



**Clubhouse Name:** \_\_\_\_\_

**Please fill out both sides of this form.**

Incomplete forms will not be accepted and membership will be denied. All Club members six (6) years of age must show proof of age (i.e. Birth Certificate or School Record).

**MEMBER INFORMATION**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Gender:  Male  Female      Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_      Age: \_\_\_\_

Ethnicity (***please check one***):  African American  Asian  Caucasian  Hispanic  Middle Eastern  
 Multi-Racial  Native American  Pacific Islander

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_' / \_\_\_\_\_"      Weight: \_\_\_\_\_

Member may participate in all Boys & Girls Clubs' activities in or adjacent to the club building:  Yes  No

**SCHOOL INFORMATION**

Current Homeroom Teacher: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**MEDICAL INFORMATION**

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Permission for treatment by doctor/hospital: \_\_\_\_ Yes \_\_\_\_ No      Do you have Medicaid: \_\_\_\_ Yes \_\_\_\_ No

Does your family have health and/or accident insurance: \_\_\_\_ Yes \_\_\_\_ No

Insurance Carrier: \_\_\_\_\_ Insurance Carrier Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group#: \_\_\_\_\_

Serious health problems (including allergies): \_\_\_\_ Yes \_\_\_\_ No      If yes, explain: \_\_\_\_\_

Medications: \_\_\_\_ Yes \_\_\_\_ No      If yes, explain: \_\_\_\_\_

Does your child have any special accommodations (I.E.P., diagnosed condition, or other): \_\_\_\_ Yes \_\_\_\_ No

*If yes, please specify:* \_\_\_\_\_ *See Unit Director for additional Paperwork.*

**HOUSEHOLD**

***This information is mandatory and collected for grant writing purposes ONLY.***

Member lives with (check all that apply):  Mom  Step Mom  Dad  Step Dad  Grandparent (s)  
 Foster Parent(s)  Other (please specify) \_\_\_\_\_

Annual Household Income (check only one):

<input type="checkbox"/> \$0 - \$5,000	<input type="checkbox"/> \$30,001 - \$35,000	<input type="checkbox"/> \$60,001 - \$65,000
<input type="checkbox"/> \$5,001 - \$10,000	<input type="checkbox"/> \$35,001 - \$40,000	<input type="checkbox"/> \$65,001 - \$70,000
<input type="checkbox"/> \$10,001 - \$15,000	<input type="checkbox"/> \$40,001 - \$45,000	<input type="checkbox"/> \$70,001 - \$75,000
<input type="checkbox"/> \$15,001 - \$20,000	<input type="checkbox"/> \$45,001 - \$50,000	<input type="checkbox"/> \$75,001 - \$80,000
<input type="checkbox"/> \$20,001 - \$25,000	<input type="checkbox"/> \$50,001 - \$55,000	<input type="checkbox"/> \$80,001 - \$85,000
<input type="checkbox"/> \$25,001 - \$30,000	<input type="checkbox"/> \$55,001 - \$60,000	<input type="checkbox"/> \$85,001 - \$90,000+

Single Parent:  Yes  No      Head of Household:  Male  Female      # of persons in Household: \_\_\_\_\_

Family member 65+ in household:  Yes  No      Disabled family member in household:  Yes  No

Are you and your family currently homeless (i.e. lack a fixed, regular and adequate nighttime residence)?  Yes  No

**EDUCATION**

***This information is mandatory and collected for grant writing purposes ONLY.***

What is the highest level of education that you have completed? *(check only one)*

- Elementary/middle school
- Some high school
- Completed high school or GED
- Completed trade or technical school
- Some college
- Completed college
- Earned a graduate degree

If applicable, what is the highest level of education of your **spouse/partner**? *(check only one)*

- I do not have a spouse/partner
- Elementary/middle school
- Some high school
- Completed high school or GED
- Completed trade or technical school
- Some college
- Completed college
- Earned a graduate degree

**PRIMARY CONTACT**

Relationship to member: \_\_\_\_\_

Parent/Guardian:  Yes  No

Name: \_\_\_\_\_

Address H: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Employer: \_\_\_\_\_

Address W: \_\_\_\_\_

**SECONDARY CONTACT**

Relationship to member: \_\_\_\_\_

Parent/Guardian:  Yes  No

Person authorized to pick up member:  Yes  No

Name: \_\_\_\_\_

Address H: \_\_\_\_\_

Employer: \_\_\_\_\_

Address W: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

**OTHER EMERGENCY CONTACT**

Relationship to member: \_\_\_\_\_

Parent/Guardian:  Yes  No

Name: \_\_\_\_\_

Address H: \_\_\_\_\_

Employer: \_\_\_\_\_

Address W: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

**\*\*PERSON(S) NOT AUTHORIZED TO CONTACT MEMBER (if applicable, you must provide legal documentation)**

Name: \_\_\_\_\_

Relationship to member: \_\_\_\_\_

Identifying Characteristics: \_\_\_\_\_

Whom should we contact if the above-named attempts to contact the member? \_\_\_\_\_

