



# MEMBERSHIP APPLICATION

Membership Fee: \$10

Club Site: \_\_\_\_\_

*Note: Application must be filled out completely in order for membership to be valid.  
All personal information will be kept confidential and is used strictly for the safety of your child and in statistical reports necessary for funding.*

<i>Office Use Only</i>	
Application Date: _____ / _____ / _____	
Expiration Date: _____ / _____ / _____	
Membership fee paid: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Staff initials: _____	

## MEMBER INFORMATION

Child's Name: (First, Middle Initial , Last)		Cell Number: ( ) -
Mailing Address:		Age:
Ethnicity: <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Multi-Racial or Other <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Pacific Islander		Birth Date: (MM/DD/YY)
Language spoken at home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
School:	Grade Release for Outcome Measurement: <input type="checkbox"/> Yes <input type="checkbox"/> No    Wisner # _____	Times normally in care: From: _____ To: _____
Teacher:	Grade:	USDA Milk & Snack Enrollment for CACFP: Days normally in care: M T W Th F Circle all that apply: AM Snack    Supper    PM Snack
Any health or allergy information we should know?		
Media Release*: <input type="checkbox"/> Yes <input type="checkbox"/> No		

## ADDITIONAL MEMBER INFORMATION

Child's Name: (First, Middle Initial , Last)		Cell Number: ( ) -
Mailing Address:		Age:
Ethnicity: <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Multi-Racial or Other <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Pacific Islander		Birth Date: (MM/DD/YY)
Language spoken at home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
School:	Grade Release for Outcome Measurement: <input type="checkbox"/> Yes <input type="checkbox"/> No    Wisner # _____	Times normally in care: From: _____ To: _____
Teacher:	Grade:	USDA Milk & Snack Enrollment for CACFP: Days normally in care: M T W Th F Circle all that apply: AM Snack    Supper    PM Snack
Any health or allergy information we should know?		
Media Release*: <input type="checkbox"/> Yes <input type="checkbox"/> No		

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<b>Mailing Address:</b>		<b>Age:</b>
<b>Ethnicity:</b> <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Multi-Racial or Other <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Pacific Islander		<b>Birth Date: (MM/DD/YY)</b>
<b>Language spoken at home:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>School:</b>	<b>Grade Release for Outcome Measurement:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Wiser #</b> _____	<b>Times normally in care:</b> From: _____ To: _____
<b>Teacher:</b>	<b>Grade:</b>	<b>USDA Milk &amp; Snack Enrollment for CACFP:</b> Days normally in care:   M   T   W   Th   F Circle all that apply:   AM Snack   Supper   PM Snack
<b>Any health or allergy information we should know?</b>	<b>Media Release*:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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<b>Any health or allergy information we should know?</b>	<b>Media Release*:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

### MEMBER MEDICAL INFORMATION

<b>Insurance Company:</b>	<b>Insurance Policy Number:</b>
<b>If your child(ren) does not have health insurance may we contact you:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I give permission for my child(ren) to speak to a licensed mental health professional if there is a special need:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**\*MEDIA RELEASE**

In addition, I authorize BGCCW and partners, to use and reproduce all photographs, audio or video which may be taken in connection with Club activities for any purpose whatsoever (including print materials, audio, video and internet) without compensation. All negatives and positives together with prints and video footage shall constitute BGCCW property, solely, and completely.

**PRIMARY CONTACT INFORMATION**

<b>Name:</b>	<b>Primary Phone Number:</b> (    )    -
<b>Mailing Address:</b>	<b>Email:</b>
<b>Relationship to member:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Grandma <input type="checkbox"/> Grandpa
<b>Place of Employment:</b>	<b>Work Number:</b> (    )    -
<b>Name:</b>	<b>Primary Phone Number:</b> (    )    -
<b>Mailing Address:</b>	<b>Email:</b>
<b>Relationship to member:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Grandma <input type="checkbox"/> Grandpa
<b>Place of Employment:</b>	<b>Work Number:</b> (    )    -

**REQUIRED: EMERGENCY CONTACT**

In the event that the parents/guardians listed above cannot be reached in an emergency, this person is authorized to act on my behalf. Please list adults who live outside the home.

