



MEMBERSHIP APPLICATION

LAST NAME
MEMBER #
BRANCH
PROGRAMS

CHILD INFORMATION

LAST NAME		FIRST NAME		MI	SUFFIX (Jr., etc.)
NICKNAME		GENDER	ETHNICITY <input type="checkbox"/> African-Amer. <input type="checkbox"/> Caucasian <input type="checkbox"/> Native Amer. <input type="checkbox"/> Asia/Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		
STREET ADDRESS			CITY	STATE	ZIP
MAILING ADDRESS			HOME PHONE		
GRADE	SCHOOL		DATE OF BIRTH	NUMBER IN HOUSEHOLD	
SRPMIC MEMBERSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHICH COMMUNITY? <input type="checkbox"/> SALT RIVER <input type="checkbox"/> 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 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business		PHONE <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business	PHONE <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business		PHONE <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business
EMAIL			EMAIL		
EMPLOYER			EMPLOYER		
JOB TITLE			JOB TITLE		

HOUSEHOLD INFORMATION

ANNUAL HOUSEHOLD INCOME (Check One)		ACTIVE MILITARY	
<input type="checkbox"/> Under \$10,000	<input type="checkbox"/> \$30,000 - \$39,999	<input type="checkbox"/> YES <input type="checkbox"/> NO	MILITARY BRANCH:
<input type="checkbox"/> \$10,000 - \$19,999	<input type="checkbox"/> \$40,000 - \$49,999	CHILD LIVES WITH	
<input type="checkbox"/> \$20,000 - \$29,999	<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> STEP PARENT	
	<input type="checkbox"/> \$100,000 +	<input type="checkbox"/> OTHER:	
PARTICIPATION/QUALIFICATION FOR ASSISTANCE PROGRAMS		SINGLE PARENT HOUSEHOLD	FOSTER CARE
<input type="checkbox"/> SSDI	<input type="checkbox"/> VETERAN COMPENSATION	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> SSI	<input type="checkbox"/> DAYCARE VOUCHER		
<input type="checkbox"/> TANF/AFDC	<input type="checkbox"/> SCHOOL LUNCH PROGRAM		
<input type="checkbox"/> FOOD STAMPS	<input type="checkbox"/> FREE (OR REDUCED) SCHOOL LUNCH PROGRAM		

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.

- I understand that the Club is closed on the following holidays: Labor Day, Veteran's Day, Thanksgiving Day & the day after, Christmas Eve & Christmas Day, New Year's Eve, New Year's Day, MLK Day, Thursday & Friday before the start of Summer, Memorial Day, Independence Day, Last Day of Summer, Staff Training Days (Sept 13 & 14). On occasion the Club may have additional closure days. Parent/Guardian will be notified two weeks prior to closure.
- 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



REGISTRATION

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

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:



Native American Youth 7 - 11 years old

On The T.R.A.I.L. 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.

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 measured through the forearm plank/standard push-ups and endurance will be measured through the 20 meter (22 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 call the Boys & Girls Club offices at 480-947-1798.

Note: Your child must return this letter in order to participate in the 2018-2019 T.R.A.I.L. program.

Child's Name (please print): _____

Date of Birth (MM/YY): _____ Grade: _____ Circle: Male Female

List Any Food Allergies: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____



All Ages

**2018-2019 Afterschool Transport Permission Form
Red Mountain Branch**

- 1. Child's Name: _____ Grade: _____
- 2. Child's Name: _____ Grade: _____
- 3. Child's Name: _____ Grade: _____
- 4. Child's Name: _____ Grade: _____
- 5. Child's Name: _____ Grade: _____

Please initial below acknowledging you have read and understand the following statements:

- I understand that my child must be a member of the Boys & Girls Clubs of Greater Scottsdale-Red Mountain Branch in order to participate in Club programs (Completed Applications/Permission Slips and Paid Memberships/Fees).
- I understand that I must notify the Club by 1:00 p.m. if my child will not be attending the Club.
- I understand that my child must follow the Club rules and guidelines while on the bus and at the Club and that suspension/removal from pick-ups will result in consecutive non-adherence or extreme incidences.
- I understand that bus routes are subject to cancellation/changes if the number of kids fall below 8 consecutively for two weeks.
- I understand that my child may be dropped from the program if he/she does not attend for two consecutive weeks without notice given.

RED MOUNTAIN BRANCH SCHOOL TRANSPORT	
(Check One)	
<input type="checkbox"/>	Salt River Elementary School
<input type="checkbox"/>	Whittier Elementary School
<input type="checkbox"/>	Whitman Elementary School
<input type="checkbox"/>	Ishikawa Elementary School (School Drops Off)
<input type="checkbox"/>	Hermosa Vista Elementary School (School Drops Off)
<input type="checkbox"/>	Noah Webster Schools-Pima (School Drops Off)

By signing below, I give permission for my child to be transported from school to the Boys & Girls Clubs of Greater Scottsdale for the Afterschool Program. I agree to the guidelines and rules set by the Boys & Girls Clubs of Greater Scottsdale.

Parent Name (print) Parent Signature Date



BOYS & GIRLS CLUBS
OF GREATER SCOTTSDALE

All Ages

School Communication Consent Form Red Mountain Branch

Dear Parent/Guardian:

This letter is to ask you for your permission to be able to communicate with your child's teacher. We will be communicating with teachers and school personnel requesting information on your child's daily homework patterns, grades, standardized testing scores and other information that pertains to their education within the classroom. This will allow us to strengthen the services offered by the Boys and Girls Clubs of Greater Scottsdale.

