



**BOYS & GIRLS CLUBS  
OF STORY COUNTY**

**2018-2019 Boys & Girls Clubs of Story County,  
Inc. (BGCSC) School Year YOUTH MEMBERSHIP  
APPLICATION**

<b>OFFICE USE ONLY:</b>	
Payment: Cash _____	Square/PayPal _____
Check # _____	Amount \$ _____
AmeriGroup Y/N _____	AmeriGroup # _____
Date Received _____	Received by _____
Orientation Date: _____	Approved by _____
New or Renewal : N/R _____	KidTrax ID _____
Date Entered _____	Entered By _____
Scholarship App: CPPC/BGCSC _____	Amount _____

School Year membership fees are \$25/youth and payment is due with application.  
School Year memberships are valid August 23<sup>th</sup>, 2018– May 24<sup>th</sup>, 2019.  
Memberships must be renewed if you wish your child to attend Summer Club in June 2019.

**Cost of membership:** The cost to serve each member is approximately \$1,000/year. We keep our membership fees low to ensure we are accessible to all children and youth. Additional costs are offset by funding and contributions from the United Way of Story County, the City of Ames, Story County, and hundreds of private donors. **If you choose, you may provide a tax-deductible contribution beyond the cost of the membership fee to help support the mission and outreach of the Club. Thank you!**

**Confidentiality:** The information requested is for our records and for the funding of our organization. The answers you provide will be kept confidential, and not disclosed except as necessary to comply with funder and/or governmental agency requirements. Your cooperation in providing this information is both appreciated and necessary.

**Member Information**

Child's First & Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
 Has child been a member before?  Yes  No Gender:  Male  Female  
 Race:  African American  Native American  Asian  Caucasian/White  Hispanic/Latino  Two or more races  Other

**Summer Club and Early Bird Club Attendance**

My child will attend Club:  Every Day  3-4 Days/Week  1-2 Days/Week  3 or less days/month

**Parents/Guardians** - List the names and contact information of parents/guardians with whom the child lives. The listed adults will be recorded as Primary Emergency Contacts & authorized to pick up the member listed above.

1<sup>st</sup> Adult \_\_\_\_\_ Relationship to Club member \_\_\_\_\_  
 Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Email: \_\_\_\_\_  
 2<sup>nd</sup> Adult \_\_\_\_\_ Relationship to Club member \_\_\_\_\_  
 Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Email: \_\_\_\_\_

**Family Information**

Child resides with:  Both Parents  Single Parent – Mother  Single Parent – Father  Mother/Step Father  
 Father/Step Mother  Grandparents  Legal Guardians  Foster Parents  Other

Household Income (total of all working members in household):  \$8,000 or less  \$8,001 – 14,000  \$14,001 – 20,000  \$20,001 – 26,000  \$26,001 – 34,000  \$34,001 – 42,000  \$42,001 – 50,000  \$50,000 and above

Total Family Members living in Household \_\_\_\_\_

Was your child eligible for Free or Reduced Lunch during the 2017-2018 School year?  Yes  No  
 Is any parent/guardian in the military?  Yes  No If yes, which branch? \_\_\_\_\_  
 Is any parent/guardian currently enrolled at Iowa State University?  Yes  No If yes, who? \_\_\_\_\_  
 Does your child's membership at the Club help you stay in school or employed at your job?  Yes  No  
 Why or why not? \_\_\_\_\_

**Additional Emergency Contacts** - Please list other adults (not listed above), who may be contacted in case of an emergency and/or whom you authorize to pick up your child.

1<sup>st</sup> Adult \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  Pick up  Emergency Contact

2<sup>nd</sup> Adult \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  Pick up  Emergency Contact

**Medical Information**

Please list any medical information that we should be aware of: allergies, illness, behavioral concerns, etc.

\_\_\_\_\_  
\_\_\_\_\_

List medications currently used: \_\_\_\_\_  
Physician \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Insurance company \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_  
Insurance Policy Holder Name: \_\_\_\_\_

**Authorizations, Compliance, & Releases (MANDATORY) \*Please initial each item to indicate you have read and agree to comply.**

\_\_\_\_\_  
**\* Safe Passage Policy:** In November 2013, BGCSC implemented an enhanced scan in and out policy called the Safe Passage Policy. Under this policy Members must sign/scan in and out each day; Members under the age of 12 must be retrieved from the Club by a parent, guardian, or other authorized adult; Members age 12 and older may leave the club unescorted with written permission from a parent or guardian (see below); Members 12 and older may also escort other members of their household from the Club with written permission (see below); No member, regardless of age, will be allowed to return to the Club once they leave the premises for the day without specific authorization from the Chief Executive Officer or the Operations Director; Members that leave unescorted without written permission will face disciplinary actions up to and including suspension or termination of membership. **Please initial to select one option:**

