



FOR OFFICE USE ONLY
 Paid: Yes No
 Date Enrolled _____
 Time Received _____
 Staff Initials _____

Membership Application

Please complete the application, release, and confidential information in full.

Member (Child's) Information: (Please Print)

Name:			
First: _____		Middle: _____	
Last: _____			
Address: (Street) _____		Primary Phone Number: _____	
<i>(City/State/ Zip)</i> _____			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender non-conforming		Birth Date: / /	Age:
Membership: <input type="checkbox"/> New <input type="checkbox"/> Renewal		Has your child been a member of another Club?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child Lives With: (Please Check One)		Club Name: _____	
<input type="checkbox"/> Single Parent <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Two Parent <input type="checkbox"/> Other Family Member <input type="checkbox"/> Shared Custody <input type="checkbox"/> Group Home <input type="checkbox"/> Other _____		Race: (Please Check One)	
		<input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> Other: _____ <input type="checkbox"/> Asian	
Refugee: Yes <input type="checkbox"/> No <input type="checkbox"/>			

Parent/Guardian Information (Please Print)

Parent/Guardian Name: _____		Birthdate: / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relation to Member:
Phone: Primary (____) _____ - _____ Type: _____ Secondary (____) _____ - _____ Type: _____				
Email: _____		Employer: _____		
Parent/Guardian Name: _____		Birthdate: / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relation to Member:
Phone: Primary (____) _____ - _____ Type: _____ Secondary (____) _____ - _____ Type: _____				
Email: _____		Employer: _____		
Number of adults in the household? _____		Number of youth in the household? _____		
Names of household youth that are also BGCP Club Members: _____				

Emergency Contact Information: (Please Print)

1. Emergency Contact: (Other than parent/guardian)		Relationship: _____	
Name: _____		Phone Number: _____	
2. Emergency Contact: (Other than parent/guardian)		Relationship: _____	
Name: _____		Phone Number: _____	
3. Emergency Contact: (Other than parent/guardian)		Relationship: _____	
Name: _____		Phone Number: _____	



Membership Application Cont.

Child's first initial/last name: _____

Relational Support Information: (Please Print)

Name of School District:	Name of School:	Grade:	Current Teacher:
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Does your child: <input type="checkbox"/> Yes <input type="checkbox"/> No Have an IEP/504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Receive Free/Reduced Lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No Read at grade level?	What is one GREAT thing about your child? _____ What activities is your child interested in? _____
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Does your child have an adult support aid (case worker/ PO/ mentor/ etc.):? Yes No

Please describe: _____

Please indicate any behavioral issues or physical/mental limitations that the Club needs to be aware of:
If you would like to provide more detail please speak with the Club Director.

Health/ Medical Information: (Please Print)

Please indicate any medical conditions that the Club needs to be aware of:
If you would like to provide more detail please speak with the Club Director.

If your child has allergies and or takes medication please indicate here and complete the allergy and/or medication form.
Please note the BGCP does not administer any medications.

Is your child allergic to anything? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list: _____ _____ _____	Does your child take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list: _____ _____ _____
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Physician Name: _____	Insurance Provider: _____
Physician Number: _____	Policy#: _____

Anticipated Transportation: (Please Print)

The Boys & Girls Club of Portland has an open door policy and members are free to enter and leave the Club. It is the responsibility of the parents/guardian to instruct their child as to when and with whom they may leave the Clubhouse. There is very limited availability for school/Club transportation to the Club. Please complete a Transportation Request Form if you are interested in these options.

Anticipated method of most commonly used transportation to the Club: (Please Check One)

Independent Walking
 Supervised Walking (limited schools)
 Public Transit
 Adult Drop-off
 School bus (extremely limited)
 BGCP Van (limited availability)
 Bicycle
 Other: _____

Anticipated method of most commonly used transportation leaving the Club: (Please Check One)

Independent Walking
 Public Transit
 Adult Pick-up
 Bicycle
 Other: _____

Parent Involvement: (Optional) (Please Print)

Would you be interested in volunteering for the Boys & Girls Club? Yes No

Do you have any program suggestions or feedback so we can better serve the community?



Membership Application Cont.

Child's first initial/last name: _____

Parent Release

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 Portland Metropolitan Area (BGCP, Club), 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 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 the above organizations, or participation in activities of said organizations either at or away from the Club.

Please read, and initial each following statement to indicate your understanding, and then sign your name below and date

_____ Open Door Policy

I understand the BGCP has an open door policy and members are free to enter and leave the Club. I understand it is the responsibility of the parents/guardian to instruct their child as to when and with whom they may leave the Clubhouse. Parents and Club members are responsible for their own transportation to and from the Club. I also understand the Club is not, nor does it claim to be, a licensed day care center.

_____ Youth Development Program

I understand the BGCP's mission is to enable all young people, especially those who need us most, to reach their full potential as caring, productive, responsible citizens. I understand that in the course of serving my child and fulfilling their mission BGCP staff may develop a mentoring relationship with my child. I understand that this relationship should be constrained to official BGCP activities and events.

_____ School Information

I give my permission to the Boys & Girls Club of Portland and the _____ School District to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Club and in life. I am authorizing the Boys & Girls Club of Portland to have access to my child's grades, attendance records and share information regarding behavioral history with my child's teacher and principle. This release is valid for one year and may be revoked at any time by contacting the above named School District or the Boys & Girls Club of Portland in writing.

_____ Photo/ Video Usage

I, the parent/guardian of the minor child listed on this application hereby grants permission to the BGCP, its agents and assigns, to use above named child's photo or video, and likeness for the purpose of promotion by BGCP for all forms, media and manners, for the following, but not limited to, news releases, photographs, video, audio, website, marketing, advertising, trade, promotion, exhibition for an indefinite period of time. I give unrestricted permission for images, videos, and recordings of the child to be used in print, video, digital and internet media. I agree that these images and/or voice recordings may be used for a variety of purposes and that these images may be used without further notifying me. I further acknowledge that I will not be compensated for these uses and the BGCP owns all rights to the images, videos, and recordings, and to any derivative works created from them. I hereby release BGCP and its agents and assigns from any claims that may arise from these uses, including without limitation claims of defamation or invasion of privacy, or of infringement of moral rights or rights of publicity or copyright

If there are security issues with the public release of your child's image engaged in BGCP activities please speak with a BGCP staff member. (*Staff note:* _____)



Membership Application Cont.

Child's first initial/last name: _____

Data Collection & Sharing

I give my permission to the BGCP to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. 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 Club impact on our members. I understand that the BGCP may share information about the minor child listed on this application 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 BGCP including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Safety & Behavior

The Boys & Girls Clubs of Portland is not a public entity and participation is at the sole discretion of BGCP. Safety is the number one priority of BGCP and a member's behavior and adherence to the rules of the Club is of utmost importance.

I understand that my child's membership standing or program participation is based upon their ability to obey the rules of the Club, its officials and staff members. Membership may be suspended or cancelled at any time for misbehavior without a refund.

Technology

I understand that as a member of the Boys & Girls Club, my child will have access to the Internet. While BGCP takes precautions, it is possible my child may access inappropriate sites and/or material. BGCP will have rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access.

Miscellaneous

I understand the Boys & Girls Club is not responsible for lost or stolen items.

Membership dues will not be refunded due to lack of attendance, revocation or membership, or inability to attend the Club. Membership at all BGCP Clubhouses is included in the membership due.

I understand that my child must be picked up at or before closing time. A Late Fee Policy will be enforced if a child is not picked up by closing time.

I have read the completed application and this form, understand the rules of the Boys & Girls Club of Portland and request who my child be admitted into membership.

Parent / Guardian Signature

Printed Name

Date: ____/____/____



Confidential Information:

The Boys & Girls Club of Portland is an independent 501C3 charity as defined by the IRS. Our funding is obtained by the generous financial support of foundation, individuals, and corporations.

The following information is necessary for our records and the funding our organization receives. **Your confidential information will not be revealed** in conjunction with your name to anyone and is bundled with groups of information for funding requests. The answers you provide are confidential **and in NO WAY impact your membership eligibility.**

Your cooperation in providing this information is both appreciated and necessary.

Please indicate ALL of the Ethnicities and/or Races you feel apply to your member
 African African American Asian Latino/Hispanic Asian Slavic
 Middle Eastern Native American/Alaska Native/ Indigenous Native Hawaiian/Pacific Islander

Is a parent/ guardian active Military? Yes No Which branch?: _____

Annual Household Income: *(please include income for all persons who contribute to the household)*

Does parent/guardian receive State/Federal general assistance? Yes No

Does parent/guardian receive State/Federal or housing assistance? Yes No

Does parent/guardian receive food assistance? *(WIC, SNAP, etc)* Yes No

Has a parent/ guardian been incarcerated in the last five years? Yes No

Has your immediate family been without permanent residence?
Currently? Yes No Within the last 12 months? Yes No

Has parent/guardian or immediate family member participated in drug/alcohol treatment?
 Yes No

Has your member ever been involved in the Juvenile Justice system? Yes No
Within the last 12 months? Yes No

Thank you for providing this important information. You are an integral part of helping us keep our membership fees affordable so every child can have access to the Club. Without your partnership we would not be able to receive the funding we rely on to operate the Clubs.

Additionally, BGCP provides scholarships so everyone can belong. If you or someone you know needs a scholarship for membership or programming please speak with a staff member.