



**MEMBER INFORMATION** Member Type  New Member  Renewing Member

Date \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Total past years of membership with Boys & Girls Clubs of Greater Holyoke \_\_\_\_\_

Main Site at Nick Cosmos	After School
	Membership
	Hi Set
	Basketball League
Satellite Units	Beaudoin
	Churchill
	Toepfert
	Lyman

**Gender**  Male  Female  Gender Queer/Non-conforming  Trans Male  Trans Female  Other

**Racial / Ethnic Identity**

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Multi-Racial
<input type="checkbox"/> African	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other
<input type="checkbox"/> Hispanic or Latino		

**Foster Care**  Yes  No **McKinney Vento**  Yes  No

**SCHOOL INFORMATION**

**School Name** \_\_\_\_\_

**Grade (Fall 2019)** \_\_\_\_\_

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

<input type="checkbox"/> Individualized Education Plan (IEP)	<input type="checkbox"/> Meets with School or Private Counselor
<input type="checkbox"/> 504 (accommodation)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Speech Coach	

**Does your child participate in the school lunch program?**  Free  Reduced  Not Eligible

**MEMBER MEDICAL / HEALTH INFORMATION**

**Food Allergies**

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

**Medicine Allergies**

<input type="checkbox"/> Penicillin	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Amoxicillin	<input type="checkbox"/> Other: _____
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**Environmental Allergies**

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

<input type="checkbox"/> Latex	<input type="checkbox"/> Perfumes/Colognes	<input type="checkbox"/> Lotions	<input type="checkbox"/> Other: _____
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**Diagnosed Medical Conditions**

<input type="checkbox"/> Asthma	<input type="checkbox"/> Blindness	<input type="checkbox"/> Seizures
<input type="checkbox"/> Diabetes	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Oppositional Defiance Disorder
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Autism	<input type="checkbox"/> Other: _____

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

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

**Does your child use an epipen?**  Yes  No

**Does your child self-administer medication?**  Yes  No

If so, which medication? \_\_\_\_\_

**Other Medical Conditions:** Please list any physical, mental or medical limitations of your child below and discuss them with the Club Director upon submitting your application.

\_\_\_\_\_

**Insurance Carrier** \_\_\_\_\_

**Group Number** \_\_\_\_\_ **Member/Policy Number** \_\_\_\_\_

## HOUSEHOLD INFORMATION

**Parent/Guardian Contact Info** *Please identify the parent/guardians of the member.*

Parent/Guardian 1 - Primary Contact	Parent/Guardian 2 - Additional Contact
<b>Relationship to Member</b> <input type="checkbox"/> Step-Parent <input type="checkbox"/> Cousin <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Mother <input type="checkbox"/> Sister <input type="checkbox"/> Foster Parent <input type="checkbox"/> Father <input type="checkbox"/> Brother <input type="checkbox"/> Other	<b>Relationship to Member</b> <input type="checkbox"/> Step-Parent <input type="checkbox"/> Cousin <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Mother <input type="checkbox"/> Sister <input type="checkbox"/> Foster Parent <input type="checkbox"/> Father <input type="checkbox"/> Brother <input type="checkbox"/> Other
<b>First Name</b> _____	<b>First Name</b> _____
<b>Last Name</b> _____	<b>Last Name</b> _____
<b>Email Address</b> _____	<b>Email Address</b> _____
<b>Address</b> _____	<b>Address</b> _____
<b>City</b> _____	<b>City</b> _____
<b>Zip Code</b> _____	<b>Zip Code</b> _____
<b>Cell Phone</b> _____	<b>Cell Phone</b> _____
<b>Work Phone</b> _____	<b>Work Phone</b> _____
<b>Home Phone</b> _____	<b>Home Phone</b> _____
<b>Employer</b> _____	<b>Employer</b> _____

**Emergency Contact Info** *Please identify 2 individuals who can be contacted in case of emergency. These individuals should be different than the contacts listed above.*

Emergency Contact 1	Emergency Contact 2
<b>Relationship to Member</b> <input type="checkbox"/> Step-Parent <input type="checkbox"/> Cousin <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Mother <input type="checkbox"/> Sister <input type="checkbox"/> Foster Parent <input type="checkbox"/> Father <input type="checkbox"/> Brother <input type="checkbox"/> Other	<b>Relationship to Member</b> <input type="checkbox"/> Step-Parent <input type="checkbox"/> Cousin <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Mother <input type="checkbox"/> Sister <input type="checkbox"/> Foster Parent <input type="checkbox"/> Father <input type="checkbox"/> Brother <input type="checkbox"/> Other
<b>First Name</b> _____	<b>First Name</b> _____
<b>Last Name</b> _____	<b>Last Name</b> _____
<b>Cell Phone</b> _____	<b>Cell Phone</b> _____
<b>Home Phone</b> _____	<b>Home Phone</b> _____
<b>Is this person authorized to pick up the member?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is this person authorized to pick up the member?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

## Household Composition

<b>How many children live in your household?</b>	<b>How many adults live in your household?</b>
<input type="checkbox"/> <b>Single Adult Household</b> <i>Who is the adult in the household?</i>	<input type="checkbox"/> Mother Only <input type="checkbox"/> Grandparent <input type="checkbox"/> Father Only <input type="checkbox"/> Other Relative
<input type="checkbox"/> <b>Two + Adult Household</b> <i>Who are the adults in the household?</i>	<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> Foster Care <input type="checkbox"/> Other _____
<input type="checkbox"/> Parents <input type="checkbox"/> Other Relative <input type="checkbox"/> Grandparents <input type="checkbox"/> Legal Guardian(s)	<input type="checkbox"/> Foster Care <input type="checkbox"/> Parent(s) and Other Adult(s) <input type="checkbox"/> Other _____
<b>What is the primary language spoken in your home?</b>	
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese / Mandarin <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other: _____	

