

Mailing Address:
Boys and Girls Club
1300 South Union St.
Shawano, WI 54166



**BOYS & GIRLS CLUB
OF SHAWANO**

Building Location:
Shawano Community Middle School
Cell: (715) 851-6171

MEMBERSHIP APPLICATION

The application must be complete and accurate. This information is necessary to maintain funding, state compliance and records for Boys & Girls Club. The membership form will NOT be accepted without all forms completed.

YOUTH:						
	First	Middle	Last			
Preferred Name:	Birth Date: / /		Teacher:	Grade:	Gender:	
Lives With:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Father Only	<input type="checkbox"/> Extended Family	<input type="checkbox"/> Foster Family	<input type="checkbox"/> Group Home
Ethnicity:	<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Multi-Ethnic	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native American
	<input type="checkbox"/> Other: _____					

Primary Parent/Guardian:			
	First	Last	<input type="checkbox"/> Female <input type="checkbox"/> Male
Home Address:	_____		
City:	State/Zip:	Household Size: _____	
Home Phone: ()	Cell Phone: ()	_____	

PICKUP INFORMATION:		
List names of individuals (other than primary parent/guardian) authorized to pick up youth. These individuals will also be emergency contacts.		
1. _____	Relationship: _____	Phone: _____
2. _____	Relationship: _____	Phone: _____
Person(s) Not Authorized: _____		

CHECK ALL PROGRAMS FOR WHICH FAMILY RECEIVES ASSISTANCE:			
<input type="checkbox"/> SSDI	<input type="checkbox"/> Day Care Voucher	<input type="checkbox"/> School Lunch	<input type="checkbox"/> MA (Medicaid, BadgerCare, etc.)
<input type="checkbox"/> SSI	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Veterans Compensation	<input type="checkbox"/> General Assistance <input type="checkbox"/> TANF

My child has my permission to walk home after Boys and Girls Club. I understand that by checking this box, my child will leave Boys and Girls Club at the end of program (between 5:00-5:15 pm) and will walk home. Boys and Girls Club of Shawano is not liable for your child once they have left the Shawano Community Middle School.

ADDITIONAL INFORMATION:

Medical Information-Check any special medical condition that your child might have.

- Food Allergies- Specify food(s):**
- Non-food allergies- Specify:** **--Does your child have an Epi-pen for allergies? Circle: YES NO**
- Asthma** **-- Does your child have an Inhaler? Circle: YES NO**
- Diabetes**
- Epilepsy/Seizure disorder**
- Other special needs for your child**

Signs or symptoms to watch for medical conditions listed above-Specify:

Does your child have an IEP? Circle: YES NO What language does your child primarily speak? _____

Special concerns about your child or family-Specify?

PARENT/GUARDIAN APPROVAL:

I approve my child’s application for membership to the Boys & Girls Club of Shawano. I am aware that the Club rules and policies are available at the school office and I will take time to review the policies and guidelines by which the program will run. My child and I agree to follow the Club rules and policies, and we understand that Club membership is a privilege that may be revoked at any time.

Sharing of Personal Information:I give my permission to the Boys & Girls Club of Shawano to share information about the minor child listed on this application with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate program effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child’s school or school district, and other information collected by Boys & Girls Club of Shawano, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Surveys and Questionnaires: I give my permission to the Boys & Girls Club of Shawano to survey my child about his or her Club experiences, risk behaviors, skills, and attitudes. I give consent for my child to complete youth outcomes surveys involving questions about his/her risk behaviors at the end of the calendar year, in the spring, and at the end of summer. I am aware that blank sample copies of the youth outcomes surveys are available for review at the Front Desk. I agree that if I do not want my child to participate in the youth outcomes surveys, I must provide notice in writing to the Boys & Girls Club of Shawano.

School Information: I give my permission to the Boys & Girls Club of Shawano and my child’s school to exchange information regarding my child. The purpose of this exchange is to help both organizations do a better job of helping the student be successful in school and in the Club. This release is valid for one year and may be revoked by contacting my child’s school in writing.

Use of My Child’s Image and Artwork: I grant the Boys & Girls Club of Shawano the irrevocable right to photograph/record my child’s physical likeness and any artwork or other projects created by my child and to use the said images in the production of promotional materials and on the Club’s social media. I relinquish all rights to copyright, title, property interest and/or any other interest in said images and I waive the right to inspection and approval of the finished reproduction.

Medical Treatment: I give my permission for Club staff members to administer first aid treatment or allow a physician or hospital to administer emergency treatment to my child as deemed necessary.

Release of Liability: I will not hold the Boys & Girls Club of Shawano responsible in case of any loss, damage, injury, or death resulting from use of Club facilities or participation in Club activities either at or away from the Club.

Authorization:	
Yes No	I understand that by signing this form I am agreeing to the above information and that the information written on this application form is accurate and complete.

Legal Guardian Name (printed): _____

Legal Guardian Signature: _____ *Date:* _____