

T-Shirt Size: _____

Membership Application



Member's Info Please print & fill out application completely. BGCSA will NOT accept incomplete applications.

Has your child ever been a member at another club? Name of Club: _____	Membership # _____
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First Name: <input style="width: 95%;" type="text"/>	Middle Initial: <input style="width: 95%;" type="text"/>	Last Name: <input style="width: 95%;" type="text"/>
Address: <input style="width: 95%;" type="text"/>		Email address for Member: <input style="width: 95%;" type="text"/>
Zip Code: <input style="width: 95%;" type="text"/>	County: <input style="width: 95%;" type="text"/>	City: <input style="width: 95%;" type="text"/>
Home Phone: <input style="width: 95%;" type="text"/>	Cell Phone (Member): <input style="width: 95%;" type="text"/>	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date: <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	Age <input style="width: 20px;" type="text"/>
Member's SSN: <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>		School Name: <input style="width: 95%;" type="text"/>
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Hawaiian/ Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____	Club member for: <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 Years <input type="checkbox"/> 2 or More Years	Student I.D. #: <input style="width: 95%;" type="text"/>
Allowed to swim? <input type="checkbox"/> Yes <input type="checkbox"/> No		School District: <input style="width: 95%;" type="text"/>
Graduation Year: <input style="width: 95%;" type="text"/>	Current Grade <input style="width: 95%;" type="text"/>	Member Receives (Check one) <input type="checkbox"/> Free Lunch <input type="checkbox"/> Reduced Lunch <input type="checkbox"/> None

Household Info (Please Print)

Single Parent Household: <input type="checkbox"/> Yes <input type="checkbox"/> No	Head of Household: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both	Military Household: <input type="checkbox"/> Yes <input type="checkbox"/> No Branch: _____	Check all that apply: <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> Medicaid <input type="checkbox"/> Haven for Hope <input type="checkbox"/> SAHA Housing <input type="checkbox"/> Bexar County Housing <input type="checkbox"/> Military Housing; Base: _____ <input type="checkbox"/> None of the above apply to my household
Member lives with: (Circle one)			
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Family
<input type="checkbox"/> Non-Family	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Other _____	
Primary Language Spoken in Home: <input style="width: 95%;" type="text"/>			

Member's Medical Concerns (Please Print)

(If no allergies or medical problems, write NONE in the boxes below)			
Allergies <input style="width: 95%;" type="text"/>	Medical Problems/Medicine Needs: <input style="width: 95%;" type="text"/>		
Physician & Phone Number: <input style="width: 95%;" type="text"/>	Medicaid Number: <input style="width: 95%;" type="text"/>	Insurance Company & Policy #: <input style="width: 95%;" type="text"/>	
Please explain any special needs/concerns for member: <input style="width: 95%;" type="text"/>			

Parent Info (Please Print)



Primary Parent/ Guardian		
First Name:	Last Name:	Relationship to child:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital Status:	Highest level of education:	Employer:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Number:	Cell Number:	Occupation:
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Work Number:
		<input type="text"/>

Secondary Parent/ Guardian		
First Name:	Last Name:	Relationship to child:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital Status:	Highest level of education:	Employer:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Number:	Cell Number:	Occupation:
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Work Number:
		<input type="text"/>

Member Pick-Up & Emergency Contact Info (Please Provide)

Name:	Phone Number:	Relationship:
1) <input type="text"/>	<input type="text"/>	<input type="text"/>
2) <input type="text"/>	<input type="text"/>	<input type="text"/>
3) <input type="text"/>	<input type="text"/>	<input type="text"/>

Pick up Information (Please Print)

Person(s) NOT authorized to pick up member	
Name of person(s) NOT authorized to pick up member:	
<input type="text"/>	
Have you attached legal documentation?	
<input type="checkbox"/> Yes	NOTE: YOU MUST PROVIDE LEGAL DOCUMENTATION
<input type="checkbox"/> No	

Additional Household Info (Please Print)

Number of Persons in Family Unit (# in household):	Persons under 18	City Council District	Annual Household Income \$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I have read and completed application. I understand the policies of the Boys & Girls Clubs of San Antonio (BGCSA) and request that my son/daughter be admitted into membership and I grant permission for my child to participate in current and future programs. I have explained the rules to my son/daughter and agree that BGCSA will not be responsible for any accident to him/her while on the premises of BGCSA or while engaged in any of its activities away from BGCSA.

