



# MEMBERSHIP APPLICATION

LAST NAME

MEMBER #

BRANCH

PROGRAMS

## CHILD INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ SUFFIX (Jr., etc.) \_\_\_\_\_

NICKNAME \_\_\_\_\_ GENDER \_\_\_\_\_ ETHNICITY \_\_\_\_\_  
 African-Amer.  Caucasian  Native Amer.  Asia/Pacific  Hispanic  Other

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ NUMBER IN HOUSEHOLD \_\_\_\_\_

SRPMC MEMBERSHIP?  YES  NO IF YES, WHICH COMMUNITY?  SALT RIVER  LEHI

## EMERGENCY INFORMATION

EMERGENCY CONTACT (NOT GUARDIAN) \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

ALLERGIES \_\_\_\_\_ HEALTH INS. CARRIER \_\_\_\_\_ MEDICATIONS \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

LAST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ SUFFIX (Jr., etc.) \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ SUFFIX (Jr., etc.) \_\_\_\_\_

RELATIONSHIP TO THE CHILD \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_ RELATIONSHIP TO THE CHILD \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE  Home  Cell  Business \_\_\_\_\_ PHONE  Home  Cell  Business \_\_\_\_\_ PHONE  Home  Cell  Business \_\_\_\_\_ PHONE  Home  Cell  Business \_\_\_\_\_

EMAIL \_\_\_\_\_ EMAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER \_\_\_\_\_

JOB TITLE \_\_\_\_\_ JOB TITLE \_\_\_\_\_

## HOUSEHOLD INFORMATION

ANNUAL HOUSEHOLD INCOME (Check One)  Under \$10,000  \$10,000 - \$19,999  \$20,000 - \$29,999  \$30,000 - \$39,999  \$40,000 - \$49,999  \$50,000 - \$99,999  \$100,000 +

PARTICIPATION/QUALIFICATION FOR ASSISTANCE PROGRAMS  
 SSDI  VETERAN COMPENSATION  
 SSI  DAYCARE VOUCHER  
 TANF/AFDC  SCHOOL LUNCH PROGRAM  
 FOOD STAMPS  FREE (OR REDUCED) SCHOOL LUNCH PROGRAM

ACTIVE MILITARY  YES  NO MILITARY BRANCH: \_\_\_\_\_

CHILD LIVES WITH  MOTHER  FATHER  STEP PARENT  OTHER: \_\_\_\_\_

SINGLE PARENT HOUSEHOLD  YES  NO FOSTER CARE  YES  NO

I hereby give my permission for my child to become a member of Boys & Girls Clubs of Greater Scottsdale. I give my permission for emergency medical treatment of my child for illness or accident, if I cannot be contacted. I give full consent to publish all photographs, motion pictures and/or videos for any and all Club related exhibitions, public displays, publications and/or advertising purposes, without limitation or reservation. I also agree no compensation will be paid for any of the aforementioned. I understand that the Club is not responsible for the time or manner in which he/she arrives at or leaves the Club and that he/she may go at his/her own volition. If I do not want my child to leave the Club, I recognize that it is my responsibility to communicate that to him/her. I also understand that reentry is not allowed once my child leaves. The Boys & Girls Clubs and its property are not responsible for personal injury or loss of property.

PARENT/GUARDIAN SIGNATURE _____	WITNESS _____	DATE _____
START DATE _____	EXP. DATE _____	REVISED APRIL 2018



# PARENT / GUARDIAN AGREEMENT

I have read and agreed to Boys & Girls Clubs of Greater Scottsdale's Parent/Guardian Handbook & Policies. I understand what is expected of my child and myself while he/she attends the Club. I agree to explain these expectations to my child. Please initial the boxes below.

- Technology Policy ( I have read and agree)
- Behavior Policy (I have read and agree)
- Boys & Girls Clubs of Greater Scottsdale has my authorization to use photographs, reproduction and any sound recording of my child. Such use may include advertising and publicity purposes. (I attest that my child's identity is not under protection furthermore, he/she is not under court order of protective custody.)
- I approve the administration of pre/post surveys as well as on-line evaluation tools to my child while he/she is participating in Boys & Girls Clubs of Greater Scottsdale program. I understand these results are helpful in evaluating the effectiveness of the program, which the information is strictly confidential, and that copies of the surveys/tools are available to me upon request.
- I acknowledge that as I am the parent/guardian signing the membership form, I am ultimately responsible for any/all monies due to the Club on behalf of said member. I am aware that any information requested by a third party must be obtained by myself and passed on or requested in writing from the Branch Director and signed by the parent requesting the records.
- (Lehi and Red Mountain Branches only) I understand that in the event consultation is needed regarding any issues such as anger management, bereavement, family issues, etc., the Lehi and Red Mountain Branches will refer members and families to agencies in the Salt River Pima Maricopa Indian Community or other agencies to receive the services needed.
- (Vestar Branch Only) My child has permission to use the rock wall as part of the available sports, fitness and recreation programming. The climbing wall measures 10 ft. high and 30 ft. wide. Sturdy climbing mats are placed on the floor beneath the wall. Proper shoes must be worn to access the rock wall.

