

OFFICE USE ONLY
 Membership #1: _____
 Membership #2: _____
 Membership #3: _____
 Club/Site: _____
 Date of Membership: _____



**BOYS & GIRLS CLUB
OF MERCED COUNTY**

Membership Registration 2024-2025

Please complete ALL sections, 1 – 4.

In order for us to best serve you and your child, please complete ALL of the information on BOTH sides.

- Membership is available to all youth **Grades TK to 12** for 1 year.
- **TK Students must be registered with the School District at time of enrollment.**
- All youth members are encouraged to attend an orientation with legal parent/guardian as part of the enrollment process.
- All personal information is kept strictly confidential, only aggregated data is shared with funding sources.

SECTION 1

SELECT LOCATION: Gustine Los Banos Merced Weaver Planada

Referred by McKinney-Vento? Yes No

MEMBER INFORMATION

1) First Name _____ Middle Initial ____ Last Name _____ (F / M)

2) First Name _____ Middle Initial ____ Last Name _____ (F / M)

3) First Name _____ Middle Initial ____ Last Name _____ (F / M)

Insurance? Y__ N__ Company _____ Policy No. _____

Physician Name _____ Physician Phone _____

Preferred Hospital/Clinic _____ Medicaid/Cal No. _____

My child has NO medical issues **OR** **My child has the following medical issues and/or allergies** _____

List medications child is taking: _____

SECTION 2

PRIMARY PARENT(S) / GUARDIAN INFORMATION

1. **First/Last** _____ Relationship _____

Mailing Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address: _____

Employer _____ Job Title _____

Lives with member Yes No Emergency Contact Authorized Pick-Up

2. **First/Last** _____ Relationship _____

Mailing Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address: _____

Employer _____ Job Title _____

Lives with member Yes No Emergency Contact Authorized Pick-Up

Total number of individuals living in the home: _____

SECTION 3

AUTHORIZED PERSONS TO PICK-UP MEMBER (outside of parent/guardians):

1. **First/Last** _____ Relationship _____

Cell Phone _____ Emergency Contact

2. **First/Last** _____ Relationship _____

Cell Phone _____ Emergency Contact

3. **First/Last** _____ Relationship _____

Cell Phone _____ Emergency Contact

SECTION 4

(Please complete this section for funding purposes, all info will be confidential)

DATE: _____

MEMBERSHIP

____ New ____ Renewal

AGE / GRADE

1) _____ Current Age
 _____ Date of Birth
 _____ Grade Level
 _____ School
 _____ Lunch ID

2) _____ Current Age
 _____ Date of Birth
 _____ Grade Level
 _____ School
 _____ Lunch ID

3) _____ Current Age
 _____ Date of Birth
 _____ Grade Level
 _____ School
 _____ Lunch ID

RACE / ETHNICITY

- ____ African American
- ____ Asian
- ____ Caucasian
- ____ Latino / Hispanic
- ____ Native American
- ____ Pacific Islander
- ____ Multiracial
- ____ Other
- ____ N/A

ANNUAL FAMILY INCOME

- ____ Under \$9,000
- ____ \$9,001-19,999
- ____ \$20,000-29,999
- ____ \$30,000-39,999
- ____ \$40,000-49,999
- ____ \$50,000-59,999
- ____ \$60,000-69,999
- ____ \$70,000-79,999
- ____ \$80,000+

CHILD LIVES WITH

- ____ Both Parents
- ____ Mother
- ____ Father
- ____ 50% Mom/50%Dad
- ____ Grandparent(s)
- ____ Foster Care/Guardian
- ____ Aunt/Uncle
- ____ Sister/Brother
- ____ Group Home
- ____ Homeless/Shelter
- ____ Other
- ____ N/A

PROGRAMS USED

- ____ TANF
- ____ Food Stamps
- ____ SSI / SSDI
- ____ School Lunch
- ____ CalWORKS
- ____ Other
- ____ N/A

PARENT ORIENTATION

I understand that it is my responsibility to attend a site-specific Parent Orientation prior to enrolling my child. Club hours and policies may vary from site to site depending on program funding.

I understand the Parent Orientation Policy

TECHNOLOGY USE

I give my consent for my child to use email and the internet while at the Club according to the rules outlined in the Parent Member Information Manual.

Yes, I give permission for my child to Use Technology No, I do not give permission

MEDIA RELEASE

I consent to allowing the Club to use photographs or video of my child participating in Club activities and I waive all rights for compensation. (I.e., Marketing Materials/Social Media Sites).

Yes, I give my permission for media release No, I do not give permission

AUTHORIZATION FOR INTERAGENCY EXCHANGE OF CONFIDENTIAL INFORMATION

I give permission for the release and exchange of the following confidential information within this membership application, and also the release and exchange of confidential information (ex. testing data, grades and other school-related data, and all other confidentially protected data) from the following sources in order for the Club to provide programs and coordinate services on behalf of my child: I understand that my records are protected under federal confidentiality regulation and cannot be disclosed without my written consent unless otherwise provided for in these regulations. I may withdraw this consent at any time except to the extent that action has been taken in reliance upon it. This release will be in effect as long as the child has a current membership with the Club.

I consent to share my child's information I do NOT consent to share my child's information

PARENT HANDBOOK

I have read and agree to abide by the policies stated in the Parent Handbook. I understand that failure to abide by the policies in the handbook may result in the removal of my child from Club programs. I understand that if either I or my child violates the rules of the Club my child may be asked to forfeit his or her membership and that no membership fees will be refunded to me.

I have read the Parent Handbook I have not received the Parent Handbook

PARENT RELEASE

I give permission for my child to participate in all Boys & Girls Clubs of Merced County Programs. I understand that the Club and its properties are not responsible for personal injury or loss of property. I agree to hold the Club free and blameless from any claim for injury or missing items on the Club's property or in connection with any Club activity. I hereby authorize Club personnel to administer emergency medical treatment and/or transportation for my child in the event of sudden illness or accident.

I give permission for my child to attend I do not give permission

DISCIPLINE AND CONDUCT

If Members conduct themselves in a disorderly fashion or disregard the rules of the Club, the Club's staff or volunteers will discipline accordingly. The decision to discipline is in the sole discretion of the Club and may include but is not necessarily limited to the revocation of Membership privileges. The parent or guardian of the Member who was disciplined will be notified as soon as possible of the problem and disciplinary actions.

Referrals to outside organizations for assistance may be required, and suspension from the Club may take place, if deemed suitable to the offense.

I have read and understood the Discipline And Conduct Standards

MEDICINE POLICY

It is NOT the policy of the Boys & Girls Clubs to administer any prescription medicine to Members at any time. Medications may be stored at the Club with a prescription from the doctor and a parent/ guardian release on file, but it is the responsibility of the parent and/or Member to administer their own medication in accordance with the prescription.

I have read and understand the Medicine Policy

HEALTH AND EMERGENCY PROCEDURES

It is important that parents and guardians cooperate with Club Health and Emergency Procedures. Our regulations are designed to protect the well-being of all members. Please do not bring your child to the Club if they have missed that day of school, or if they have signs of illness. If a Member becomes ill while at the Club, parents will be notified to come and pick up their child.

In case of an accident or emergency involving a Member, which requires medical attention, proper medical aid will be sought. The parent or guardian will be notified as soon as possible of any emergency and any medical attention administered to the Member. If expenses for medical services are incurred, it is the Member's parent or guardian's responsibility to pay for all medical costs. Parents or guardians must promptly notify the Club of any phone number or address change so that they can be contacted in case of an emergency.

I understand the Health And Emergency Procedures

TRANSPORTATION

All parents or guardians of Members are responsible for the Member's transportation to and from the Club to the Member's home or as arranged with the District should transportation be provided by the District. If transportation is available additional permissions will be provided for me to authorize my child to be transported.