Parent/Guardian Signature

Date

PLEASE READ CAREFULLY & INDICATE CHOICES WITH INITIALS

<p>Parent Release: (Initials Required)</p> <p>_____ I, The parent/guardian of the minor child listed on the application, for ourselves, our heirs, executors and administration, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of San Antonio, and Boys & Girls Clubs of America, 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.</p>	<p>TRANSPORATION: (Initials Required)</p> <p>After School Travel: From School</p> <p>_____ I authorize service from my child’s school to the Club for the current school year. I understand that BGCSA reserves the right to remove my child from pick up service.</p> <p>Field Trips/Special Events/Summer Travel</p> <p>_____ I authorize travel and the BGCSA to any field trip or outing that I sign my child up for during the SCHOOL YEAR AND/OR SUMMER PROGRAM. I understand that BGCSA reserves the right to remove my child from the van service</p>
<p>School Information: (Initials Required)</p> <p>I give my permission to the Boys & Girls Clubs of San Antonio and _____ School District to exchange information regarding the minor child listed on the application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Boys & Girls Clubs and in life. This release is valid for one year and may be revoked at any time by contacting _____ School District or the Boys & Girls Clubs in writing.</p> <p>Computers: (Initials Required)</p> <p>_____ As a member of the Boys & Girls Clubs, your child will have access to the internet. While precautions are being taken, it is possible that he/she may access inappropriate sites. The Boys & Girls Clubs will have rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access.</p> <p>Medical Treatment: (Initials Required)</p> <p>_____ I give permission to the Boys & Girls Clubs of San Antonio to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all cost of medical attention and treatment.</p>	<p>DATA WAIVER AGREEMENT (Initials Required)</p> <p>Collection</p> <p>_____ I give permission to the Boys & Girls Clubs of San Antonio 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 response. The aggregated results of the analyses may be shared with club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members.</p> <p>Sharing:</p> <p>_____ I understand that the Boys & Girls Clubs of San Antonio may share information about the minor child listed on this application with Boys & Girls Clubs of San Antonio for research purposes and/or to evaluate the program’s effectiveness. Information that will be disclosed to BGCSA 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 Boys & Girls Clubs of San Antonio, including data collected via surveys or questionnaires. All information provided to BGCSA will be kept confidential.</p>
<p>Late Fees: (Initials Required)</p> <p>_____ I understand that if my child is not picked up prior to closing a fee of \$30.00 for each child/children will be charged the first minute and a \$1.00 per minute per child/children will be applied until the child/children are picked up. If 30 minutes after closing my child is not picked up, the police and/or Child Protective Services will be notified. All Fees must be paid prior to my child returning to the Club and maintain eligibility for after school pick up service.</p>	<p>Walking Home: (Initials Required)</p> <p>_____ I understand that if my child is 12 years of age or older, he or she may walk home from the Boys & Girls Clubs only if there is written permission signed by the parent or legal guardian on file at the club. I understand that if this written authorization is on file and my child will be walking home from the club, they must leave the premises before 5:30pm to ensure a safe arrival at home prior to sundown.</p>

Miscellaneous

I understand that the Boys & Girls Clubs of San Antonio is not responsible for any lost or stolen items. Parents and Club members are responsible for their own transportation to and from the Club. As a drop-in facility, we are not responsible for Club members' whereabouts.

I give permission for my child's picture, moving pictures, or any other graphics depiction or likeness, to be used by the Boys & Girls Clubs and its activities. I also understand who the Club is not, nor does not claim to be, a licensed day care center. I have read the completed application and this form, understand the rules of the Boys & Girls Club and request that my child be admitted into membership.

I give permission to the Boys & Girls Clubs of San Antonio to share information about the minor child listed on this application with the Boys & Girls Clubs of America (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 Boys & Girls Clubs of San Antonio, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

I have read and understand all policies and procedures for the BGCSA.

Print Child's Name: _____

Parent's/Guardian's Signature: _____ **Date:** _____

For Office Use ONLY:

Membership Fee (\$50.00) Date Paid: _____ Rcpt #: _____

Scholarship (Circle One): YES or NO If Yes: AmeriGroup, Military (MYO), Other: _____

Payment Plan (Circle One): YES or NO If Yes: Weekly, Bi-Weekly, Monthly, Other: _____

Expected Paid in Full Date: _____

Payment 1 – Date: _____ Amount: \$ _____ Rcpt#: _____

Payment 2 – Date: _____ Amount: \$ _____ Rcpt#: _____

Payment 3 – Date: _____ Amount: \$ _____ Rcpt#: _____

Payment 4 – Date: _____ Amount: \$ _____ Rcpt#: _____

Payment 5 – Date: _____ Amount: \$ _____ Rcpt#: _____

Notes:

