OFFICE USE ONLY

Last Name_____ Member # _____ Amount Paid _____ Payment: Monthly or Yearly

Allergies _____ Renewal ____ New ____ Date Received _____ Cash____ Check #_____

2019-2020 Membership Application Polson

GREAT FUTURES START HERE.

Unit Director:
Kristinna Mitchell

Ages 6-18

BOYS & GIRLS CLUB
OF THE FLATHEAD
RESERVATION & LAKE CO.

Polson Unit:
110 6th Ave. East
Polson MT, 59860
883-0521

School Session
Monday thru Friday
3:15 pm to 7:00pm

Membership Fees
$45 per School year
or $5 per month

Early Outs or No School
12:00pm to 6:00pm
Wednesdays 2:30 pm- 7:00 pm

It is the responsibility of the parent/guardian to assure that their child is physically and emotionally capable of properly functioning in the Club's atmosphere prior to enrolling. The Club may refer service to more appropriate agencies.

Basic Member Information

First Name _____ Middle _____ Last _____Suffix_____

Address _____ City _____ State _____ ZIP _____

DOB Month_____ Day _____ Year _____ Grade_____ Gender M F

Ethnicity: Caucasian Native American Hispanic African American Asian Pacific Islander Other
(Circle All that Apply)

It is important that your child is picked up by the club closing time. Please make sure arrangements and back up plans are in place. It is our policy that for every minute past closing you will be charged $1.00.

Member lives with: Mother_____ Father_____ Stepmother_____ Stepfather_____

Grandparent_____ Foster Parent_____ Kinship Care _____ Other_____

(Primary) Parent/Guardian First Name: _____ Last Name: _____

Phone Numbers – Home: _____ Cell: _____

Work: _____ E-Mail Address: _____

Education Information

Name of School _____

Homeroom Teacher _____

Minutes of required reading to be completed every night? _____

Medical Information

Child's Doctor _____ Phone # _____ Insurance? Y N Carrier _____

Food allergy? Y N If yes, what? _____

Are there any other health issues or conditions our staff should be aware of?_____

Are there any medications taken that our staff should be aware of? _____

Upon submission of this application I/ we the parents/guardians of this child consent that the staff and volunteers of the Boys & Girls Club of the Flathead Reservation & Lake County may obtain the appropriate medical care for this child in the event of an illness or injury.

Signature _____ Date of Signature _____

Household Information

Annual Income: $0-$12,000 $12,001 - $16,000 $16,001-$20,000 $20,001-$24,000 $24,001-$28,000

$28,001-$32,000 $32,001-$37,000 $37,001-$42,000 $42,001-$45,000 $45,001 and over

Number in Household: _____ Household Provider: Female _____ Male _____ Both _____

Fees

If you choose to pay month to month, payment is due on the first club day of the month. We ask that you please pay membership fees in a timely manner*. If a member becomes 2 months delinquent, club privileges will be suspended until the matter has been resolved*. If the fees are a concern you may call or drop in during club hours.

I would prefer to pay $5 a month in the school year _____ I would prefer to pay $45 for the whole school year _____

By signing this document I acknowledge that I understand the following:

- *Policies and rules of Boys & Girls Club of the Flathead Reservation & Lake County.*
- *If my child is ill, disregarding the rules or behaves unsafely, disrespectfully or inappropriately to staff, volunteers or other members, I will be contacted by staff to pick up my child. It is my responsibility to have them picked up in a timely manner myself or someone else.*
- *I may need to meet with the Unit Director to address these concerns before my child can continue to attend the club.*
- *For every minute past closing that I pick my member up, I will pay $1.00. I understand I need to pick up my member by 7:00 pm on regular school days and 6:00 pm on early outs or no school days.*
- ***Club Staff will need one full work day to process and input your full application. The processing will begin once a completed application is turned in and dues are paid.***

Parent/Guardian Signature_____ Date _____

Member Contact Sheet

Include anyone who may be picking up your child. If we do not have them on file, it is our policy to not allow them to leave with that person without your consent. Contacts *must* have first and last name, relationship to member and a phone number.

Primary Contact #1

Name _____

Relationship to Member _____

Home # _____

Cell # _____

Work # _____

Town: _____

Emergency Contact #2

Name _____

Relationship to Member _____

Home # _____

Cell # _____

Work # _____

Town: _____

Additional Contact #3

Name _____

Relationship to Member _____

Home # _____

Cell # _____

Work # _____

Town: _____

Additional Contact #4

Name _____

Relationship to Member _____

Home # _____

Cell # _____

Work # _____

Town: _____

Additional Contact #5

Name _____

Relationship to Member _____

Home # _____

Cell # _____

Work # _____

Town: _____

Additional Contact #6

Name _____

Relationship to Member _____

Home # _____

Cell # _____

Work # _____

Town: _____

By signing below, I understand that the Boys & Girls Club of the Flathead Reservation & Lake County will not be liable after my child checks out for the day. I also understand that my child may go on various field trips (walking or by the Club's vans) with staff and/or volunteers without prior notification.

Our policy is that for your child to check out of the club we must have verbal or written permission.

Parent/Guardian Signature_____ **Date** _____

Releases and Waivers: Please select responses for all checkboxes and sign the bottom of the page.