PARENT/GUARDIAN PRINTED NAME

DATE

PARENT/GUARDIAN SIGNATURE

DATE

CHILD'S NAME

CHILD'S NAME

CHILD'S NAME

CHILD'S NAME

**PLEASE RETURN SIGNED AGREEMENT WITH PAPERWORK**



# AFTER SCHOOL PROGRAM

## Grades K - 6th

CHILD'S NAME	GRADE	SCHOOL
CHILD'S NAME	GRADE	SCHOOL
CHILD'S NAME	GRADE	SCHOOL
CHILD'S NAME	GRADE	SCHOOL

The following persons (please include yourself) have my permission to pick up my child(ren) from the Club.

1.

NAME
PHONE NUMBER
RELATIONSHIP

**EMERGENCY MEDICAL INFORMATION**

You have my permission to seek emergency medical treatment for my child(ren) if I cannot be reached.

PARENT/GUARDIAN INITIAL
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2.

NAME
PHONE NUMBER
RELATIONSHIP

**SPECIAL CONDITIONS/NEEDS**

Please describe any conditions/needs your child may have such as hearing, speech, asthma, emotional, behavioral, etc.

3.

NAME
PHONE NUMBER
RELATIONSHIP

CHILD'S NAME & CONDITIONS/NEEDS
CHILD'S NAME & CONDITIONS/NEEDS
CHILD'S NAME & CONDITIONS/NEEDS
CHILD'S NAME & CONDITIONS/NEEDS
CHILD'S NAME & CONDITIONS/NEEDS

4.

NAME
PHONE NUMBER
RELATIONSHIP

5.

NAME
PHONE NUMBER
RELATIONSHIP

HOW DID YOU HEAR ABOUT US?
<input type="checkbox"/> FRIEND <input type="checkbox"/> INTERNET <input type="checkbox"/> RETURNING/EXISTING MEMBER <input type="checkbox"/> OTHER:



**BOYS & GIRLS CLUBS**  
OF GREATER SCOTTSDALE

## Swimming Permission Slip-Summer 2018



Parent/Guardian signature is required. It will indicate that you have granted permission for your child to go swimming and to receive any necessary medical treatment in an emergency situation.

The club **DOES NOT** provide swimming lessons. Your child must be able to swim without a life jacket or floatation device to participate.

**Child's Names:** \_\_\_\_\_

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

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

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

**Cost: FREE**

Each child must bring the following items in a gym bag or back pack marked with their name:  
Swimsuit, Shoes/Sandals, Towel, and Extra Clothes, if necessary.

Please select the weeks your child is allowed to go swimming by initially each line:

1 <sup>st</sup> -3 <sup>rd</sup> Grades
Tuesdays 1:00-3:00 PM
<input type="checkbox"/> Week 2 (June 5, 2018): _____
<input type="checkbox"/> Week 3 (June 12, 2018): _____
<input type="checkbox"/> Week 4 (June 19, 2018): _____
<input type="checkbox"/> Week 5 (June 26, 2018): _____
<input type="checkbox"/> Week 6 (July 3, 2018): _____
<input type="checkbox"/> Week 7 (July 10, 2018): _____
<input type="checkbox"/> Week 8 (July 17, 2018): _____
<input type="checkbox"/> Week 9 (July 24, 2018): _____

4 <sup>th</sup> -6 <sup>th</sup> Grades
Thursdays 1:00-3:00 PM
<input type="checkbox"/> Week 2 (June 5, 2018): _____
<input type="checkbox"/> Week 3 (June 12, 2018): _____
<input type="checkbox"/> Week 4 (June 19, 2018): _____
<input type="checkbox"/> Week 5 (June 26, 2018): _____
<input type="checkbox"/> Week 6 (July 3, 2018): _____
<input type="checkbox"/> Week 7 (July 10, 2018): _____
<input type="checkbox"/> Week 8 (July 17, 2018): _____
<input type="checkbox"/> Week 9 (July 24, 2018): _____

Note: We are not responsible for lost or stolen items.



This form is **REQUIRED** in the event transportation is necessary for Breakfast & Lunch.

