



Downtown Club:
500 NW Wall Street
541-617-2877 Ext. 0

East Bend Club:
1707 SE Tempest Dr.
541-385-3009

Club Member Information		<i>Please Print</i>	
<u>First Name</u>	<u>Last Name</u>	<u>Gender</u>	<u>Date of Birth</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<u>Address</u>			
<input type="text"/>			
<u>School</u>	<u>Grade</u>	<u>Age</u>	<u>In Foster Care?</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Yes
<u>Medical Information</u>		<u>Medications</u>	
<input type="text"/>		<input type="text"/>	
<u>Ethnicity- (Please Circle)</u>			<u>Qualify for Free or Reduced Lunch?</u>
<input type="checkbox"/> African-American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other			Are you accessing any community agencies for support? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____ <input type="text"/>
			<input type="text"/> Yes

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			<input type="text"/> Yes

_____ In QuickBooks

Membership Fee Paid on: _____	Staff Initials: _____
Date 1st month was paid: _____	Amount paid: _____

Parent/Guardian #1

First Name Last Name Gender

Address (if different from Club Member)

Phone Number Email Address (please print)

Employer Position

Family Settings -Circle one
 Both Parents Grandparent Parent/Step Parent Single Parent Legal Gaurdian

Family Income- Circle One
 \$0-5,000 \$5,001-10,000 \$10,001-15,000 \$15,001-20,000 \$20,001-25,000 \$25,001-30,000
 \$30,001-39,999 \$40,000-49,999 \$50,000-59,999 \$60,000+

Parent/Guardian #2

First Name Last Name Gender

Address (if different from Club Member)

Phone Number Email Address (please print)

Employer Position

Public Assistance Received

- TANF
- Food Stamps
- General Assistance
- SSDI SSI
- Veterans Compensation
- Reduced/Free School Lunch
- Other : _____

Club Member Insurance

- Has Health Insurance
- Does Not Have Health Insurance
- Has Dental Insurance
- Does Not Have Dental Insurance

Which caregiver should be receiving monthly invoices for program fees:

Name: _____

Email address: _____

QuickBooks invoices will be emailed on the 1st of each month. Payment of invoices will be due by the 5th of each month.

Authorized Pick Up Information

First Name <input type="text"/>	Last Name <input type="text"/>	Relationship to Child <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Social Worker/Therapist
Phone # <input type="text"/>		

Authorized Pick Up Information

First Name <input type="text"/>	Last Name <input type="text"/>	Relationship to Child <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Social Worker/Therapist
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First Name <input type="text"/>	Last Name <input type="text"/>	Relationship to Child <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Social Worker/Therapist
Phone # <input type="text"/>		

Authorized Pick Up Information

First Name <input type="text"/>	Last Name <input type="text"/>	Relationship to Child <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Social Worker/Therapist
Phone # <input type="text"/>		

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge Boys & Girls Clubs of Bend, and Boys & Girls 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. Boys & Girls Club of Bend does not provide medical insurance for members. I have received the Parent Information Packet containing the Parent Release Form and understand it in its entirety.

Parent/Guardian Signature

Date

GREAT FUTURES START HERE.



BOYS & GIRLS CLUB
OF BEND

Parent Release Form

Member(s) name: _____

Medical Treatment:

I give permission to Boys & Girls Club of Bend (BGCB) to seek medical treatment for my minor child/ren if I cannot be reached. I will be responsible for any/all costs of the medical attention and treatment.

Data Collection:

I give permission to BGCB 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, Boys & Girls Clubs of America (BGCA), funders and other community stakeholders to provide evidence of program effectiveness and/or Club impact on our members.

School Information:

I give permission to BGCB, Bend-Lapine School District, and Redmond School District to exchange information regarding the minor child/ren listed on this application. The purpose of the exchange is to help both organizations do the most effective job helping the student be successful in school, at the BGCB, and in life. This release is valid for 1 (one) year and may be revoked at any time by contacting BGCB in writing.

Community Information:

I give permission to BGCB to exchange information with the County Juvenile Departments and partner agencies to determine eligibility for some grant funded programs.

Technology:

As a member of BGCB, your child will have access to the Internet. While precautions are being taken, it is possible that s/he may access unapproved sites. The BGCB will have rules and consequences at the Club for such behavior, however, we will not be held responsible for the consequences of such access.

Volunteers:

BGCB does not sanction or approve of Club volunteers participating outside the control of the Club Professional Staff.

Transportation:

BGCB offers transportation to the Downtown Club to members with a current membership attending Miller, Highland, West Side Village, Bear Creek, Buckingham, Elk Meadow, Ensworth, Jewell, High Lake, Juniper, Lava Ridge, Pine Ridge, Pacific Crest, Silver Rail and Ponderosa Elementary Schools; Pilot Butte*, High Desert*, Sky View*, and Cascade* Middle Schools; and Summit High School Monday-Friday after school. Members must be at the bus pick-up area on time. BGCB will be authorized to conduct all activities, normally reserved to Parents/Legal Guardian including; delivery to and picking up for Club related activities.

Fees and Facility Hours:

BGCB reserves the right to adjust program fees at anytime. BGCB also reserves the right to make changes in operating hours and days. All fees are non-refundable and non-transferrable.

Photographs:

I give permission for my child/ren's picture, moving pictures, or any other graphic depiction or likeness, to be used by the BGCB and its activities.

Miscellaneous:

I understand that BGCB may share information about the minor child/ren 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 BGCB including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

I understand that the BGCB is not responsible for any lost or stolen items.

Oregon State Law mandates that workers in certain professions must make reports if they have reasonable cause to suspect child abuse or neglect. These people are called Mandatory Reporters and they are a crucial link in the system to protect Oregon's most vulnerable citizens. All BGCB employees ARE Mandatory Reporters.

I also understand the Club is not, nor does it claim to be, a licensed day care center.

I have read the completed application and this form, understand the rules of the BGCB and request that my child/ren be admitted into membership.

* Possibly limited transportation of fourteen (14) spots for these schools based on space available on Bend LaPine Schools busses.

Parent/Guardian Signature: _____ Date: _____