

**OFFICE USE ONLY**

PLEASE CHECK PROGRAM SIGNED UP FOR

- Before School Program
- After School Program
- Fall, Winter, or Spring Break
- Summer Camp



**BOYS & GIRLS CLUBS**  
OF GREATER SCOTTSDALE

2017-2018  
School Year

**REGISTRATION PACKET**  
**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: \_\_\_\_\_

2. **Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

3. **Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

4. **Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

5. **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's Initial** \_\_\_\_\_

**SPECIAL PROBLEMS/CONDITIONS**

Examples: hearing, speech, asthma, emotional, behavioral \_\_\_\_\_

**How did you hear about us** (please circle one)?

Friend    Internet    Other: \_\_\_\_\_

Returning/existing member

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**FOR OFFICE USE ONLY**

Paid: \_\_\_\_\_  
Van List: \_\_\_\_\_  
Visions: \_\_\_\_\_  
Student Billing: \_\_\_\_\_

# MEMBERSHIP APPLICATION

Membership Number: \_\_\_\_\_

## 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 \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Ethnicity (check one)  
 African-Amer.  Caucasian  Native Amer.  
 Asian/Pacific  Hispanic  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)

- 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+

**Active Military**

- Yes
- No

**Member Lives With** (check one)

- Mother  Father  Both
- Stepmother  Stepfather
- Other \_\_\_\_\_

**Number in household** \_\_\_\_\_

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** \_\_\_\_\_

## 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 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.

\_\_\_\_\_  
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**