**Breakfast & Lunch Program Vehicle Transportation Permission Slip-Summer 2018**



The Red Mountain Branch Staff and other youth departments within the Way of Life Facility (WOLF) are striving to provide breakfast and lunch for all our participants during the summer months as part of the free Summer Feeding Program with Salt River Schools. The WOLF will serve as a host site for this program. However, in the event this is not able to be accommodated, the Red Mountain Branch will transport club members to Salt River Schools to eat breakfast and lunch on the days available (See calendar).

**Breakfast Hours: 7:30-8:15 AM**

**Lunch Hours: 12:00-1:00 PM**

**\*Times are subject to change\***

- I authorize my child to be transported to Salt River Schools by the Boys & Girls Club for the Summer Breakfast and Lunch Program.
- I **DO NOT** authorize my child to be transported to Salt River Schools by the Boys & Girls Club for the Summer Breakfast and Lunch Program and I acknowledge that I am responsible for providing breakfast and lunch for my child daily.
- I understand that **there will be no free breakfast or lunch program** for the weeks listed below. However, the Club will be selling only lunch during this time period.
  - Week 1 May 29<sup>th</sup>-June 1<sup>st</sup>
  - Week 6 June 25<sup>th</sup>-June 29<sup>th</sup>
  - Week 10 July 30<sup>th</sup>-August 3<sup>rd</sup>

**NOTE: We do not have the capacity to refrigerate or heat/re-heat lunch or snacks.**

- Please make sure you include a cool pack, if packing perishable items.
- Please pack lunches that can be easily open and eat.
- Don't forget to write your child's name on their lunches.
- Don't forget to pack utensils, if needed.

Parent/Guardian's Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Youth Field Trip Sign Up & Fees-Summer 2018



Field Trip Fees	
SRPMIC Members:	\$10 per field trip
Non-SRPMIC Members:	Included with weekly Summer Program Fee

My child, \_\_\_\_\_, may attend the Boys & Girls Clubs of Greater Scottsdale Red Mountain Branch field trip(s) that are indicated below by parent/guardian signature. This permission slip is valid for these field trip(s) only. Dates, times, and location are subject to change. Members may not be dropped off or pick up from any field trip. They may only attend the field trip if they are signed up, any fees are paid in full, and **PAID** for that week of Summer Camp.

Dates	Grades	Location	Times	Initial
<b>Week 2</b>				
June 4 <sup>th</sup> (Mon)	1 <sup>st</sup> -3 <sup>rd</sup> Grades	Makutu's Island	1:00-5:00 PM	
June 6 <sup>th</sup> (Wed)	4 <sup>th</sup> -6 <sup>th</sup> Grades	Urban Jungle	1:00-5:00 PM	
<b>Week 3</b>				
June 11 <sup>th</sup> (Mon)	1 <sup>st</sup> -3 <sup>rd</sup> Grades	Pump-It-Up	1:00-5:00 PM	
June 13 <sup>th</sup>	4 <sup>th</sup> -6 <sup>th</sup> Grades	Skateland	1:00-5:00 PM	
<b>Week 4</b>				
June 18 <sup>th</sup> (Mon)	1 <sup>st</sup> -3 <sup>rd</sup> Grades	Harkins Theaters-Incredibles 2	1:00-5:00 PM	
June 20 <sup>th</sup>	4 <sup>th</sup> -6 <sup>th</sup> Grades	Harkins Theaters-Incredibles 2	1:00-5:00 PM	
<b>Week 5</b>				
June 25 <sup>th</sup> (Mon)	1 <sup>st</sup> -3 <sup>rd</sup> Grades	Heard Museum	1:00-5:00 PM	
June 27 <sup>th</sup>	4 <sup>th</sup> -6 <sup>th</sup> Grades	Heard Museum	1:00-5:00 PM	
<b>Week 7</b>				
July 9 <sup>th</sup>	1 <sup>st</sup> -3 <sup>rd</sup> Grades	Legoland Discovery Center Arizona	1:00-5:00 PM	
July 11 <sup>th</sup>	4 <sup>th</sup> -6 <sup>th</sup> Grades	Stratum Laser Tag	1:00-5:00 PM	
<b>Week 8</b>				
July 16 <sup>th</sup>	1 <sup>st</sup> -3 <sup>rd</sup> Grades	Jake's Unlimited	1:00-5:00 PM	
July 18 <sup>th</sup>	4 <sup>th</sup> -6 <sup>th</sup> Grades	Jake's Unlimited	1:00-5:00 PM	
<b>Week 9</b>				
July 23 <sup>rd</sup>	1 <sup>st</sup> -3 <sup>rd</sup> Grades	Arizona Science Center	1:00-5:00 PM	
July 25 <sup>th</sup>	4 <sup>th</sup> -6 <sup>th</sup> Grades	Arizona Science Center	1:00-5:00 PM	

- I give permission for my child to attend the initialed field trips above.
- I understand that all payments are **NON-REFUNDABLE** and **NON-TRASFERRABLE**.
- I authorize any medical attention for my child shall it become necessary.
- I understand that field trip locations, dates, and times are subject to change.
- I have read and understand the above explanation of field trip policies and fees.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



For Native American youth, 7-11 years old.

