: _____

Policy #: _____ Group#: _____

Serious health problems (including allergies): ____ Yes ____ No If yes, explain: _____

Medications: ____ Yes ____ No If yes, explain: _____

Does your child have any special accommodations (I.E.P., diagnosed condition, or other): ____ Yes ____ No

If yes, please specify: _____ See Unit Director for additional Paperwork.

HOUSEHOLD***This information is mandatory and collected for grant writing purposes ONLY.***Member lives with (check all that apply): ☐ Mom ☐ Step Mom ☐ Dad ☐ Step Dad ☐ Grandparent (s)☐ Foster Parent(s) ☐ Other (please specify) _____

Annual Household Income	<input type="checkbox"/> \$0 - \$5,000	<input type="checkbox"/> \$30,001 - \$35,000	<input type="checkbox"/> \$60,001 - \$65,000
(check only one):	<input type="checkbox"/> \$5,001 - \$10,000	<input type="checkbox"/> \$35,001 - \$40,000	<input type="checkbox"/> \$65,001 - \$70,000
	<input type="checkbox"/> \$10,001 - \$15,000	<input type="checkbox"/> \$40,001 - \$45,000	<input type="checkbox"/> \$70,001 - \$75,000
	<input type="checkbox"/> \$15,001 - \$20,000	<input type="checkbox"/> \$45,001 - \$50,000	<input type="checkbox"/> \$75,001 - \$80,000
	<input type="checkbox"/> \$20,001 - \$25,000	<input type="checkbox"/> \$50,001 - \$55,000	<input type="checkbox"/> \$80,001 - \$85,000
	<input type="checkbox"/> \$25,001 - \$30,000	<input type="checkbox"/> \$55,001 - \$60,000	<input type="checkbox"/> \$85,001 - \$90,000+

Single Parent: ☐ Yes ☐ No Head of Household: ☐ Male ☐ Female # of persons in Household: ____Family member 65+ in household: ☐ Yes ☐ No Disabled family member in household: ☐ Yes ☐ NoAre you and your family currently homeless (i.e. lack a fixed, regular and adequate nighttime residence)? ☐ Yes ☐ No

EDUCATION

This information is mandatory and collected for grant writing purposes ONLY.

What is the highest level of education that you have completed? (*check only one*)

- | | |
|--|---|
| <input type="checkbox"/> Elementary/middle school | <input type="checkbox"/> Some college |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Completed college |
| <input type="checkbox"/> Completed high school or GED | <input type="checkbox"/> Earned a graduate degree |
| <input type="checkbox"/> Completed trade or technical school | |

If applicable, what is the highest level of education of your **spouse/partner**? (*check only one*)

- | | |
|--|---|
| <input type="checkbox"/> I do not have a spouse/partner | |
| <input type="checkbox"/> Elementary/middle school | <input type="checkbox"/> Some college |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Completed college |
| <input type="checkbox"/> Completed high school or GED | <input type="checkbox"/> Earned a graduate degree |
| <input type="checkbox"/> Completed trade or technical school | |

PRIMARY CONTACT

Relationship to member: _____

Parent/Guardian: ☐ Yes ☐ No

Name: _____

Address H: _____

City: _____ Zip Code: _____

Email: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Employer: _____

Address W: _____

SECONDARY CONTACT

Relationship to member: _____

Parent/Guardian: ☐ Yes ☐ No

Person authorized to pick up member: ☐ Yes ☐ No

Name: _____

Address H: _____

Employer: _____

Address W: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

OTHER EMERGENCY CONTACT

Relationship to member: _____

Parent/Guardian: ☐ Yes ☐ No

Name: _____

Address H: _____

Employer: _____

Address W: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

****PERSON(S) NOT AUTHORIZED TO
CONTACT MEMBER (if applicable, you must provide
legal documentation)**

Name: _____

Relationship to member: _____

Identifying Characteristics: _____

Whom should we contact if the above-named attempts
to contact the member? _____

****DISCLAIMER:** Boys & Girls Clubs of Silicon Valley is not responsible or obligated to enforce any mandated court order as pertains to conditions of parent-child contact.**

DISCLAIMER: Boys & Girls Clubs of Silicon Valley (BGCSV) is not responsible or liable in any way in the event of harm, injury or illness that may occur as a result of your child's participation in BGCSV activities. It is agreed that BGCSV will not be held responsible for the welfare or whereabouts of any member. In the event your child is harmed, injured or taken ill as a result of his/her participation in BGCSV activities, including transportation to and from activities, whether or not caused by negligence (active or passive) of Boys & Girls Clubs of Silicon Valley employees, volunteers or agents, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, medical or hospital insurance, or any available benefit plan of yours or your spouse. If a complaint is filed against BGCSV, the complainant agrees to pay for BGCSV's legal fees. BGCSV is a drop-in facility, not a licensed day care provider.