**FOR MEMBERS AGE 12 OR OLDER:**

- \_\_\_\_ I allow my member to leave the Club unescorted when she/he is leaving the Club premises for the day.
- \_\_\_\_ I allow my member to leave the Club unescorted by an adult, AND to escort the following member/s of our household, who are under age 12, when they leave the Club premises for the day: \_\_\_\_\_.
- \_\_\_\_ I do not allow my member to leave the Club unescorted.

**FOR MEMBERS UNDER AGE 12:**

- \_\_\_\_ I allow my member to leave the Club with the following Club member who is age 12 or older, AND is a member of our household \_\_\_\_\_.

\_\_\_\_\_  
**\*Medicine, Behavior, and Non-Refundable Fee Policy:** I understand that the BGCSC is not authorized to distribute medication or provide medical services. I further certify that failure to abide by Club guidelines and behavioral expectations will result in the member's immediate dismissal from Club activities, and the member will be sent home at the expense of the student and his/her parent/guardian without refund of any Club, program, or membership fees. All Club fees should be understood as non-refundable.

\_\_\_\_\_  
**\* ID Cards Policy:** I am aware that my child is not allowed to attend the Boys and Girls Club of Story County without his/her card. I understand that I am responsible for lost card replacement. I understand that the cost of a new card for my child is \$5.00.

\_\_\_\_\_  
**\* Medical Treatment Release:** I authorize the BGCSC to act on my behalf in case my child is victim of a major accident, injury, or illness when immediate medical or surgical care is needed; provided a member of the club staff shall make a diligent effort to first notify me of the situation and ascertain what my preferences are. If efforts to reach me are unsuccessful, I authorize duly licensed medical professionals to take such action as their judgment dictates. I further agree that, neither the BGCSC, nor any person associated with them, has any responsibility of any kind to me or my child from any claims arising from any accident, injury or illness, which my child may suffer as the result of any such health care of medical treatment.

\_\_\_\_\_  
**\* Transportation Release:** Additionally, I authorize the BGCSC to transport my child in Club vehicles for field trips within the regularly scheduled Club hours, or during regular after school pick up for Middle & High School members. I understand that only field trips or activities that function outside of regularly scheduled hours or outside city limits will require my permission.

\_\_\_\_\_\* **Outcome Measurements Release:** I also authorize the BGCSC and/or contracted researchers of the BGCSC, to involve my youth in outcome measurement/evaluation of Club programs. I understand that any data of information obtained from these activities will be treated with utmost confidentiality and my youth will not be individually identified as a participant.

\_\_\_\_\_\* **Educational Support Release:** Additionally, I authorize the BGCSC to exchange pertinent academic, health, and behavior information with my child/youth's school personnel, during the calendar year, and membership period in which they are enrolled in Club programming. This includes but is not limited to grades, test scores, IEPs, designated modifications, etc. I understand that any information obtained will be used to improve member services, track Club program outcomes, and will be treated with utmost confidentiality.

\_\_\_\_\_\* **Internet Use Release (optional):** I allow my youth to have access the BGCSC Network and Internet Services. I also authorize BGCSC, to enforce any and all guidelines set forth in the Parent/Member Handbook.

\_\_\_\_\_\* **Photo Images Release (optional):** When in the course of regular Club programming, I authorize the BGCSC to photograph or record my child and use their image in Club publications and/or media presentations. If applicable, I authorize members of the media to photograph or tape my youth engaging in Club activities or special events.

## **WAIVER AND RELEASE OF LIABILITY**

I hereby give permission for the person named above to become a Member of the BGCSC and to participate in all sponsored activities and programs offered/sponsored by BGCSC. I understand all precautions for member safety and well-being will be taken by officers, staff, and volunteers of BGCSC.

