

Please complete this

Membership Application

Application in blue or black ink.

Thank you.



**BOYS & GIRLS CLUBS**  
OF THE GREATER CHIPPEWA VALLEY  
Please circle the Club you are applying to:

<b>Chippewa Falls Center</b>	<b>Lunda Center</b>	<b>Mary Markquart Center</b>	<b>Menomonie Center</b>
21 E. Grand Avenue	405 State Highway 54	1005 Oxford Avenue	<b>River Heights Elementary School</b>
Chippewa Falls, WI 54729	Black River Falls, WI 54615	Eau Claire, WI 54703	615 24th Avenue West
(715) 726-2065	(715) 284-4005	(715) 855-0081	Menomonie, WI 54751
\$15 Membership Fee/Year	\$15 Membership Fee/Year	\$15 Membership Fee/Year	(715) 233-2540
\$30 Household Membership Fee/Year	\$30 Household Membership Fee/Year	\$30 Household Membership Fee/Year	\$15 Membership Fee/Year
\$50/Week during Summer Programming	\$50/Week during Summer Programming	\$50/Week during Summer Programming	\$30 Household Membership Fee/Year
			\$50/Week during Summer Programming

\*\*\*Please contact your local Club to schedule your required "New Member Orientation" prior to attending.\*\*\*

Member Information

Member First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Member Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Ethnicity

- Caucasian     African American     American Indian     Asian-Asian Pacific
- Hispanic-Latino     Multi-Ethnic     Other: \_\_\_\_\_

Members PRIMARY Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Member Email Address \_\_\_\_\_

\*Email will be used to inform member of upcoming Club events! \*E-Mail is NOT required!

School (2016/2017) \_\_\_\_\_ Grade(2016/2017) \_\_\_\_\_ Teacher(2016/2017) \_\_\_\_\_

Eligible for Reduced/Free Lunch?     Yes     No

Is your child receiving any special services at school?     Yes     No

- Speech     English Language Learner     Title I     Cognitive disability
- Learning disability     Emotional/behavioral disability     Other interventions: \_\_\_\_\_

Has your child ever been retained (held back)?     Yes     No

Have there been truancy issues?     Yes     No    Specify \_\_\_\_\_

What are your child's grades? \_\_\_\_\_

Are you satisfied with your child's grades?     Yes     No

What homework would you like to see your child work on during the afterschool program? \_\_\_\_\_

Head of Household Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_

Parent  Grandparent  Guardian  Other Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

(Circle One) Home Cell

Place of Employment: \_\_\_\_\_

Email Address \_\_\_\_\_

Other Parent / Guardian Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_

Parent  Grandparent  Guardian  Other Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

(Circle One) Home Cell

Place of Employment: \_\_\_\_\_

Email Address \_\_\_\_\_

Call in Case of Emergency  Authorized to Pick Up Member  NOT Authorized to Pick Up Member

This contact may also make any changes to the account as they see fit

Alternate Authorized Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to Member \_\_\_\_\_

(Circle One) Home Cell Work

Call in Case of Emergency  Authorized to Pick Up Member  NOT Authorized to Pick Up Member

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Call in Case of Emergency  Authorized to Pick Up Member  NOT Authorized to Pick Up Member

Income Information

Family Size \_\_\_\_\_ Family Income \_\_\_\_\_ Military  Yes  No Branch \_\_\_\_\_

Member Lives In: (Circle One) Single Adult Household Multiple Adult Household

Member Lives With: (Circle One) Both Parents Mother Father Grandparent(s) Guardian(s) Relative(s) Foster Parent(s)

Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Preferred Hospital/Clinic \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Medication	Prescribing Doctor	Doctor's Phone Number	Amount to be taken	How it is taken	Time(s) of day to be taken	Reason for Taking/Special Instructions

Medical Information

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Anxiety                                  | <input type="checkbox"/> Bleeding disorder    | <input type="checkbox"/> Eating Disorders                | <input type="checkbox"/> Heart disease             |
| <input type="checkbox"/> Asthma                                   | <input type="checkbox"/> Bone/joint condition | <input type="checkbox"/> Epilepsy/seizures/blackouts     | <input type="checkbox"/> Hepatitis                 |
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder | <input type="checkbox"/> Cancer               | <input type="checkbox"/> Gastrointestinal/bowel disorder | <input type="checkbox"/> Hernia                    |
| <input type="checkbox"/> Autism                                   | <input type="checkbox"/> Depression           | <input type="checkbox"/> Headaches/migraines             | <input type="checkbox"/> High/low blood pressure   |
| <input type="checkbox"/> Bi-Polar                                 | <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Hearing disabilities            | <input type="checkbox"/> Kidney disease            |
|   | <input type="checkbox"/> Ear infections       |  | <input type="checkbox"/> Mental/emotional problems |

Does your child have any allergies? Please explain below and be as detailed as possible .  Yes  No

\_\_\_\_\_

\_\_\_\_\_

What was the date of your child's last Well Child Visit/Physical? (*well child visit* is a scheduled appointment with your healthcare provider when your child is NOT sick.) Month/Year \_\_\_\_\_

Are you child's immunizations up to date?  Yes  No

Is your child receiving counseling?  Yes  No

Social Development

Is there any family stress at this time?  Yes  No (*Specify*) \_\_\_\_\_

Are there any drug/alcohol related concerns in the family?  Yes  No  
(*Specify*) \_\_\_\_\_

Are there any legal issues, past or present, with the child or other family members that we need to be aware of?  Yes  No  
(*Specify*) \_\_\_\_\_

Do you feel your child is being bullied or is bullying others at school?  Yes  No

If yes, what has been done about it?

