



BOYS & GIRLS CLUB OF NORTH LAKE TAHOE

July 1st, 2009 – June 30th, 2010

Membership Application Annual Fee \$50

Please read and fill out completely. Incomplete applications will not be processed.

HEAD OF HOUSEHOLD

First Name: _____ Last Name: _____ Gender: Male Female

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ E-mail Address: _____

Family Size: _____ Employer: _____ Occupation: _____

Family Income: \$0—\$19,000 \$19,001—\$23,000 \$23,001—\$28,000 \$28,001—\$32,000 \$32,001—\$37,500 \$37,501+

PARENT / GUARDIAN

First Name: _____ Last Name: _____ Gender: Male Female

Mailing Address _____ City: _____ State: _____ Zip Code: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ E-mail Address _____

Family Size: _____ Employer: _____ Occupation: _____

MEMBER INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Birth Date (MM/DD/YY): _____ Social Security #: _____

Gender: Male Female School: _____ Grade: _____

Ethnicity: African-American Asian Caucasian Hispanic Native American Other

Household Type: Extended Family Family Guardian Non-Family

Family Setting: 1 Parent Family 2 Parent Family Foster Parent/Guardian Grandparents Other

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ E-mail Address: _____

(CONTINUED ON REVERSE SIDE)

FOR OFFICE USE ONLY

Membership# _____ Renewal? Y N Date Received: ___/___/___ Expiration Date: 06/30/2009 Receipt # _____

Paid: \$ _____ Date: ___/___/___ paid: cash check # _____ credit card scholarship amt _____

Paid: \$ _____ Date: ___/___/___ paid: cash check # _____ credit card scholarship amt _____

Paid: \$ _____ Date: ___/___/___ paid: cash check # _____ credit card scholarship amt _____

entered into KT received card _____

MEMBER MEDICAL INFORMATION

Physician: _____ Physician Phone: _____ Disabilities _____

Medical problems, allergies, fears: _____

List all medications member is taking: _____

Do you have Insurance? Yes No Name of Insurance Company: _____

EMERGENCY CONTACT INFORMATION

Name of person to contact (other than parent): _____

Relationship: _____ Phone (home): _____ (work/cell): _____

PLEASE CONSIDER SPONSORING A MEMBERSHIP FOR ANOTHER CHILD WHO WOULD OTHERWISE NOT BE ABLE TO ATTEND

If you would like to make a donation to the Scholarship Fund, please indicate the amount here and include it in your payment:

- \$50 to sponsor 1 child for a year
- Please indicate other amount here \$ _____

All of your donation is tax deductible. Please ask for a donation receipt at the front desk.

Acknowledge and Consent: Please initial in the spaces provided to the left of each statement.

_____ For both internal and external use, I acknowledge that BGCNLT and/or its sponsors may utilize photographs or videos of the named youth that may be taken during involvement in BGCNLT programs or activities. I consent to such uses and hereby waive all rights of compensation.

_____ BGCNLT offers educational programs such as Smart Moves. My child has permission to participate in classroom discussions which teach youth about puberty, growth, and development, the dangers of drugs, alcohol, negative peer pressure, and to participate in anonymous surveys related to these topics.

_____ I understand that BGCNLT operates its programs in partnership with Tahoe Truckee Unified School District and other community based organizations and that information about my child may be shared for the purpose of providing needed services, evaluating the effectiveness of our programs, and for developing new or enhanced programs to meet members needs and interests.

_____ I understand the Club may contact the Sheriff's Dept. if the sobriety of the individual picking up the member is in question.

_____ The Boys & Girls Club of North Lake Tahoe maintains an Open Door . If it's a parent's desire their child remain at the Club until picked up by a designated person, the responsibility for this lies solely with the parent and the child. The Club staff will **NOT** be held liable should any child leave the premises without permission. Please contact the Program Director with questions or concerns.

_____ I understand that my child may check themselves out and walk home. It is my responsibility to ensure my child stays at the club until I pick them up or they check themselves out at the appropriate time and walk home.

_____ I understand and give permission for my child to participate in supervised, educational computer internet activities. I also give my permission for my child to participate in walking fieldtrips within Kings Beach.

_____ I, the parent/guardian, approve my child's application for membership to Boys & Girls Club of North Lake Tahoe and will notify the Registration Office of any changes in address and all telephone numbers listed on the membership applications.

_____ I understand that the Boys & Girls Club of North Lake Tahoe maintains a **NO REFUND POLICY**.

_____ I understand that in the event of extreme or recurring discipline problems, my child may not have use of the Club and/or participate in its programs for a prescribed period of time.

Waiver of Liability and Disclaimer:

_____ **Waiver of liability and disclaimer:** For and in consideration of my child's membership and participation in activities, programs, events and use of facilities of BGCNLT, I as a parent/guardian of the named minor, waive, release and agree to hold harmless BGCNLT, its sponsors, officers, directors, and agents, the State of California, Placer County, the Truckee-Tahoe Unified School District, and North Tahoe Public Utility District, staff members, volunteers, and vehicle drivers for all claims arising or resulting from traveling to or from, participating and/or being involved in, its programs or activities. I attest and verify that I have full knowledge of the risks involved in said participation and that I will, on behalf of the named member, assume and pay any medical or emergency expenses. I further acknowledge that my child is physically fit and sufficiently trained to participate in the programs or activities of the Boys & Girls Club.

_____ **Emergency Authorization:** I, the undersigned, as a parent/guardian of the named minor child, hereby authorize the staff of BGCNLT, its sponsors, staff members, volunteers, and vehicle drivers, as my agents, to consent to medical, surgical, dental examination or treatment. In case of emergency, I hereby authorize treatment and or care at any hospital or by licensed medical personnel.

Note : Your signature below acknowledges that you have read and accept the policies and procedures on this form and stated in the parent Handbook.

_____/_____/_____
Date

Signature of Parent or Guardian

Printed Name

Signature of Member