



FOR OFFICE USE ONLY:

_____ PAID	_____
_____ STUDENT BILLING	_____
_____ VISIONS	_____

FALL BREAK 2017 REGISTRATION

CHILD'S NAME: _____

BY SIGNING BELOW, I ACKNOWLEDGE AND AGREE TO THE FOLLOWING:

- 1) I must pay any and all balances before registering my child for Fall Break 2017
- 2) The Club is open from 7:00 am – 6:00 pm. I agree to pick up my child by 6 pm.
- 3) The Club is open October, 9th – 13th.
- 4) I will send my child with a lunch every day.

PARENT/GUARDIAN'S NAME: _____

PARENT/GUARDIAN'S SIGNATURE: _____

PARENT/GUARDIAN'S PHONE NUMBER: _____

THE FOLLOWING PEOPLE ARE ALLOWED TO PICK UP MY CHILD FROM THE CLUB:

NAME

PHONE

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____



MEMBERSHIP APPLICATION

Child Information		
Last Name _____	Street Address _____	
First Name _____	Mailing Address _____	
MI _____ Suffix (Jr., etc.) _____	City _____	
Nickname _____	State _____ Zip _____	
Grade _____	Home Phone _____	
Gender (circle one) Male Female	School _____	
Ethnicity (check one)	Date of Birth _____	
<input type="checkbox"/> African-Amer. <input type="checkbox"/> Caucasian <input type="checkbox"/> Native Amer.		
<input type="checkbox"/> Asian/Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		

The following questions apply to SRP-MIC members only and in no way disqualifies acceptance for Boys & Girls Club membership. Are you a member of the SRP-MIC? Yes No If so, which community? Salt River Lehi

EMERGENCY CONTACT INFORMATION	
Contact (not guardian) _____	Allergies _____
Relationship to child _____	Medications _____
Contact's Phone # _____	Health Ins. Carrier _____

Parent/Guardian Information	
Last Name _____	Last Name _____
First Name _____	First Name _____
MI _____ Suffix (Jr., etc.) _____	MI _____ Suffix (Jr., etc.) _____
Relationship to child _____	Relationship to child _____
Marital Status _____	Marital Status _____
Street Address _____	Street Address _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Home Ph# _____	Home Ph# _____
Business Ph# _____	Business Ph# _____
Cell Ph# _____	Cell Ph# _____
Email _____	Email _____
Employer _____	Employer _____
Job Title _____	Job Title _____

Household Information		
Annual Household Income (check one)	Active Military	Member Lives With (check one)
<input type="checkbox"/> Under \$10,000 <input type="checkbox"/> \$40,000 - \$49,999	<input type="checkbox"/> Yes	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both
<input type="checkbox"/> \$10,000 - \$19,999 <input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> No	<input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather
<input type="checkbox"/> \$20,000 - \$29,999 <input type="checkbox"/> \$100,000+	Number in household _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> \$30,000 - \$39,999		

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 hereby give my permission for my child to become a member of the Boys & Girls Clubs of Greater Scottsdale. 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 come and 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. The Boys & Girls Clubs and its property are not responsible for personal injury or loss of property.

Parent/Guardian Signature _____ **Witness** _____ **Date** _____



BOYS & GIRLS CLUBS
OF GREATER SCOTTSDALE

PARENT/GUARDIAN AGREEMENT

I HAVE READ AND AGREED TO THE BOYS & GIRLS CLUBS OF GREATER SCOTTSDALE PARENT/GURADIAN HANDBOOK AND POLICIES. I UNDERSTAND WHAT IS EXPECTED OF MY CHILD AND MYSELF WHILE HE/SHE ATTENDS THE CLUB. I AGREE TO EXPLAIN THESE EXPECTATIONS WITH MY CHILD. Please initial the boxes below:

Technology Policy (I have read and agree)

Behavior Policy (I have read and agree)

The 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 or protective custody.)

I approve the administration of pre/post surveys as well as online evaluation tools to my child while he/she is participating in the Boys & Girls Clubs of Greater Scottsdale program. I understand these results are helpful 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.

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