**\*\*DISCLAIMER: Boys & Girls Clubs of Silicon Valley is not responsible or obligated to enforce any mandated court order as pertains to conditions of parent-child contact.\*\***

DISCLAIMER: Boys & Girls Clubs of Silicon Valley (BGCSV) is not responsible or liable in any way in the event of harm, injury or illness that may occur as a result of your child's participation in BGCSV activities. It is agreed that BGCSV will not be held responsible for the welfare or whereabouts of any member. In the event your child is harmed, injured or taken ill as a result of his/her participation in BGCSV activities, including transportation to and from activities, whether or not caused by negligence (active or passive) of Boys & Girls Clubs of Silicon Valley employees, volunteers or agents, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, medical or hospital insurance, or any available benefit plan of yours or your spouse. If a complaint is filed against BGCSV, the complainant agrees to pay for BGCSV's legal fees. BGCSV is a drop-in facility, not a licensed day care provider.

**Parent/Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



*The following releases are valid for one year and may be revoked at any time by contacting Boys & Girls Clubs of Silicon Valley in writing.*

**Data Collection & Data Sharing**

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I, the parent/guardian of the minor child listed on this application, grant Boys & Girls Clubs of Silicon Valley (BGCSV) my permission to collect information via online or written surveys, questionnaires, interviews and focus groups from the minor child listed on this application. Surveys may include questions that asks how members feel about the activities and time they spend at the Club, education plans and involvement in community service and work. Additionally, surveys may ask about the attitudes and health behaviors of Club members, including questions about nutrition and physical activity. Members aged 10 and older may be asked additional questions around alcohol, tobacco and other drug use, fighting, arrests, and whether youth are sexually active.

Participating in these surveys will cause no risk to your child. The only potential risk is that some members aged 10 and older might find certain questions to be sensitive. Surveys have been designed to protect your child’s privacy. Members will not put their names on the surveys, and no member will ever be mentioned by name in a report of the results. All information from the surveys will be used to assess the wellbeing of BGCSV members and/or to evaluate the program’s effectiveness. 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.

**I have read the above consent and agreement, prior to its execution, and I am fully familiar with the contents thereof. I hereby grant my permission and consent to all the foregoing.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Audio, Video, Photography, Digital & Other Media**

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I, the parent/guardian of the minor child listed on this application, grant Boys & Girls Clubs of Silicon Valley (BGCSV) my permission to all rights and consent to copyright, use, or re-use, publish, or re-publish, copy, exhibit or distribute all photographs, videotapes, motion picture films and/or audio tapes involving the use of my child’s voice or image, by BGCSV for internal use, educational use, advertising or promotion without restriction as to frequency or duration of usage and without compensation to me.

Boys & Girls Clubs of Silicon Valley may use my child’s first name and such photographs, recordings and/or



**CONTINUED ⇒**

images for any and all purposes including art, advertising, promotional, educational, and web, and in all media, including electronic, digital, broadcast, and print media, without further compensation to me.

**I have read the above consent and agreement, prior to its execution, and I am fully familiar with the contents thereof. I hereby grant my permission and consent to all the foregoing.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**School Records, Data & Information Sharing**

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I, the parent/guardian of the minor child listed on this application, grant Boys & Girls Clubs of Silicon Valley (BGCSV) my permission to obtain school records, transcripts, grade reports (report cards and progress reports) and all school test results.

I also grant Boys & Girls Clubs of Silicon Valley staff my permission to speak with teachers, counselors and other school administrators at my child's school in order to obtain and exchange information as part of the services provided by BGCSV. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Club and in life.

I authorize Boys & Girls Clubs of Silicon Valley to access and/or receive copies of my student's academic transcripts, report cards, and test scores necessary to assist my child in achieving his/her educational goals and as a means to evaluate program effectiveness.

**I have read the above consent and agreement, prior to its execution, and I am fully familiar with the contents thereof. I hereby grant my permission and consent to all the foregoing.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Member (please print)

\_\_\_\_\_  
School ID Number

\_\_\_\_\_  
Name of School



**Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Boys & Girls Clubs of Silicon Valley (“Club”) has put in place preventative measures to reduce the spread of COVID-19; however, the Club **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending the Club could increase** your risk and your child(ren)’s risk of contracting COVID-19.

.....

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at the Club or participation in Club programming (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

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**Signature of Parent/Guardian**

**Date**

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**Name of Parent/Guardian**

**Name of Club Participant(s)**

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