Data Collection: I give my permission for the Boys & Girls Club of the Flathead Reservation and Lake County (BGCFRLC) 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 aggregate results of these analyses may be shared with Club staff, BGCA, 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 BGCFRLC in writing. ☐ Yes ☐ No

Medical: The Boys & Girls Club of the Flathead Reservation & Lake County is fully committed to providing the safest Club experience possible for your child. However, accidents will happen from time to time and the Boys & Girls Club staff will respond to these accidents quickly and efficiently. While the Club's practice is to seek guidance and permission for treatment of a member's injuries it is possible that we may not be able to contact you to get that permission. Therefore it is important that you provide the Boys & Girls Club of the Flathead Reservation & Lake County with the authority to act on your behalf in the event your child needs medical attention and the Club cannot reach you. I give permission to BGCFRLC 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. ☐ Yes ☐ No

Technology: As a member of the Boys &Girls Club, 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 Club will not be responsible for such unauthorized access. ☐ Yes ☐ No

Transportation: Parents and Club members are responsible for their own transportation to and from the Club, unless otherwise specified. We are not responsible for Club member whereabouts before or after checking in/out. ☐ Yes ☐ No

Data Sharing: I give my permission for BGCFRLC to share information about the minor child 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 information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by BGCFRLC, 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 BGCFRLC in writing. ☐ Yes ☐ No

Media/Press: I give permission for my child's picture, video image, or any other graphic depiction or likeness, to be used by BGCFRLC, Boys & Girls Club of America and its affiliates or donors and acknowledge neither my child nor I will receive payment for the same. ☐ Yes ☐ No

Miscellaneous: I understand the Boys & Girls Club is not responsible for lost or stolen items. Boys & Girls Clubs have an open door policy where members can come as they please and we are not responsible for members who chose not to come on a particular day. Each Club has the right to make membership decisions based on the resources and capacity of their facility and staff. BGCFRLC 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, 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 the **Boys & Girls Club of the Flathead Reservation and Lake County (BGCFRLC) and the Boys & Girls Club of America (BGCA)** 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 the use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

Parent/Guardian Signature _____ Date _____

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

POLSON CLUB MEMBERS ONLY

The Boys and Girls Club will be working with **Polson School District #23** to help develop our Power Hour for our members. The Power Hour Program, is an interactive, after-school homework assistance program for children ages 6 to 18 years. By allowing us to access your member's PowerSchool information we will be able to track missing assignments, plan ahead for projects, and keep in contact with teachers about needed materials.

By signing below I hereby give Polson School District #23 the right to release

_____ (member's name) PowerSchool information to the Boys and Girls Club of the Flathead Reservation and Lake County. I understand I am giving the Director of Operations and the Polson Unit Director access to my member's personal information through Polson School District #23's PowerSchool program.

_____ _____
Parent/Guardian Signature Date

_____ _____
Parent/Guardian Printed Name Grade

RONAN CLUB MEMBERS ONLY

The Boys and Girls Club will be working with **Ronan School District #30** to help develop our Power Hour for our members. The Power Hour Program, is an interactive, after-school homework assistance program for children ages 6 to 18 years. By allowing us to access your member's PowerSchool information we will be able to track missing assignments, plan ahead for projects, and keep in contact with teachers about needed materials.

By signing below I hereby give Ronan School District #30 the right to release

_____ (member's name) PowerSchool information to the Boys and Girls Club of the Flathead Reservation and Lake County. I understand I am giving the Director of Operations & the Unit Director access to my member's personal information through Ronan School District #30's PowerSchool program.

_____ _____
Parent/Guardian Signature Date

_____ _____
Parent/Guardian Printed Name Grade

Passport to Manhood Parent/Guardian Permission Form (for boys ages 7-18)

Passport to Manhood is a program for Club staff to guide boys on their journey from adolescence to adulthood. The program is designed for two separate age groups: 8 to 10, 11 to 13 and 14-18.

Depending on the age of your son, the program may address and help develop the following issues:

- Positive values and responsible behavior
- Decision-making
- Conflict resolution
- Developing healthy relationships
- Essential attitudes, values and skills they need to become responsible adult men
- Gives practice in making healthy decisions related to their physical, cognitive, emotional and social development

In addition, as part of the Passport to Manhood program, we will administer a pre- and post-test to assess boys' knowledge and understanding of some of these topics.

____ **I DO give permission for my son to participate in the Passport to Manhood program.**
____ **I DO NOT give permission for my son to participate in the Passport to Manhood program.**

_____ _____
Child's Name Age

_____ _____ _____
Your Name (printed) Your signature Date

SMART Girls Parent/Guardian Permission Form (for girls ages 7-18)

SMART Girls is a program that educates girls about healthy attitudes and lifestyles. The program is designed for two separate age groups: 8 to 10, 11 to 13 and 14-18.

Depending on the age of your daughter, the program may address the following issues:
•Physical and emotional change and growth, particularly as regards puberty
•Self-esteem and body image, and the influence of media on both
•Healthy eating, and eating disorders
•The importance of physical fitness and exercise
•Personal values and social interaction, and social media
•Healthy relationships with friends and family, and dating responsibility

In addition, as part of the SMART Girls program, we will administer a pre- and post-test to assess girls' knowledge and understanding of some of these topics.

____ **I DO give permission for my daughter to participate in the SMART Girls program.**
____ **I DO NOT give permission for my daughter to participate in the SMART Girls program.**

_____ _____
Child's Name Age

_____ _____ _____
Your Name (printed) Your signature Date