## Household Support

<b>Public Assistance</b>	
<input type="checkbox"/> Food Stamps/SNAP <input type="checkbox"/> TANF <input type="checkbox"/> Social Security <input type="checkbox"/> SSI (Supplemental Security Income) <input type="checkbox"/> Childcare Assistance <input type="checkbox"/> SSDI (Social Security Disability Income) <input type="checkbox"/> Housing Assistance (Section, 7, Section 8, etc.) <input type="checkbox"/> WIC (Women, Infants, and Children)	
<b>Military Family:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, please list the branch, status and ID number:</b> _____	
<b>Housing Type</b>	
<input type="checkbox"/> Permanent (Own or Rent) <input type="checkbox"/> Group Home <input type="checkbox"/> Public Housing <input type="checkbox"/> Foster Home <input type="checkbox"/> Homeless	
<b>Please indicate your total gross annual household income below:</b>	
<input type="checkbox"/> \$0 - 10,000 <input type="checkbox"/> \$30,001 - 35,000 <input type="checkbox"/> \$55,001 - 60,000 <input type="checkbox"/> \$80,001 - 85,000 <input type="checkbox"/> \$105,001 - 110,000 <input type="checkbox"/> \$10,001 - 15,000 <input type="checkbox"/> \$35,001 - 40,000 <input type="checkbox"/> \$60,001 - 65,000 <input type="checkbox"/> \$85,001 - 90,000 <input type="checkbox"/> \$110,001 - 115,000 <input type="checkbox"/> \$15,001 - 20,000 <input type="checkbox"/> \$40,001 - 45,000 <input type="checkbox"/> \$65,001 - 70,000 <input type="checkbox"/> \$90,001 - 95,000 <input type="checkbox"/> \$115,001 - 120,000 <input type="checkbox"/> \$20,001 - 25,000 <input type="checkbox"/> \$45,001 - 50,000 <input type="checkbox"/> \$70,001 - 75,000 <input type="checkbox"/> \$95,001 - 100,000 <input type="checkbox"/> \$120,001 - 125,000 <input type="checkbox"/> \$25,001 - 30,000 <input type="checkbox"/> \$50,001 - 55,000 <input type="checkbox"/> \$75,001 - 80,000 <input type="checkbox"/> \$100,001 - 105,000 <input type="checkbox"/> \$125,001 - 130,000 +	

## WAIVERS & RELEASES

### Data Collection

- Yes  No I give my permission to **Boys & Girls Clubs of Greater Holyoke** 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, 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 **Boys & Girls Clubs of Greater Holyoke** in writing.

### Medical

- Yes  No I give permission to **Boys & Girls Clubs of Greater Holyoke** 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.

### Technology

- Yes  No As a member of the **Boys & Girls Clubs of Greater Holyoke**, 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 Clubs of Greater Holyoke** will not be responsible for such unauthorized access.

### Data Sharing

- Yes  No I give my permission to **Boys & Girls Clubs of Greater Holyoke** to share information about the minor child listed on this application with Boys & Girls Clubs of America 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 Greater Holyoke**, 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 **Boys & Girls Clubs of Greater Holyoke** in writing.

### Press / Media

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

### Miscellaneous

- Yes  No I understand that **Boys & Girls Clubs of Greater Holyoke** is not responsible for lost or stolen items.
- Yes  No I understand each Club has the right to make membership decisions based on the resources and capacity of their facility and staff. **Boys & Girls Clubs of Greater Holyoke** reserves the right to decline the application, rescind the enrollment of, or suspend any youth that cannot successfully associate with other club members.
- Yes  No I understand **Boys & Girls Clubs of Greater Holyoke** has an open-door policy where members are allowed to come and go as they please. Should a member leave the Club, they will not be granted return access unless approved by the Club Director. We assume no responsibility for members who choose not to attend on a particular day or who choose to leave early.
- Yes  No **Field Trips:** My child has permission to attend all activities sponsored by Boys & Girls Club of Greater Holyoke. I authorize any representative of Boys & Girls Club of Greater Holyoke, including Boys & Girls Club of Greater Holyoke Volunteers, to transport my child in a motor vehicle owned or rented by Boys & Girls Club of Greater Holyoke on all field trips sponsored by the Club unless otherwise communicated. I release HBGC and all persons volunteering for HBGC from any and all liability. My child may participate in all Boys & Girls Club of Greater Holyoke activities in or adjacent to the Club building.
- Yes  No **Swimming:** My child has permission to participate in the swimming activity at the Boys & Girls Club of Greater Holyoke. I release Boys & Girls Club of Greater Holyoke all liability in the event of accident or injury.
- Yes  No **Academic Permission:** I (We) permit and authorize my child's school and/or teacher to release my child's school grade reports and information on general attendance and performance to Boys & Girls Clubs of Greater Holyoke for aggregated use in program evaluation and for purposes of support of in-school education in the out-of-school programs. The Boys & Girls Clubs of Greater Holyoke will not re-release personal information provided by a school or teacher.

### APPLICATION APPROVAL

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 Greater Holyoke 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.

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date