RED MOUNTAIN BRANCH

On The T.R.A.I.L. (Together Raising Awareness for Indian Life) To Diabetes Prevention

Parent/Guardian Notice and Permission Form

Your child is invited to participate in the On the T.R.A.I.L. (Together Raising Awareness for Indian Life) to Diabetes Prevention program. This program is designed to provide youth with the tools and knowledge to prevent type 2 diabetes through healthy eating and physical activity. T.R.A.I.L. is the first diabetes prevention program developed for Boys & Girls Clubs on Native lands.

This program will:

- Discuss health topics in a way your child can understand.
• Encourage healthy behaviors that will help your child stay healthy, active, and prevent type 2 diabetes.

As part of the program the Club will administer a pre- and post-test to test your child's knowledge and attitude about nutrition, physical activity, and type 2 diabetes. Basic information will also be collected about your child and shared with the Indian Health Service (IHS), National Congress of American Indians (NCAI), and FirstPic, Inc. Your child's name will not be used and personal information will be kept confidential.

\_\_\_ YES, I give permission for my child to participate in the T.R.A.I.L. program.

Optional Activity: As part of the physical activity portion of the T.R.A.I.L. program, your child is invited to participate in Physical Activity Challenges. The challenges will measure strength and endurance periodically throughout the program. Strength will be measure through standard push-ups and low plank and endurance will be measured by 15-yard shuttle run. Data collected from these challenges will also be shared with the IHS, NCAI, and FirstPic, Inc. Your child's name and personal information will be kept confidential.

Children with medical conditions that prevent strenuous activity such as jumping and/or running should not participate.

Note: Your child may still participate in the T.R.A.I.L. program regardless of participation in the Physical Activity Challenges.

\_\_\_ Yes, I give my child permission to participate in the Physical Activity Challenges.

If you have any questions, please contact Ann Marie Salt, Youth Development Supervisor, at 480-291-5835 or 480-947-1798.

Child's Name (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender (Circle): Male Female

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### **Tuition Assistance Program**

The Boys & Girls Clubs of Greater Scottsdale offers a tuition assistance program for families who qualify. Financial assistance is based primarily on household income and the number of individuals in the household (as is most common in assistance programs) using a scale based on federal income guidelines. Documentation must be provided to complete the application process. The Request for Tuition Assistance form has the list of need documents. Incomplete applications will not be accepted.

Completed applications must be returned to the Member Billing Specialist. Upon receipt of all the necessary documents, the Branch Director will review the application and determine eligibility. The review process may take up to one week.

Applications for tuition assistance must be completed for each individual program (Before and After School, Summer Camp, Break Camps) during the calendar year.

If tuition assistance is granted, we kindly ask that families do the following to remain in good standing:

- Encourage Member regular attendance (3 or more days per week) in our programs
- Payments for any monthly fees must be paid on-time and account must be current
- Parent attendance at orientations, parent classes or other meetings as offered
- Family attendance at our Family Special Events
- Consider volunteering in programs, if available
- Support for the Tax Credit Drive

Please feel free to contact your Member Billing Specialist with any additional questions.



**OFFICE USE ONLY**

Branch: \_\_\_\_\_  
Program: \_\_\_\_\_  
Approved or Denied \_\_\_\_\_  
Scholarship %: \_\_\_\_\_  
Parent %: \_\_\_\_\_



**REQUEST FOR TUITION ASSISTANCE**

This form must be completed for each program (ASP, Break Camps) regardless of calendar year. Please return to the Member Billing Specialist with all the necessary documentation. The review process takes approximately one week.

Parent's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

**DOCUMENTATION**

You must attach the following documentation :

- Copy of two (2) most recent paycheck stubs (for each working adult member of household)
- Federal Income Tax Form
- W2 Form
- Copy of any payments made to you (alimony, child support, unemployment)
- Divorce papers if applicable
- Copy of Rental Agreement, Lease or Mortgage Statement

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

**INCOME INFORMATION**

Household Income: _____	Child Support: _____
Gov't Assisted Housing: _____	Food Stamps: _____
Social Security: _____	Unemployment: _____
Worker's Comp: _____	Disability Insurance: _____

**FAMILY INFORMATION**

No. of children in household: \_\_\_\_\_ No. of adults in household: \_\_\_\_\_  
(Under 18 )

**Reason for assistance:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_