



**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).

<b>MEMBER INFORMATION</b>			
First Name: _____	Middle: _____	Last: _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy): _____/_____/_____	Age: _____	
Ethnicity ( <i><b>please check one</b></i> ): <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Middle Eastern			
<input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander			
Eye Color: _____	Hair Color: _____	Height: _____' / _____"	Weight: _____
Member may participate in all Boys & Girls Clubs' activities in or adjacent to the club building: <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>SCHOOL INFORMATION</b>		
Current Homeroom Teacher: _____	School: _____	Grade: _____

<b>MEDICAL INFORMATION</b>	
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	
<i>If yes, please specify:</i> _____ <span style="float: right;"><i>See Unit Director for additional Paperwork.</i></span>	

<b>HOUSEHOLD</b>	
<b><i>This information is <u>mandatory</u> and collected for grant writing purposes <u>ONLY</u>.</i></b>	
Member lives with (check all that apply): <input type="checkbox"/> Mom <input type="checkbox"/> Step Mom <input type="checkbox"/> Dad <input type="checkbox"/> Step Dad <input type="checkbox"/> Grandparent (s)	
<input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Head of Household: <input type="checkbox"/> Male <input type="checkbox"/> Female      # of persons in Household: _____
Family member 65+ in household: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled family member in household: <input type="checkbox"/> Yes <input type="checkbox"/> 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 college
- Some high school
- Completed college
- Completed high school or GED
- Earned a graduate degree
- Completed trade or technical school

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

**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**

---

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**

---

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



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**

---

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

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

**GREAT FUTURES START HERE.**



**DCP**  
DOWNTOWN COLLEGE PREP

## **Early Release Policy**

---

**A child may be released early from the after school program prior to the end of program time on the following conditions:**

1. Participation in a parallel program on the school campus
2. Family emergency
3. Family needs
4. Illness or Medical Appointments
5. Weather Conditions
6. Safe transportation home ( walking home, only ride available to student, etc..)
7. Medical Emergency
8. Other family circumstances considered on a case by case basis and agreed upon by the administration

**Whatever the case may be, program staff should record the date and time of the early release departure of the child. The parent, guardian, or program staff should then sign the child out. When the child is signed out, one of the above reasons should be indicated as the reason why they are leaving. (ex. #1-visiting grandmother in the hospital) If there are more than three unexcused early release days, the member may be dropped.**

**The intent with which this program was designed is that our members participate every day after school for the full length of the program. If they are not able to do so, there are other students on the waiting list that can benefit from the program and be in attendance each day.**

**Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_**

**Member Name: \_\_\_\_\_ Date: \_\_\_\_\_**