



BOYS & GIRLS CLUBS
OF ADA COUNTY

www.BGClubIdaho.org

2009-2010 School Year Membership Form

School Year Fee: **\$10**

Membership expires after 05/28/2010

Moseley Center

610 E. 42nd Street
Garden City, ID 83714
(208) 321-9157
Admin: (208) 376-4960

Meridian Club

911 N. Meridian Rd.
Meridian, ID 83642
(208) 888-5392

Member Information	<input type="checkbox"/> New Member <input type="checkbox"/> Renewing Member		
	First Name _____ Middle Name _____ Last Name _____		
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> Caucasian (white) <input type="checkbox"/> African <input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other (multi-racial)
	Date of Birth: ____ / ____ / ____ <small>Month Day Year</small>		
	List all special needs or health issues: _____ List all medications taken regularly: _____		
Is this child covered in an insurance plan? <input type="checkbox"/> Yes—Company plan <input type="checkbox"/> Yes— Medicaid / CHIP <input type="checkbox"/> No			
School: _____ 2009-2010 Grade Level: _____		Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Household Information	<input type="checkbox"/> Household information is the same as this member: _____		
	Address _____ City _____ State _____ Zip Code _____		Is this a single parent household? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Main Phone Number _____		Is there a member of military in the house? Are any of them currently deployed? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Number of people living in this household: _____
			Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No

Contact Information	<input type="checkbox"/> Contact information is the same as this member: _____			
	<i>Primary Contact</i>			
	_____	_____	_____	_____
	First Name	Last Name	Relationship to Child	Email Address
	_____	_____	_____	_____
	Cell Phone Number	Home Phone Number	Work Phone Number	Employer:
	<i>Additional Contact</i>			
	_____	_____	_____	_____
	First Name	Last Name	Relationship to Child	Email Address
_____	_____	_____	_____	
Cell Phone Number	Home Phone Number	Work Phone Number	Employer:	
<i>Additional Contact</i>				
_____	_____	_____	_____	
First Name	Last Name	Relationship to Child	Email Address	
_____	_____	_____	_____	
Cell Phone Number	Home Phone Number	Work Phone Number	Employer:	

<input type="checkbox"/> Payment Received	<input type="checkbox"/> Data Entered	<input type="checkbox"/> F/R Lunch Form	Initials: _____	Date: _____
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Guardian Agreement

Please initial to indicate you know and accept the following terms of membership:

- _____ ***Injuries & Accidents:*** The Club **can not be held liable for injuries or accidents** that may occur at the Club or during Club-sponsored events. The Club does have an insurance policy that covers medical expenses for such accidents.
- _____ ***Medical Assistance:*** Authorized **Club Personnel may provide medical assistance** to members in the form of CPR, first aid, and transport to medical facilities as deemed necessary and **without parental consent**.
- _____ ***Medications:*** Authorized Club Personnel **can not administer medications** nor provide other-the-counter drugs to members. Members must bring and be able **to self-administer any medications** they require.
- _____ ***Arrival & Departure:*** The Club can not be held responsible for the manor in which members **arrive and depart**. Such arrangements are strictly between the member and their guardians. Members are not permitted to leave and return to the club in the same day unless special arrangements are made with the staff.
- _____ ***Discipline Issues:*** In circumstances where the member repeatedly does not follow Club rules, a guardian will be contacted and **must be able to pick up the Member** from the Club immediately.
- _____ ***Media:*** All members may be **photographed, surveyed or interviewed** as those activities pertain to official business of the Boys & Girls Clubs of Ada County.
- _____ ***Field Trips:*** All **off-site activities** require the expressed, written **consent of a guardian**.
- _____ ***Refunds:*** **Fees for services are non-refundable** unless the refund is requested at least one week prior to the date of service.
- _____ Additional terms and rules are outlined in the **Parent Handbook**. All parents must be familiar with the terms and guidelines in the Parent Handbook. Ask for a copy from the front desk if you do not have one already.

Guardian Signature: _____ Date: _____