

**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

2016-2017  
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 _____
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

<b>Annual Household Income</b> (check one)	<b>Active Military</b>	<b>Member Lives With</b> (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+	<b>Number in household</b> _____	<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** \_\_\_\_\_



## Parent Policies Agreement

Parent Name: \_\_\_\_\_ Child Name: \_\_\_\_\_ Child Name: \_\_\_\_\_

Child Name: \_\_\_\_\_ Child Name: \_\_\_\_\_ Child Name: \_\_\_\_\_

**ACKNOWLEDGEMENT/AGREEMENT:** Please read and initial each line if you are in agreement. If any item does not meet your approval, please state the reason below on lines provided and bring it to the attention of the Member Billing Specialist, Member Billing Assistant, or Branch Director.

1. \_\_\_\_\_ I understand that the club is closed on the following holidays: New Year's Day, Thanksgiving Day and the day after, Christmas Eve and Christmas Day (or observed on the previous or following days) July 4<sup>th</sup>, Labor Day, Memorial Day, Veteran's Day, and the Friday before summer starts. From time to time there will be other days closed, which will be posted in advance.
2. \_\_\_\_\_ 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 foster care, court order or protective custody.)
3. \_\_\_\_\_ 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.
4. \_\_\_\_\_ I understand that I will be notified should my child become ill or have behavioral issues during the day, and that it will be necessary to make arrangements to have my child leave or be picked up as soon as possible after notification. If my child is exposed to a contagious disease, I agree to notify a full time staff and agree that my child may not be permitted to attend the program. I understand that my child may not be permitted to attend the program until a physician has granted permission in writing.
5. \_\_\_\_\_ I understand that the Boys & Girls Clubs of Greater Scottsdale reserves the right to suspend or terminate my child's enrollment from the Club if my child exhibits poor behavior. It is my responsibility to meet with the Branch Director or Youth Development Supervisor to discuss any matter of concern on either the Clubs' part or mine.
6. \_\_\_\_\_ Boys & Girls Club staff members are available to help address questions, concerns or suggestions. Major questions or concerns should be addressed with the Youth Development Supervisor and/or the Branch Director. If time does not permit an immediate discussion, a meeting for review of the situation will be set. However, I understand that anyone who engages in disorderly conduct of any kind such as use of speech/language that is offensive/inappropriate or demonstrates physical/verbal abuse or threat of harm to any staff/volunteer/member, will be subject to removal and possible exclusion from the facility.
7. \_\_\_\_\_ I understand that the club is not responsible for items brought to the club that are lost or stolen.
8. \_\_\_\_\_ 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. Also, as the signing adult, I am the

only person who will receive financial information and/or statements for this member. **Any information requested by a third party must be obtained by myself and passed on or requested by mail from Human Resources with a court order. No information will be released without a court order.**

9. \_\_\_\_\_ I will read the Boys & Girls Clubs of Greater Scottsdale’s Internet and Information Acceptable Use Policy. I hereby release the Boys & Girls Clubs of Greater Scottsdale, its personnel, and any institution with which it is affiliated, from any and all claims and damages of any nature arising from my child’s use of or inability to use the Club’s system including, but not limited to claims that may arise from unauthorized use of the Club’s system to purchase products or services.
10. \_\_\_\_\_ (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.

**PLEASE INITIAL BELOW THAT YOU HAVE READ AND UNDERSTAND THE FOLLOWING POLICIES**

Policies can be found at [www.bgcs.org](http://www.bgcs.org) under forms or ask the office to see a copy

I have read and understand the “Behavior Policy”

I have read and understand the “Technology Acceptance Use Policy”

If any item does not meet your approval, please state the reason on the lines provided below:

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

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