Parent/Guardian's Signature: _____

Date: _____



The following releases are valid for one year and may be revoked at any time by contacting Boys & Girls Clubs of Silicon Valley in writing.

Data Collection & Data Sharing

I, the parent/guardian of the minor child listed on this application, grant Boys & Girls Clubs of Silicon Valley (BGCSV) my permission to collect information via online or written surveys, questionnaires, interviews and focus groups from the minor child listed on this application. Surveys may include questions that asks how members feel about the activities and time they spend at the Club, education plans and involvement in community service and work. Additionally, surveys may ask about the attitudes and health behaviors of Club members, including questions about nutrition and physical activity. Members aged 10 and older may be asked additional questions around alcohol, tobacco and other drug use, fighting, arrests, and whether youth are sexually active.

Participating in these surveys will cause no risk to your child. The only potential risk is that some members aged 10 and older might find certain questions to be sensitive. Surveys have been designed to protect your child's privacy. Members will not put their names on the surveys, and no member will ever be mentioned by name in a report of the results. All information from the surveys will be used to assess the wellbeing of BGCSV members and/or to evaluate the program's effectiveness. 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, funders and other community stakeholders to evidence program effectiveness and/or Club impact on our members.

I have read the above consent and agreement, prior to its execution, and I am fully familiar with the contents thereof. I hereby grant my permission and consent to all the foregoing.

Parent Signature

Date

Audio, Video, Photography, Digital & Other Media

I, the parent/guardian of the minor child listed on this application, grant Boys & Girls Clubs of Silicon Valley (BGCSV) my permission to all rights and consent to copyright, use, or re-use, publish, or re-publish, copy, exhibit or distribute all photographs, videotapes, motion picture films and/or audio tapes involving the use of my child's voice or image, by BGCSV for internal use, educational use, advertising or promotion without restriction as to frequency or duration of usage and without compensation to me.

Boys & Girls Clubs of Silicon Valley may use my child's first name and such photographs, recordings and/or

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images for any and all purposes including art, advertising, promotional, educational, and web, and in all media, including electronic, digital, broadcast, and print media, without further compensation to me.

I have read the above consent and agreement, prior to its execution, and I am fully familiar with the contents thereof. I hereby grant my permission and consent to all the foregoing.

Parent Signature

Date

Transportation

I, the parent/guardian of the minor child listed on this application, recognize and acknowledge that Boys & Girls Clubs of Silicon Valley (BGCSV) is neither a common carrier nor in the business of providing transportation services to the public. I also recognize and acknowledge that there are occasions when my minor child will be transported in club vehicles (e.g., field trips, events, between school and club).

I recognize and acknowledge that there are certain risks of physical injury to vehicle passengers, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that my child may sustain as a result of participating in any and all activities connected with or associated with receiving transportation services, including, but not limited to, injuries, damages and loss arising out of negligent operation or supervision of the vehicle.

I further agree to waive and relinquish all claims I may have (or accrue to me) against BGCSV, including its respective officials, agents, volunteers and employees (hereinafter collectively referred to as "Party").

I do hereby fully release and forever discharge the Party from any and all claims for injuries, damages or loss that my child may have or which may accrue to my child and arising out of, connected with, or in any way associated with said transportation services.

I further agree that this agreement shall be governed by the laws of the State of California.

I have read and fully understand the above waiver and release of claims.

Parent Signature

Date

CONTINUED ⇒



School Records, Data & Information Sharing

I, the parent/guardian of the minor child listed on this application, grant Boys & Girls Clubs of Silicon Valley (BGCSV) my permission to obtain school records, transcripts, grade reports (report cards and progress reports) and all school test results.

I also grant Boys & Girls Clubs of Silicon Valley staff my permission to speak with teachers, counselors and other school administrators at my child's school in order to obtain and exchange information as part of the services provided by BGCSV. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Club and in life.

I authorize Boys & Girls Clubs of Silicon Valley to access and/or receive copies of my student's academic transcripts, report cards, and test scores necessary to assist my child in achieving his/her educational goals and as a means to evaluate program effectiveness.

I have read the above consent and agreement, prior to its execution, and I am fully familiar with the contents thereof. I hereby grant my permission and consent to all the foregoing.

Parent Signature

Date

Name of Member (please print)

School ID Number

Name of School