In order to bridge the communication between your child's school and the club we ask you to fill out the attached form. **Please have form completed and submitted before your child starts school.** This will allow for the club and your child's teacher to communicate more effectively and find the best way to support your child's growth and development.

If you have any questions, on the form or the education programs run at the club, please feel free to contact the Branch Supervisor, **Melissa Bronston** (melissa.bronston@bgcs.org), or the Youth Development Supervisor, **Ann Salt** (ann.salt@bgcs.org), at **480-947-1798**.

- 1. Child's Name _____ Grade _____ School _____
- 2. Child's Name _____ Grade _____ School _____
- 3. Child's Name _____ Grade _____ School _____
- 4. Child's Name _____ Grade _____ School _____
- 5. Child's Name _____ Grade _____ School _____

I give permission for the Boys & Girls Clubs of Greater Scottsdale to communicate with my child's school/teacher on his or her progress on the following:

Please check all that applies:

- Homework Completion/Return
- Grades/Progress Reports
- Attendance
- Standardize Testing Scores
- IEP Information

I give my permission to the Boys and Girls Club of Greater Scottsdale to make copies or request my child's grades, homework completion, standardized test scores, and other information pertaining to school performance.

Parent Name (print)

Parent Signature

Date

America Reads

Boys & Girls Club: Red Mountain

Please Print: (Be sure to complete all spaces, please)



NAME OF CHILD: _____

AGE: _____

GRADE: _____

SCHOOL: _____

TEACHER: _____

PARENT/GUARDIAN: _____

HOME PHONE: _____

CELL PHONE: _____

ADDRESS: _____

Street

City

Zip Code

In the event of an emergency and **the Parent/Guardian is not available**, please contact:

EMERGENCY CONTACT: _____

PHONE NUMBER: _____ RELATIONSHIP TO CHILD: _____

Please list any allergies, illnesses, and/or dietary concerns for your child: _____

What would you like to see our tutors work on with your child (reading, spelling, etc.)? _____

PHOTO/VIDEO PERMISSION: (please check one box)

- I give permission for my child's picture and/or video to be used for America Reads promotional purposes (including our website, brochure, article, newspapers, or TV).
- I do not give permission for my child's picture and/or video to be used for America Reads promotional purposes.

AMERICA READS PROGRAM POLICES AND PROCEDURES: (please initial and sign where indicated)

I give permission for my child to be enrolled in the America Reads after school-tutoring program at the **Boys & Girls Club: Red Mountain**. I understand that the program takes place **Tuesday and Thursday from 3:30-4:30 or 4:30-5:30 PM**. I also understand that if my child needs emergency medical treatment and neither the Parent/Guardian nor Emergency Contact is available at the above numbers, I consent to the provision of emergency medical treatment to the extent that the treatment is necessary in the medical opinion of the doctor rendering treatment.

I have read and understand the following program policies: (please initial each box)

Behavior Policy	
Absence Policy	
Personal Belongings Policy	

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

PRINT NAME: _____



All Ages

SMART Moves Consent Form
Red Mountain Branch

Dear Parent/Guardian(s),

The Red Mountain Branch is offering Boys & Girls Clubs of America's nationally recognized SMART (Skills Mastery and Resistance Training) Moves Program. The primary goal of SMART Moves is to provide young people with the knowledge, skills and self-esteem to help them avoid risky behaviors and situations, including involvement with alcohol, tobacco and other drugs. Within SMART Moves there are three curricula: SMART KIDS (ages 8-9), Start SMART (ages 10-12), and Stay SMART (ages 13-15).

SMART Moves provides:

- Accurate, age-appropriate information about alcohol and other drugs
• Self-awareness activities to develop respect for one's own body, ability to handle feelings, and healthy habits
• Activities to develop the ability to interact and work in groups
• Practice in decision-making, problem solving and planning ahead
• Practice in refusal techniques, useful for avoiding risky situations, including those involving alcohol, tobacco and other drugs.

In addition, because of grant funding requirements for the SMART Moves program, it may be necessary that we administer pre- and post-tests to assess participants' knowledge and evaluate the success of our program. Naturally, your child's information will be kept strictly confidential.

If you have any questions, suggestions, or concerns about the SMART Moves curriculum and about how your child will be involved, please contact our Health & Life Skills Coordinator at 480-947-1798 or (480)850-4453.

[] YES, I give permission for my child to participate in SMART Kids.

Please indicate the age group your child will be a part of:

- [] SMART KIDS (ages 6-9)
[] Start SMART (ages 10-12)**
[] Stay SMART (ages 13-15)**

** These programs also include age-appropriate components on physical and emotional development during pre-adolescence and adolescence, such as puberty, sexual myths vs. truths, and resistance to early sexual activity.**

NOTE: Your child must return this letter in order to participate in the program.

- 1. Child's Name: _____ Date of Birth: _____
2. Child's Name: _____ Date of Birth: _____
3. Child's Name: _____ Date of Birth: _____
4. Child's Name: _____ Date of Birth: _____
5. Child's Name: _____ Date of Birth: _____

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature: _____ Date: _____