



Date _____

Member Type

- New Member
- Renewing Member

PRIMARY CONTACT

Role in Household	<input type="checkbox"/> Mother	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Brother	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Guardian
	<input type="checkbox"/> Father	<input type="checkbox"/> Sister	<input type="checkbox"/> Cousin	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other Relative
	<input type="checkbox"/> Step-Parent				

First Name _____
Last Name _____
Suffix _____
Informal Name _____
Employer / Organization _____
Email Address _____
Phone _____
Mobile Phone _____
Address _____
City _____
State _____
Postal Code _____

Military Status			
Current / Former Military	<input type="checkbox"/> Yes <input type="checkbox"/> No	Status	Branch
		<input type="checkbox"/> Active Duty	<input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps
		<input type="checkbox"/> Reserve/Guard	<input type="checkbox"/> Army <input type="checkbox"/> National Guard
		<input type="checkbox"/> Veteran	<input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy
Dept. of Defense ID Number _____		Currently Deployed (or deployed within the next 6 months) <input type="checkbox"/> Yes <input type="checkbox"/> No	

MEMBER DETAILS

Member Information

Total past years of membership with Boys & Girls Clubs _____

First Name _____
Middle Name _____
Last Name _____
Date Of Birth _____
Informal Name _____
Address _____
City _____
State _____
Postal Code _____

Birthdate _____

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Gender Queer	<input type="checkbox"/> Other
	<input type="checkbox"/> Female	<input type="checkbox"/> Gender Non-Conforming	<input type="checkbox"/> Choose Not to Answer
	<input type="checkbox"/> Trans Male		
	<input type="checkbox"/> Trans Female		

Racial / Ethnic Identity	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White
	<input type="checkbox"/> Asian	<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Bi-racial
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Multi-Racial
			<input type="checkbox"/> Other
			<input type="checkbox"/> Choose Not to Answer

Foster Care	<input type="checkbox"/> Yes <input type="checkbox"/> No
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School Lunch	<input type="checkbox"/> Free/Reduced
	<input type="checkbox"/> Entire School is Free
	<input type="checkbox"/> Not Eligible

School Information

Grade(Fall 2020) _____

School Name _____

Teacher _____

Allergies

Food Allergies	<input type="checkbox"/> Peanuts	<input type="checkbox"/> Soy	<input type="checkbox"/> Eggs
	<input type="checkbox"/> Tree Nuts	<input type="checkbox"/> Gluten	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Dairy/Lactose	<input type="checkbox"/> Seafood/Shellfish	

Environmental Allergies	<input type="checkbox"/> Bee Stings	<input type="checkbox"/> Dust	<input type="checkbox"/> Grass
	<input type="checkbox"/> Pollen	<input type="checkbox"/> Mold	<input type="checkbox"/> Other _____

Medicine Allergies	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Amoxicillin
	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Other _____

Other Allergies	<input type="checkbox"/> Latex	<input type="checkbox"/> Lotions
	<input type="checkbox"/> Perfumes/Colognes	<input type="checkbox"/> Other _____

Medical Information

Diagnosed Medical Conditions	<input type="checkbox"/> Asthma	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Autism	
	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Seizures	
	<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Anxiety/Depression	
		<input type="checkbox"/> Oppositional Defiance Disorder	

Please list any other physical, mental or medical limitations.

Does the member use an inhaler? Yes No

Does the member use insulin? Yes No

Does the member use an EpiPen? Yes No

Does the member self-administer medication? Yes No

Does the member receive additional support in the school/community? Individualized Education Plan (IEP)
 504 (accommodation)
 Speech Coach
 Meets with school or private counselor
 Other _____

Insurance

Insurance Carrier _____
 Group Number _____ Member/Policy Number _____

AUTHORIZED CONTACTS

Authorized Contact 1 (not primary contact)	Authorized Contact 2 (not primary contact)
Full Name _____	Full Name _____
Phone _____	Phone _____
Mobile Phone _____	Mobile Phone _____
Work Phone _____	Work Phone _____
Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship <input type="checkbox"/> Caseworker <input type="checkbox"/> Other <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Stepdad <input type="checkbox"/> Neighbor <input type="checkbox"/> Stepmom	Relationship <input type="checkbox"/> Caseworker <input type="checkbox"/> Other <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Stepdad <input type="checkbox"/> Neighbor <input type="checkbox"/> Stepmom

NON-AUTHORIZED CONTACTS

Please list any individuals that are restricted from picking up the member.

Non-Authorized Contact 1	Non-Authorized Contact 2
Full Name _____	Full Name _____
Phone _____	Phone _____
Relationship <input type="checkbox"/> Parent / Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Caseworker <input type="checkbox"/> Other	Relationship <input type="checkbox"/> Parent / Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Caseworker <input type="checkbox"/> Other
Start Date _____	Start Date _____
End Date _____	End Date _____

Household Support

Number of adults in household _____

Number of children in household _____

Household Composition

<input type="checkbox"/> Single Adult Household <input type="checkbox"/> Two + Adult Household <input type="checkbox"/> Self (emancipated / 18)	Who are the adults living in the household? (Check all that apply)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parents <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Foster Parent(s)	<input type="checkbox"/> Joint Custody <input type="checkbox"/> Legal Guardian(s) <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Other Relative(s) <input type="checkbox"/> Other Adult(s)
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Assistance Programs

