



BOYS & GIRLS CLUBS
OF THE GREAT LAKES BAY REGION

Session:

Winter Summer Fall

Date _____

Unit _____

Membership Type:

Regular Reduced ** Scholarship**

**Must be approved by office

Membership Number _____

Staff Initials _____

THIS AREA IS FOR OFFICE / STAFF USE ONLY

*****YOUTH INFORMATION ONLY*****

Member Full Name: _____
Last First Middle

Nickname/Preferred Name _____ **Birthdate:** ____ / ____ / ____
Month Day Year

Age: _____

Proof of age is required for members age 6 and 7

Gender: Male Female Non-Binary Other

Race/Ethnic Identity (select all that apply)

- American Indian or Alaska Native
- White
- Asian
- Multi-Racial
- Hispanic or Latino
- Black
- Prefer not to respond
- Other

School information for 2019/2020

School Name: _____ **Grade** _____ **Teacher:** _____

Does your child receive additional support in school/community? (Check all that apply)

- Individualized Education Plan (IEP)
- 504 (accommodation)
- Speech Coach
- Meets with School or Private Counselor
- other: _____



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Medical/Health Information

Allergies

Food: Peanuts Tree Nuts Dairy/Lactose Soy Gluten Eggs
 Seafood/Shellfish Other: _____

Environmental: Bee Stings Pollen Dust Mold Grass

Other: Latex Perfumes/Colognes Lotions Other: _____

Medical Conditions

Asthma Diabetes Hearing Impairment Blindness ADHD Autism
 Seizures Anxiety / Depression Other: _____

Does your child use an inhaler? Yes No **Does your child use insulin?** Yes No

Please list any physical, mental or medical limitations of your child below and discuss them with Club Director upon submitting your application:

BGC GLBR is committed to providing youth an opportunity for full and equal enjoyment of the Club experience. Our goal is to learn as much as possible about our members to make any reasonable accommodation or support to ensure their success at the Club. If your child has any serious behavioral problems or special circumstances involving physical, medical, or psychological concerns, especially if they could cause harm to themselves, other members, staff or volunteers, the Club Director should be notified of this so reasonable accommodation can be considered. Please list any applicable circumstances:



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PARENT/GUARDIAN INFORMATION

Head of Household

Relationship to Member (circle):

Mother Father Step-Parent Aunt/Uncle Sister/Brother Cousin Grandparent Foster Parent

Name _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Email Address _____

Employer _____

Parent/Guardian 2

Relationship to Member (circle):

Mother Father Step-Parent Aunt/Uncle Sister/Brother Cousin Grandparent Foster Parent

Name _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Email Address _____

Employer _____

EMERGENCY CONTACTS Please list additional contact(s) other than those above.

Relationship to Member (circle):

Mother Father Step-Parent Aunt/Uncle Sister/Brother Cousin Grandparent Foster Parent

Cell Phone: _____ Home Phone: _____



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Your Responses below are kept **CONFIDENTIAL** and are essential for our funders. This information helps keep membership fees low. All information is required for membership. Thank you!

HOUSEHOLD/DEMOGRAPHIC INFORMATION CONTINUED:

Tribal Affiliation: Yes No

If yes, please list tribe name(s): _____

School Lunch: Free Reduced Entire School is free Not eligible

Is this a military family? Yes No

If yes, please list branch, status and I.D. number:

Please indicate your total household income by checking the appropriate box.

- | | | |
|--|---|--|
| <input type="checkbox"/> 0 - \$10,000 | <input type="checkbox"/> \$45,001 – 50,000 | <input type="checkbox"/> \$85,001 – 90,000 |
| <input type="checkbox"/> \$10,001 – 15,000 | <input type="checkbox"/> \$ 50,001 – 55,000 | <input type="checkbox"/> \$90,000 – 95,000 |
| <input type="checkbox"/> \$15,001 – 20,000 | <input type="checkbox"/> \$ 55,001 – 60,000 | <input type="checkbox"/> \$95,001 – 100,000 |
| <input type="checkbox"/> \$20,001 – 25,000 | <input type="checkbox"/> \$60,001 – 65,000 | <input type="checkbox"/> \$100,001 – 105,000 |
| <input type="checkbox"/> \$25,001 – 30,000 | <input type="checkbox"/> \$65,001 – 70,000 | <input type="checkbox"/> \$105,001 – 110,000 |
| <input type="checkbox"/> \$30,001 – 35,000 | <input type="checkbox"/> \$70,001 – 75,000 | <input type="checkbox"/> \$110,001 – 115,000 |
| <input type="checkbox"/> \$35,001 – 40,000 | <input type="checkbox"/> \$75,001 – 80,000 | <input type="checkbox"/> \$115,001– 120,000 |
| <input type="checkbox"/> \$40,001 – 45,000 | <input type="checkbox"/> \$ 80,001 – 85,000 | <input type="checkbox"/> \$120,001 + |

