



**BOYS & GIRLS CLUBS**  
OF PORTLAND METROPOLITAN AREA

# Youth Membership Application

2018-2019 | Valid Sept. 1 - August 31

Please complete the application in full. All information is confidential.

### FOR OFFICE USE ONLY

Deposit: \_\_\_\_\_

Payment Plan: \_\_\_\_\_

Scholarship:  Y  N

Date Enrolled: \_\_\_\_\_

Time Received: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

### MEMBER (CHILD) INFORMATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  Male  Female  Non-conforming Birth Date:     /     /     Age: \_\_\_\_\_

Address (Street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Membership:  New  Renewal Has your child been a member of another Club?  Yes  No  
Club name: \_\_\_\_\_

Child Lives With: (Please check one)  
 Single Parent  Foster Parent(s)  
 Two Parent  Family member  
 Shared Custody  Group Home  
 Other: \_\_\_\_\_

Race: (Please check all that apply)  
 Black/African American  White  
 American Indian/Alaskan Native  Multi-Racial  
 Pacific Islander/Native Hawaiian  Hispanic/Latino  
 Asian  Other: \_\_\_\_\_

Refugee:  Yes  No Language(s) spoken at home: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Relation to Member: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
OK to text?  Y  N OK to text?  Y  N

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Relation to Member: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
OK to text?  Y  N OK to text?  Y  N

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Adults in Household: \_\_\_\_\_ Number of Youth in the Household: \_\_\_\_\_

### EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_



Child's first initial/last name: \_\_\_\_\_

Youth Shoe Size:	Youth T-Shirt Size:	Pants Size:
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**RELATIONAL SUPPORT INFORMATION**

School District:	School:	Grade:
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Does your child: (Check all that apply)

<input type="checkbox"/> Have an IEP	<input type="checkbox"/> Have an adult support aid (caseworker/PO/mentor, etc.)
<input type="checkbox"/> Receive Free or Reduced Lunch	If yes, describe: _____
<input type="checkbox"/> Read at grade level	_____

Please describe any behavioral issues or physical/mental limitations that the Club needs to be aware of (if you would like to provide more details, please speak to the Club Director):

**HEALTH/MEDICAL INFORMATION**

Please Indicate any medical conditions that the Clubs need to be aware of (if you would like to provide more details, please speak to the Club Director):

If your child has allergies or takes medication, please indicate below and complete the allergy and/or medication form. (Please not 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:	Physician Phone Number:
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**TRANSPORTATION**

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.

<b>Anticipated method of transportation TO the Club:</b> <input type="checkbox"/> Supervised walking <input type="checkbox"/> Independent walking <input type="checkbox"/> Public Transit <input type="checkbox"/> School bus (extremely limited) <input type="checkbox"/> BGCP van (limited availability) <input type="checkbox"/> Bicycle <input type="checkbox"/> Adult Drop-off <input type="checkbox"/> Other: _____	<b>Anticipated method of transportation FROM the Club:</b> <input type="checkbox"/> Independent walking <input type="checkbox"/> Public Transit <input type="checkbox"/> Adult Pick-Up <input type="checkbox"/> Bicycle <input type="checkbox"/> Other: _____
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Please list anyone who **IS NOT** authorized to contact or pickup your child (Please reach out to Club Directors with more info)



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.

\_\_\_\_\_ **Safe Passage**

I understand that BGCP has instituted a safe passage procedure in order to keep my child safe during arrival and departure times. As part of this procedure I understand that:

- a) My child must check in and out each day.
- b) My child must be retrieved from the Club by parent/guardian or authorized person, or have given consent below for their child to check out of the Club on their own.  
 \_\_\_\_\_ I understand that by initialing, I am giving permission for my child to check out of the Club on their own.
- c) It is my responsibility to discuss the pick-up arrangement with my child on who may, or may not, pick them up, or if they have permission to leave on their own.
- d) I understand that if my child leaves the Club without my permission, it could impact my child's Club membership.
- e) It is my responsibility to keep my child's authorized pick-up list up to date with current contact information.

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

\_\_\_\_\_ **Refunds**

I understand that by confirming my registration for a Boys & Girls Club of Portland membership it is my responsibility to ensure that 100% of the payment for membership dues is paid in full no later than June 30<sup>th</sup>. I understand that my child's membership standing or program participation is based upon the ability to follow the rules of the Club, its officials and staff members. Membership may be suspended or cancelled at any time for misbehavior without a refund.

\_\_\_\_\_ **Medical Treatment**

In the event of an emergency situation, I authorize BGCP staff to secure medical treatment for my child. I understand that BGCP does not administer prescription or over the counter medications of any kind to my child.

\_\_\_\_\_ **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 are of utmost importance.

Parents/Guardians or family members who exhibit behavior or language that is offensive and/or inappropriate or engage in physical/verbal abuse or threat of harm to any staff, volunteer or member, will be subject to removal from the facility and could impact their child's membership.

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

\_\_\_\_\_ **Technology**

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

**Youth Development Program**

I understand that BGCP is a youth development program, not a child care facility. This program design requires members to be self-directed and responsible for choosing a program area throughout the day from the schedule provided.

I understand the BGCP's mission is "to empower all young people, especially those who need us most, to discover their full potential as caring, engaged, responsible community members." 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 listed on this form 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 listed 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.

**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.

*I hereby give permission for my child to become a member of the Boys & Girls Clubs of Portland Metro and to participate in its programs and activities. I have read the completed application and this form and understand the rules of Boys & Girls Club of Portland and agree to conform to these rules. I further confirm all information provided is accurate and up to date to the best of my knowledge. I fully understand the assumption of risk and release to which I am agreeing.*

\_\_\_\_\_  
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. This page of the application is stored separately from the application. 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

**Monthly 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

Is a Parent Active Military?  Yes  No Which branch? \_\_\_\_\_

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

Please indicate ALL of the Ethnicities and/or Races you feel apply to your member

African  African American  Asian  Latino/Hispanic  Caucasian  Slavic

Middle Eastern  Native American/Alaska Native/ Indigenous  Native Hawaiian/Pacific Islander

## Youth and Family Services Needs Assessment

Our Youth and Family Services (YFS) Program offers counseling, social help, behavior planning, assistance accessing services (housing, food, medical, mental health, clothing, etc), as well as specialized classes and/or groups for parents or children. The YFS Program strives to help children and families meet their needs and live their best lives.

The purpose of this form is to help us serve you, your children, and your family better. While this form is **optional**, the more completely you can answer the questions, the better we will be able to help your family and child. This form will be kept **strictly confidential** and is only for the purpose of assessing needs.

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Does your child have any severe allergies, medical conditions, or special needs we should be aware of?

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Does your child have any behavioral struggles or specific behavioral or mental health diagnoses?

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Does your child have a support aid, counselor, case worker, or any other support specialist?

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Has your child experienced or witnessed any trauma (ex. Abuse, domestic violence, gang violence, etc)?

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Has your child ever been in foster care? For how long?

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Has your family ever been separated from a member (ex. Death, divorce, incarceration, deportation, DHS removal, etc)?

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Has your child or family ever been involved with law enforcement or the justice system?

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Has your child or family ever been involved with DHS?

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Has your family ever been homeless? For how long?

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Has your family ever had trouble accessing food or gone hungry?

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Has your family ever had trouble accessing basic needs (ex. Rent, utilities, medical care, clothing, housing, etc.)?

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Has your child or family ever been affected by drugs, alcohol, or other addictions?

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Do you have any other needs or concerns that we can help with?

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