



BOYS & GIRLS CLUB
OF DANE COUNTY

Boys & Girls Club Annual TEEN MEMBERSHIP APPLICATION

For your child's well-being, the information you provide must be complete and accurate. A parent/guardian signature is required.

\$10 for the School Year Membership

MEMBER INFORMATION

Member General Information

Name: _____

Home Address: _____

City & State: _____ Zip: _____

Member Birthdate: _____

Member School: _____

Member School District: _____

Current Grade: _____

Student ID#: _____

Member Gender:

Female Male Transgender Other

Member School Lunch Eligibility

Mark only one square.

Free Reduced Non-Needy Unknown

Member Lives with:

Mark only one square.

Both Parents Guardian
 Mother Only Group Home
 Father Only Other
 Foster Care

Member Race/Ethnicity

Mark only one square.

American Indian/Alaska Native Multi-Racial
 Asian Hawaiian/Pacific Islander
 Black/African American Latino
 White/Caucasian Other

Member previous attendance

Mark only one square.

Yes No

If Member has previous attendance which Club location did they attend?

FAMILY INFORMATION

Parent/Guardian 1

Name: _____

Best Contact Phone: _____

Email Address: _____

Home Address: _____

City & State: _____ Zip: _____

Parent/Guardian 2

Name: _____

Best Contact Phone: _____

Email Address: _____

Home Address: _____

City & State: _____ Zip: _____

Home Many Members Are in Your Household Including Yourself?

Mark only one square.

2 3 4 5 6 7 8 9 10 More than 10

List Your Annual Household Income

Mark only one square.

Less than \$9,999
 \$10,00-\$14,999
 \$15,00-\$22,999
 \$23,000-\$33,999
 \$34,000-\$49,999
 \$50,000-\$74,999
 \$75,000 or more
 I am currently unemployed

Are You or Any Member of Your Family on Active Duty?

Mark only one square.

Yes No

Are You or Any Member of Your Family a Club Alumni?

Mark only one square.

Yes No

HEALTH HISTORY & EMERGENCY PLAN

Medical Facility & Insurance

Facility Name: _____
Address: _____
City & State: _____ Zip: _____
Telephone: _____
Physician Name: _____
Insurance Policy Holder: _____

Emergency Contact (In addition to parental guardian)

(List First & Last Name, Relation to Member, Phone Number, and Address)

Name: _____
Relationship: _____
Best Contact Phone: _____
Address: _____

Member Emergency Contact

(List First & Last Name, Relation to Member, Phone Number, and Address)

Name: _____
Relationship: _____
Best Contact Phone: _____
Address: _____

Check any special medical condition that your child may have. If available, provide any health care plan information from the child's physician, therapist, etc.

Check all that apply.

- No Specific Medical Condition
- Asthma: Controlled Medication Required
- Cerebral Palsy/Motor Disorder
- Diabetes
- Food Allergies *Specify:* _____
- Non - Food Allergies *Specify:* _____
- Gastrointestinal or Feeding Concerns Including Special Diet and Supplements
- Epilepsy/Seizure Disorder
- Cognitive Disability
- Learning Disability
- ADHD/ADD
- Autism Spectrum Disorder
- Milk Allergy If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative
- Other Conditions *Specify:* _____

TRANSPORTATION

This form gives Boys & Girls Club permission to accept your child at the Club

My child will arrive at the Club from:

Check all that apply.

- School Provided Transportation (School Year or Summer School)
- Myself or other Authorized Adult
- Walking (including entering the Club without an adult)
- Community Activity: _____
- Other: _____

My child will leave from the Club to go Home by:

Check all that apply.

- Myself or other Authorized Adult *Must be 18 Years or Older
- School Provided Transportation (Taxi, Badger Bus)
- Walking (including leaving the Club to an adult in a car)
- Community Activity: _____
- Other: _____

My child is authorized to be picked up by:

Name 1: _____
Phone 1: _____
Name 2: _____
Phone 2: _____
Name 3: _____
Phone 3: _____

PARENT/GUARDIAN AUTHORIZATIONS

My child may leave the Club without my permission.

- Yes No

I understand that it is my responsibility to monitor my child's participation in Club activities based on any physical or medical limitations that my child has that would inhibit his/her participation. In the event of injury or should emergency care be required, I authorize Club staff to arrange for emergency medical attention for my child. I acknowledge that I have had an opportunity to review the center's policies and procedures. I give permission for my child to participate in transported and walking field trips and other activities during operating hours. I am aware of the center's policy regarding pets.

I understand that my child may receive non-invasive physical exams and/or other types of assessments as a benefit of his or her membership. I give permission for my child to participate in surveys, discussion groups or other activities that help determine the success of Club programs. I authorize Boys & Girls Club to obtain or share data related to my child for the purpose of program assessment. I authorize release of information from school about my child so the Club can best serve its members. I grant permission for photographs, audiotapes and records of my child to be used by the Club and its agents for public relations and/or program evaluation purposes on behalf of the Boys & Girls Club of Dane County. Boys & Girls Club has permission to receive and share information (for use of identifying program and opportunity needs) with agencies serving our members such as: Health Department, other Health Agencies, MMSD, VASD, SPSPD, and other School Districts.

Printed Name (First & Last)

Signature and Date