Please check all assistance programs you receive:

- | | |
|--|--|
| <input type="checkbox"/> Food Stamps/SNAP | <input type="checkbox"/> SSI (Supplemental security Income) |
| <input type="checkbox"/> Housing (section 7, section 8 etc.) | <input type="checkbox"/> SSDI (Social security disability insurance) |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Social Security |



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How many adults and youth live in your household:

#adults _____ #youth _____

Housing Type Displaced Permanent (Own, rent etc.)
 Group Home Foster Home Public Housing

Household Composition

Single Adult Household		Two + Adult Household
Who is the adult in the single adult household?	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Parents
	<input type="checkbox"/> Father Only	<input type="checkbox"/> Grandparents
	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Other Relative
	<input type="checkbox"/> Other Relative	<input type="checkbox"/> Legal Guardians
	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Foster Care
	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Parent & Other Adult(s)
	<input type="checkbox"/> Joint Custody	
<input type="checkbox"/> Self (<i>teen must demonstrate they are 18 or emancipated</i>)		



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Releases & Waivers: *Please select responses for all checkboxes and sign the bottom of next page.*

Data Collection I give my permission to the BGC GLBR 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 BGC GLBR in writing.

YES NO

Medical I give permission to the BGC GLBR 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.

YES NO

Technology As a member of the Boys & Girls Club, your child may have access to the Internet. While the Boys & Girls Club has rules prohibiting such conduct and precautions are taken by the Club to prevent such access, it is possible your child may access inappropriate sites. The Boys & Girls Club will not be responsible for such unauthorized access.

YES NO

Transportation Parents and Club members may be responsible for their own transportation to and from the Club, unless otherwise specified.

YES NO

Data Sharing I give my permission to the BGC GLBR 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 BGC GLBR, 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 BGC GLBR in writing by either party.

YES NO

Press I give permission for my child's picture, video image, or any other graphic depiction or likeness, to be used by BGC GLBR, Boys & Girls Clubs of America and its affiliates or donors and acknowledge neither my child nor I will receive payment for same.

YES NO

Miscellaneous 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. BGC GLBR reserves the right to decline the application, rescind the enrollment of, or suspend any youth that cannot successfully associate with other club members and /or staff with no refund of membership fees.



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YES NO

Should a member leave the Club, they will not be granted return access unless approved by the Club Director and parent via mutual agreement. We assume no responsibility for members who choose not to attend on a particular day or who choose to leave the premises.

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 Great Lakes Bay Region (BGC GLBR) 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.

Parent/Guardian Signature _____ Date _____

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



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Dear Member Parent/Guardian,

Welcome to the Boys & Girls Clubs of the Great Lakes Bay Region! We are so glad you are joining us this membership year. Our mission at the Bay City Club is **to enable all young people, especially those who need us most, to reach their full potential as productive, caring and responsible citizens.** We look forward to serving your child and encourage you to complete this membership form in its entirety and review the code of conduct document with your child.

We are a leading youth development organization with skilled, caring professionals who seek to understand where every child is coming from and help them shape their path toward a great future. We strive to accomplish this by providing:

- A safe, positive environment (encompassing both physical and emotional safety)
- Supportive relationships with adults and peers
- Access to fun and a sense of belonging
- Meaningful opportunities and expectations
- Formal and informal recognition

Safety

Safety is our #1 priority. We conduct mandatory and ongoing background checks on all potential Club professionals, board members and volunteers, each of whom must follow strict safety policies and procedures. We also offer routine staff trainings to build a culture of safety. We employ a zero-tolerance policy for any disregard of our policies and procedures. If any safety issues or concerns are brought to our attention, we contact appropriate agencies, including Child Protective Services and law enforcement, immediately.

We adhere to Boys & Girls Club Safety Requirements and work with other community organizations to consistently strengthen our safety programming through new trainings. We also continually work with children to reinforce their knowledge of our safety policies and procedures. And we listen closely to make sure that their voices are always heard.

If you have any safety-related concerns or questions, please contact your local Club Director or BGCGLBR CEO, Mackenzie Kastl, at 989-892-6723.

Parents are also encouraged to use BGCA's toll-free safety hotline, **1-866-607-SAFE**, should they have additional safety related concerns.

We look forward to a great year together,

Mackenzie Kastl, BGC – GLBR Club CEO