I have read and understand the Transportation Policy

FIELD TRIPS

For most field trips Club buses or vans will be utilized. Parents or guardians of Members will be notified in advance if other transportation arrangements must be made for the Member to participate in a field trip. In order for a Member to attend a field trip, the Club must receive a signed permission slip from the Member's parent or guardian in advance. Unless the Club specified otherwise, the Member's parent or guardian is responsible for transportation from the Club to the Member's home. During transportation, Members are responsible for conducting themselves in accordance with the same rules that govern all Club activities. Although accidents relating to any Club function rarely occur, in the event of an accident, it is the Member's parent or guardian's responsibility to pay all medical costs.

I have read and understand the Field Trip Policy

ROLE OF PARENT AND GUARDIANS

Parents and guardians play vital roles at the Boys & Girls Club. It is important that the parents or guardians be involved with the growth and development of each Member. Our purpose at the Boys & Girls Clubs is to provide assistance to the parents or guardians with their children. You are the primary role model in your child's life. By being involved with the child, you can instill moral values, gain trust and share love. If a problem arises, please direct your concerns to a staff member. To schedule an appointment to discuss and resolve the matter, call the Club site in which your child attends. Club sites and numbers are found at the end of this document.

I have read and understand the Role of Parent/Guardian at the BGC

DRESS CODE

Members, parents/guardians and volunteers are expected to respect our Clubs at all times; especially in the way of dress. Members are required to wear their membership shirt and membership card in order to enter the Club or participate in any Club activity. Additional shirts are available for purchase.

The following attire may not be worn at our Clubs:

- See-through or mesh clothing unless worn over other apparel.
- Garments that expose the midriff.
- Halter tops, tank tops, and "spaghetti" straps.
- Biking shorts or short that do not reach the fingertips of an extended arm.
- Bare feet at the Club or on any Club vehicle.
- Garments or accessories that display emblems relating to gangs, abusive substances, sex or obscenities.
- Tight fitting or revealing apparel.
- Sagging or other clothing deemed inappropriate by Club staff.
- Male and female Club Members are not allowed to wear hats.
- Open toe shoes are not allowed.

I have read and understand the Dress Code Policy

LATE PICK-UP FEE POLICY

Parents/Guardians are expected to know what time the program closes every day (**6:00 PM**). Additionally, parents are responsible for picking up their child before the club closes. Failure to comply with this policy will result in a verbal warning. After the first verbal warning, a late fee will be applied. The late fee is as follows: \$5 for the first 10 minutes past 6:00 PM and \$1 for every minute after 6:10 PM. **Thirty (30) minutes past 6:30 PM will result in a call to CPS. This policy will be strictly enforced and is per child not household.**

I have read and understand the Late Pick-Up Fee Policy

MEMBER AGREEMENT

- I agree to take care of my Club and the property therein.
- I will abide by the rules of the Club at all times.
- If at any time I am asked to return my Club membership card, I understand no dues will be returned to me.

I Agree

I do not agree

By signing below, I agree that I have read and understand all the above topics.

Parent Signature

Date

Member Signature

Date

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<p>ORIENTATION DATE: _____ Staff Initial: _____ <input type="checkbox"/> Handbook Received</p> <p>MEMBERSHIP TYPE: <input type="checkbox"/> NEW <input type="checkbox"/> RENEWED</p> <p>DOCUMENTS RECEIVED: <input type="checkbox"/> IEP <input type="checkbox"/> Other: _____</p> <p>PAID: <input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Scholarship <input type="checkbox"/> Check # _____</p> <p>Amount Paid: \$ _____ Receipt #: _____</p> <p>Referred by AGENCY _____</p>	<p>DATA ENTRY</p> <p><input type="checkbox"/> Entered in KidzTrax: Date: _____</p> <p><input type="checkbox"/> Member Card Made & Distributed: Date: _____ Membership # _____</p>
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