<b>Name:</b>	<b>Primary Phone Number:</b> (    )    -
<b>Relationship to member:</b>	<b>Authorized to pick up:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name:</b>	<b>Primary Phone Number:</b> (    )    -
<b>Relationship to member:</b>	<b>Authorized to pick up:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**HOUSEHOLD INFORMATION**

<b>Yearly household income:</b>	<b>Family Size:</b> (number of people living in household)
<b>Family Setting:</b> <input type="checkbox"/> Both parents <input type="checkbox"/> Grandparents <input type="checkbox"/> Single parent	<input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other: _____
<b>Child eligible for Free/Reduced Lunch:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

## CONSENT RELEASES

I understand that if my child is ill or does not attend school, he/she is not able to attend Club afterschool programming, sports, or special events.

In consideration of the benefits to be received, and in view of the fact that Boys and Girls Clubs of Central Wyoming will be providing educational and recreational programs and that participation is voluntary, and having confidence that every precaution will be taken to ensure the safety and wellbeing of myself, my child, I agree to my and/or my child's participation in the project activities as follows:

### LIABILITY AND MEDICAL EMERGENCY

I, for myself and on my behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the Boys & Girls Clubs of Central Wyoming, its officers, officials, agents and/or employees, other participants, sponsors advertisers, and if applicable, owners and lessors of premises used to conduct the event ("releasees"), from any and all claims, demands, losses, and liability arising out of or related to any injury, disability or death my child may suffer, or loss of damage to a person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent of the law.

### DATA COLLECTION:

I hereby give permission to Boys & Girls Clubs of Central Wyoming, Boys & Girls Clubs of America and other partner organizations to release educational records; including but not limited to attendance records, grades, state assessment test (or other test) scores, academic tests, behavior referrals, and suspension/expulsion records and/or delinquency/criminal and other records to Boys & Girls Clubs of Central Wyoming for the purposes of evaluating the success of the programs and to be able to more effectively serve my child. I also give permission to BGCCW to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child(ren) listed on this application. Any and all information received will be kept strictly confidential. Results of the 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.

### MEMBERSHIP AGREEMENT AND PERSONAL PROPERTY

I understand that my child must be at least 6 years old to attend regular programming of the Boys & Girls Clubs of Central Wyoming. I understand that if my child has frequent accidents they must wear a disposable garment. I understand that if my child is left at the facility after closing, I will be charged a late fee (starting with the first minute). I also understand that if my child is left more than 45 minutes after closing that the Club will contact the proper authorities. I understand membership is voluntary and have confidence that every precaution will be taken to ensure the safety and well-being of my child. I further understand that membership is a privilege and can be revoked at any time. Boys & Girls Clubs of Central Wyoming has the right to send your child(ren) home at any time due to discipline issues. In the event a parent or emergency contact cannot be reached for pick-up, the police will be called. We will make every attempt possible to contact the parent or emergency contact before this step is taken. BGCCW is not responsible for the loss of personal property. Children are encouraged to leave valuables at home.

### FIELD TRIP AGREEMENT

Boys & Girls Clubs of Central Wyoming will provide transportation for field trips. I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend BGCCW, its officers, directors and agents, and the chaperons or representatives associated with the event, arising from or in connection with my child attending or being transported to and from the event, or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate Boys & Girls Clubs of Central Wyoming, its officers, directors and agents, chaperons, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith. If my child arrives late for a field trip and the group has departed, I assume full responsibility for my child and he/she/they will not be left unsupervised at the program site.

**I acknowledge I have received and understand the membership form.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I promise to respect myself, respect others and respect the Boys & Girls Club.**

Member Signature: \_\_\_\_\_

*"This institution is an equal opportunity provider."*





## After School at the Club

Glenrock Intermediate School

Possible happens here.



### 2018-19 Program Fees:

\$20/month - includes every day after school, School's Out Days, and full day Fridays.

Fees are due the **FIRST FRIDAY** of the month. If not paid in full or payment arrangements made by close of business, services to your child could be suspended until your account is brought up-to-date.

#### **REMINDER:**

For the safety of your child, a parent or guardian **MUST** accompany all members in to and out of the Club each day.

**NO EXCEPTIONS!**

*We will not turn away anyone for financial reasons. Please speak with our Branch Director or Finance Department for payment options (307) 235-4079, or to learn how to qualify for a scholarship.*

By signing below, you acknowledge and accept the above procedure and will adhere to all policies and procedures set forth by the Boys & Girls Club of Glenrock while your child is attending as an active member.

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Parent/Guardian Signature

Date



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BOYS & GIRLS CLUBS  
OF CENTRAL WYOMING

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**Parent Copy**