\_\_\_\_\_

**MEMBERSHIP RELEASE FORM**

PLEASE READ EACH STATEMENT & SIGN AND DATE THE BOTTOM OF THIS FORM

**LIABILITY:**

\_\_\_\_\_ I understand that Boys & Girls Clubs of the Greater Chippewa Valley is not responsible or liable in any way in the event of harm or injury occurring to my child. It is agreed that I will hold Boys & Girls Clubs of the Greater Chippewa Valley harmless for the actions of my children or the action of other children that result in the harm of others or damage to property, including activities outside of the Club.

Initials

I authorize the Boys & Girls Clubs of the Greater Chippewa Valley to seek medical attention for my child should the need arise.

**TRANSPORTATION:**

\_\_\_\_\_ I am giving permission for my child to be transported in the Boys & Girls Club van from school and/or to/from any fieldtrips relating to program activities that are held during regular program hours.

Initials

**PHOTO/VIDEOS:**

\_\_\_\_\_ I am giving consent for photographs, videos and/or like materials, in which my son/daughter may appear, to be used in any promotional materials the Boys & Girls Clubs of the Greater Chippewa Valley may care to use them.

Initials

**RELEASE OF ACADEMIC INFORMATION:**

\_\_\_\_\_ I am giving permission for the school my son/daughter attends to share attendance information, quarter and semester grades, suspension information, standardized test information, and any other information that relates to classroom performance, and behavior, with the staff of the Boys & Girls Club. This information will be used only by the staff in aggregated data reports and will not be used in any way that could identify an individual student.

Initials

**COMPUTER LAB USE POLICY:**

\_\_\_\_\_ I understand and will abide by the Computer Lab Use Policy of the Boys & Girls Clubs of the Greater Chippewa Valley as stated in the Parent Handbook. If I commit any violation, I will respect the decision of the Boys & Girls Club staff as to the consequences of my actions.

Initials

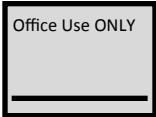
\_\_\_\_\_ As the parent/guardian, **DO NOT GIVE PERMISSION** for my child to use the computer resources at the Boys & Girls Clubs of the Greater Chippewa Valley.

I have read the Computer Lab Use Policy of the Boys & Girls Clubs of the Greater Chippewa Valley as stated in the Parent Handbook. I understand that this access is designed for educational and entertainment purposes and precautions have been taken to eliminate controversial material. I also recognize, however, that it is impossible for the Boys & Girls Club to restrict access to all controversial materials. I will not hold the Boys & Girls Club responsible for unintentional exposure to such material while on the internet. Further, I accept full responsibility for all intentional harm caused by my child to computer resources of the Boys & Girls Clubs of the Greater Chippewa Valley or any other affected parties.

**AUTHORIZATION TO LEAVE THE CLUB:**

My child is \_\_\_\_\_ years old and has my permission to check him/herself out of the Club and leave unescorted  
*I understand that I must provide verbal or written consent for my child to leave the Boys & Girls Clubs of the Greater Chippewa Valley unescorted. I understand that my child may not re-enter the Club after leaving. If my child has an appointment and I request he/she returns to the Club I will seek approval from Club staff*

Initials



My child **DOES NOT** have my permission to check him/herself out of the Club and leave unescorted  
*I understand that I must provide verbal or written consent for my child to leave the Boys & Girls Clubs of the Greater Chippewa Valley unescorted. I understand that my child may not re-enter the Club after leaving. If my child has an appointment and I request he/she returns to the Club I will seek approval from Club staff*

Initials

**I have read all of the above information and agree to the terms set forth by the Boys & Girls Clubs of the Greater Chippewa Valley.**

**MEMBER: I will try to be safe, legal, reasonable, respectful, and responsible while at the Club or participating in Club activities.**

**PARENT & MEMBER: I have read and agree to abide by all items in the Parent Member Handbook. By signing below you verify all information given in this application is accurate to the best of your knowledge.**

MEMBER SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE:

DATE



**BOYS & GIRLS CLUBS  
OF THE GREATER CHIPPEWA VALLEY**

**PARENT/GUARDIAN CONSENT FORM**

I, the parent or legal guardian for \_\_\_\_\_ hereby give my permission for my child to participate in the Mentoring Program at the Boys & Girls Club.

I fully understand that the program involves mentors, who shall be selected from the community and will be screened (including a criminal background check) and trained before beginning in the program. A mentor will be expected to spend a minimum of one hour per week with my child on-site at the Boys & Girls Club. The mentor is not allowed to take or meet my child beyond the Club facility.

I understand that my child will participate in an orientation session at the Club in which the program will be explained. The program is planned to last one year and continuation may then be discussed.

I understand that during the course of the mentoring program there may be special group events (incorporating all mentors and youth) and family events planned. I understand that the staff of the Club will provide ongoing monitoring of the mentoring activities.

I give the Boys & Girls Club Mentoring Program Coordinator permission to obtain my child's academic and attendance records from my child's school.

I permit the Mentoring Program staff and the Boys & Girls Club to utilize photographs of my child taken during his/her involvement in the mentoring program and waive all rights of compensation.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Printed name of Parent/Guardian)

Date \_\_\_\_\_

**For Office Use Only**

**Member Status**

Guest  
 New  
 Renewing

**Vision ID**

\_\_\_\_\_

**Data Entry**

Rec'd \_\_\_\_\_

Entered \_\_\_\_\_

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

Paid Cash \_\_\_\_\_ Check \_\_\_\_\_ M.O.# \_\_\_\_\_  
 Scholarship Amount \_\_\_\_\_

Orientation Date: \_\_\_\_\_ Orientation Complete

Orientation Time: \_\_\_\_\_