In consideration of my child/myself (if youth is 18 or older) being permitted to become a Member, and participate in all sponsored activities and programs offered by BGCSC, these include but are not limited to academic, sports and recreation, arts, healthy living, and character and citizenship development programs, field trips, other enrichment activities, etc.(collectively, the "Activities" or individually an "Activity") and/or enter and/or use the real property, equipment, facilities, and/or vehicles (collectively, the "CLUB") owned by, leased to, managed or operated by BGCSC or any employee, officer, volunteer, representative, agent, successor, heir, receiver, trustee, or assign of BGCSC, the undersigned participant, or the undersigned parent/guardian of any minor participant, for himself or herself, and on behalf of his or her child(ren), personal representatives, assigns, heirs and next of kin (collectively, the "Participating Parties" or individually a "Participating Party"), hereby discharges, releases, waives and agrees to defend, indemnify and hold the BGCSC harmless from and against any loss, claim, cause of action, liability, damage, cost or expense (including, without limitation, attorneys' fees and court costs), including, but not limited to, injury to the person or property of a Participant Party or the death or dismemberment of a Participant Party, arising in connection with the entrance or use or, in any manner, of the Club or participating in any of its Activities.

Notwithstanding any and all of the risks and dangers associated with the Activities, the undersigned hereby knowingly and voluntarily assumes any and all such risks, and further assumes full responsibility for any such risks and the costs associated therewith, medical or otherwise, including risks of bodily injury, death, or property damage, arising out of or related to performance or participation in the Activities, whether foreseen or unforeseen and whether caused by the negligence of BGCSC or otherwise.

The undersigned Participant Party, or the undersigned parent/guardian of any minor Participant Party further understands, acknowledges and agrees that this Waiver and Release of Liability extends to any and all acts of negligence of BGCSC, and is intended to be as broad and as inclusive as permitted by the laws in the State of Iowa and that if any portion of this Waiver and Release of Liability is held invalid, it is agreed that the remaining terms and provisions of this Waiver and Release of Liability shall not be affected thereby, but each term and provision of this Waiver and Release of Liability shall be valid and enforced to the fullest extent permitted by law.

I/we have read this Waiver and Release of Liability, fully understand its terms, understand that I/we have given up substantial rights by signing it, am aware of its legal consequences, and have signed it freely and voluntarily without any inducement, assurance, warranty or guarantee being made to me or my child, as the case may be, and intend the signature below to be a complete and unconditional release of all liability to the greatest extent allowed by law.

As a parent or guardian with legal responsibility for a Participant Party, I acknowledge that I am signing this Waiver and Release of Liability on behalf of my minor child and agree to be specifically bound to all of the terms and conditions of this Waiver and Release of Liability. I have read this Waiver and Release of Liability, fully understand its terms, understand that I have given up substantial rights on behalf of my minor child by signing it, am aware of its legal consequences, and have signed it freely and voluntarily without any inducement, assurance, warranty or guarantee being made to me. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and further agree to indemnify, save and hold harmless BGCSC for any matter or incident in any way related hereto. I further certify that I am the legal custodian or guardian of any minor child that may be a Participant Party, and that I am executing this Waiver and Release of Liability on behalf of said minor child.

The undersigned Participant Party, or the undersigned parent/guardian of any minor Participant Party agrees that he or she shall be liable to BGCSC for any damages to the Club resulting from the any act of the Participant Party, whether that act is negligent, willful, wanton, or intentional.

This Waiver and Release of Liability constitutes the entire agreement between the undersigned, the identified Participant Party(ies), and BGCSC, and the terms of such are contractual and not mere recitals. The undersigned further understands, acknowledges and agrees that the Participant Party(ies) is not covered by any insurance policy that may be held by BGCSC for damage to property, injury or death.

In consideration of the foregoing, the undersigned Participant Party, or the undersigned parent/guardian of any minor Participant Party hereby executes this Waiver and Release of Liability and acknowledges that the undersigned fully understands its terms, signs it freely and voluntarily without any inducement, assurance, warranty or guarantee being made, and fully agrees to be bound by each and every term herein.

**Date (MM/DD/YYYY)** \_\_\_\_\_

**Parent/Guardian of Participating Party, or Participating Party if 18 or older (Print)** \_\_\_\_\_

**Parent/Guardian of Participating Party, or Participating Party if 18 or older (Signature)** \_\_\_\_\_

**BGCSC PARENT/MEMBER HANDBOOK ACKNOWLEDGEMENT**

**(please sign and return with member application)**

I acknowledge that I have received a copy of the BGCSC Parent & Member Handbook. I agree to abide by the policies address herein. BGCSC officers and directors reserve the right to change any information contained within without prior notice. Efforts will be made to communicate significant changes to all parents and members within a timely fashion.

---

Parent Name, printed

---

Parent Signature

Date

---

Member Name, printed

Age

---

Member Signature

Date