- | | | |
|---|---|---|
| <input type="checkbox"/> Childcare Assistance | <input type="checkbox"/> SSI (Supplemental Security Income) | <input type="checkbox"/> Veteran's Compensation |
| <input type="checkbox"/> Food Stamps/SNAP | <input type="checkbox"/> SSDI (Social Security Disability Insurance) | <input type="checkbox"/> Housing Assistance |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> WIC (Women, Infants, and Children) | <input type="checkbox"/> Other (please explain below) |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> TANF (Temporary Assistance for Needy Families) | <input type="checkbox"/> Choose Not to Answer |
| <input type="checkbox"/> Social Security | | <input type="checkbox"/> None |

Please describe other income sources:

Housing Type

- | | |
|--|---|
| <input type="checkbox"/> Permanent (Own or Rent) | <input type="checkbox"/> Foster Family |
| <input type="checkbox"/> Public Housing | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Homeless |

Household Income Range

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$0 - 10,000 | <input type="checkbox"/> \$55,001 - 60,000 | <input type="checkbox"/> \$105,001 - 110,000 | <input type="checkbox"/> \$155,001 - 160,000 |
| <input type="checkbox"/> \$10,001 - 15,000 | <input type="checkbox"/> \$60,001 - 65,000 | <input type="checkbox"/> \$110,001 - 115,000 | <input type="checkbox"/> \$160,001 - 165,000 |
| <input type="checkbox"/> \$15,001 - 20,000 | <input type="checkbox"/> \$65,001 - 70,000 | <input type="checkbox"/> \$115,001 - 120,000 | <input type="checkbox"/> \$165,001 - 170,000 |
| <input type="checkbox"/> \$20,001 - 25,000 | <input type="checkbox"/> \$70,001 - 75,000 | <input type="checkbox"/> \$120,001 - 125,000 | <input type="checkbox"/> \$170,001 - 175,000 |
| <input type="checkbox"/> \$25,001 - 30,000 | <input type="checkbox"/> \$75,001 - 80,000 | <input type="checkbox"/> \$125,001 - 130,000 | <input type="checkbox"/> \$175,001 - 180,000 |
| <input type="checkbox"/> \$30,001 - 35,000 | <input type="checkbox"/> \$80,001 - 85,000 | <input type="checkbox"/> \$130,001 - 135,000 | <input type="checkbox"/> \$180,001 - 185,000 |
| <input type="checkbox"/> \$35,001 - 40,000 | <input type="checkbox"/> \$85,001 - 90,000 | <input type="checkbox"/> \$135,001 - 140,000 | <input type="checkbox"/> \$185,001 - 190,000 |
| <input type="checkbox"/> \$40,001 - 45,000 | <input type="checkbox"/> \$90,001 - 95,000 | <input type="checkbox"/> \$140,001 - 145,000 | <input type="checkbox"/> \$190,001 - 195,000 |
| <input type="checkbox"/> \$45,001 - 50,000 | <input type="checkbox"/> \$95,001 - 100,000 | <input type="checkbox"/> \$145,001 - 150,000 | <input type="checkbox"/> \$195,001 - 200,000 |
| <input type="checkbox"/> \$50,001 - 55,000 | <input type="checkbox"/> \$100,001 - 105,000 | <input type="checkbox"/> \$150,001 - 155,000 | <input type="checkbox"/> \$200,000+ |

WAIVERS & RELEASES

Data Collection

- Yes No I give my permission to BGCT 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, BGCA, funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members. This release may be revoked at any time by contacting the BGCT in writing.

Medical

- Yes No I give permission to the BGCT to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.
If my child is ill, they must be fever free and symptom free for at least 24 hours before returning to club. Documentation from a physician may be required.

Technology

- Yes No As a member of the Boys & Girls Club of Topeka, my child may have access to the internet. While the Boys & Girls Club of Topeka has rules prohibiting such conduct and precautions are taken by the Club to prevent such access, it is possible my child may access inappropriate sites. The Boys & Girls Club of Topeka will not be responsible for such unauthorized access.

Transportation

- Yes No I give BGCT permission to transport my child. I understand that my child is required to follow all the rules as outlined in the parent/member handbook, at all times. Failure to comply with club rules and staff may result in suspension or termination of membership without refund.

Data Sharing

- Yes No I give my permission to the BGCT to share information about the minor child listed on this application with 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 BGCT, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential. This release may be revoked at any time by contacting the BGCT in writing.

Press / Media

- Yes No I give my permission for my child's picture, video image, or any other graphic depiction or likeness, to be used by BGCT, Boys & Girls Clubs of America and its affiliates or donors and acknowledge neither my child nor I will receive payment for same.

Policy & Procedures

- Yes No I understand that the Boys & Girls Club is not responsible for lost or stolen items. Each Club has the right to make membership decisions based on the resources and capacity of their facility and staff. BGCT reserves the right to decline the application, rescind the enrollment of, or suspend any youth that cannot successfully associate with other club members.
- I understand that all membership fees must be paid in a timely manner. BGCT bills on a weekly basis, based on enrollment. I understand I am responsible for the payment of all services I enroll in. All membership monies are non-refundable.
- I understand that I MUST pick my child on time every day. I understand that if I am late, I am subject to a late fee of \$1.00 every minute that I am late.

APPLICATION APPROVAL

Membership at Boys & Girls Club of Topeka is a privilege. I understand that my child is required to follow all rules, as outlined in the parent/member handbooks, at all times. Failure to comply with these rules and guidelines may result in suspension or termination of membership without a refund.

I understand BGCT runs as a drop-in license facility. This means members are allowed to come and go as they please.

If your child requires parent / guardian pick up and may not leave without permission. Please make sure to initial here

I, the parent/guardian of the minor child listed on this application, on behalf of the minor child listed herein and for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Topeka (BGCT) and Boys & Girls Clubs of America (BGCA), 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.

Your signature below confirms that all information above is true and accurate.

Parent/Guardian Signature

Date