LODI
BOYS & GIRLS CLUB

Membership Application

Date _____

Member Type	☐ New Member ☐ Renewing Member

MEMBER DETAILS

Member Information

First Name _____
Middle Name _____
Last Name _____
Suffix _____
Informal Name _____
Country _____
Address _____
City _____
State _____
Postal Code _____
Birthdate **(Proof of age is required if 6 years old)** _____

Gender	☐ Choose Not to Answer	☐ Male	☐ Female	☐ Other
Optional	☐ Gender Non-Conforming	☐ Trans Male	☐ Trans Female	☐ Gender Queer

Racial / Ethnic Identity	☐ American Indian or Alaska Native ☐ Asian ☐ Bi-racial ☐ Black or African American	☐ Choose Not to Answer ☐ Hispanic or Latino ☐ Middle Eastern or North African ☐ Multi-Racial	☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Other

Foster Care	☐ Yes ☐ No

Tribal Affiliation	☐ Yes ☐ No

School Lunch	☐ Free/Reduced ☐ Entire School is Free ☐ Not Eligible

School Information

Grade _____
School Name _____
School Year _____
Individualized Education Plan (IEP) ☐ Yes ☐ No

Allergies			
Food Allergies	☐ Dairy/Lactose ☐ Eggs ☐ Gluten	☐ Peanuts ☐ Seafood/Shellfish ☐ Soy	☐ Tree Nuts ☐ Other _____
Environmental Allergies	☐ Bee Stings ☐ Dust	☐ Grass ☐ Mold	☐ Pollen ☐ Other _____
Medicine Allergies	☐ Amoxicillin ☐ Aspirin	☐ Penicillin ☐ Other _____	
Other Allergies	☐ Latex ☐ Lotions	☐ Perfumes/Colognes ☐ Other _____	

Medical Information			
Diagnosed Medical Conditions	☐ ADD/ADHD ☐ Anxiety/Depression ☐ Asthma ☐ Autism	☐ Diabetes ☐ Hearing Impairment ☐ Oppositional Defiance Disorder	☐ Seizures ☐ Visual impairment ☐ Other _____

Please list any other physical, mental or medical limitations.

Does the member use an inhaler?	☐ Yes ☐ No	**Does the member use insulin?**	☐ Yes ☐ No
Does the member use an EpiPen?	☐ Yes ☐ No	**Does the member self-administer medication?**	☐ Yes ☐ No

We are committed to providing youth an opportunity for full and equal enjoyment of the Club experience. Our goal is to learn as much as possible about our members to make any reasonable accommodation or support to ensure their success at the Club. If your child has any serious behavioral problems or special circumstances involving physical, medical, or psychological concerns, especially if they could cause harm to themselves, other members, staff or volunteers, the Program Director should be notified of this so reasonable accommodation can be considered. Please list any applicable circumstances.

Has your child threatened or intentionally caused harm to themselves or others? ☐ Yes ☐ No

If yes, please explain below.

Insurance

Insurance Carrier _____

Group Number _____ **Member/Policy Number** _____

PRIMARY CONTACT

Role in Household
☐ Mother ☐ Father ☐ Step-Parent ☐ Aunt/Uncle ☐ Sister ☐ Brother ☐ Cousin ☐ Grandparent ☐ Foster Parent ☐ Guardian ☐ Other Relative

First Name _____
Last Name _____
Suffix _____
Employer / Organization _____
Email Address _____
Phone _____
Mobile Phone _____
Country _____
Address _____
City _____
State _____
Postal Code _____

Is this person authorized to pick up the member? ☐ Yes ☐ No

Military Status

Current / Former Military ☐ Yes ☐ No

Branch ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps ☐ National Guard ☐ Navy ☐ Veteran

Dept. of Defense ID Number _____

Currently Deployed (or deployed within the next 6 months) ☐ Yes ☐ No

ADDITIONAL HOUSEHOLD CONTACT

Role in Household
☐ Mother ☐ Father ☐ Step-Parent ☐ Aunt/Uncle ☐ Sister ☐ Brother ☐ Cousin ☐ Grandparent ☐ Foster Parent ☐ Guardian ☐ Other Relative

First Name _____
Last Name _____
Suffix _____
Employer / Organization _____
Email Address _____
Phone _____
Mobile Phone _____
Country _____
Address _____
City _____
State _____
Postal Code _____

Is this person authorized to pick up the member? ☐ Yes ☐ No

Household Support

Primary language spoken in the home

Number of adults in household _____ **Number of youths in household** _____

Household Composition

☐ **Self (emancipated / 18)**

☐ **Single Adult Household**	☐ Mother Only	☐ Legal Guardian
	☐ Father Only	☐ Foster Care
	☐ Grandparent	☐ Joint Custody
	☐ Other Relative	
☐ **Two + Adult Household**	☐ Parents	☐ Other Relatives
	☐ Grandparents	☐ Foster Care
	☐ Legal Guardians	☐ Other Adults

Housing Type

☐ Foster Family	☐ Permanent (Own or Rent)
☐ Group Home	☐ Public Housing
☐ Homeless	☐ Transitional Housing

Household Income Range

☐ $0 - 10,000	☐ $25,001 – 30,000	☐ $45,001 – 50,000	☐ $65,001 – 70,000
☐ $10,001 – 15,000	☐ $30,001 – 35,000	☐ $50,001 – 55,000	☐ $70,001 – 75,000
☐ $15,001 – 20,000	☐ $35,001 – 40,000	☐ $55,001 – 60,000	☐ $75,000 – 80,000
☐ $20,001 – 25,000	☐ $40,001 – 45,000	☐ $60,001 – 65,000	☐ $80,001 – 85,000

Assistance Programs

☐ Childcare Assistance	☐ SSDI (Social Security Disability Insurance)	☐ TANF
☐ Food Stamps/SNAP	☐ SSI (Supplemental Security Income)	☐ Veteran's Compensation
☐ Housing Assistance	☐ WIC (Women, Infants, and Children)	☐ Other (please explain below)
☐ Medicaid		

Please describe other income sources:

EMERGENCY CONTACTS

Please list additional contacts other than those above

Emergency Contact 1		Emergency Contact 2	
First Name		**First Name**	
Last Name		**Last Name**	
Suffix		**Suffix**	
Title		**Title**	
Email Address		**Email Address**	
Phone		**Phone**	
Mobile Phone		**Mobile Phone**	
Country		**Country**	
Address		**Address**	
City		**City**	
State		**State**	
Postal Code		**Postal Code**	

Emergency Contact 1's Relationship to Member	☐ Relative ☐ Friend ☐ Grandparent ☐ Parent ☐ Acquaintance ☐ Child ☐ Other	**Emergency Contact 2's Relationship to Member**	☐ Relative ☐ Friend ☐ Grandparent ☐ Parent ☐ Acquaintance ☐ Child ☐ Other
Is this person authorized to pick up the member?	☐ Yes ☐ No	**Is this person authorized to pick up the member?**	☐ Yes ☐ No

WAIVERS & RELEASES

Data Collection

☐ Yes ☐ No	I give my permission to the LodiBGC to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, BGCA, funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members. This release may be revoked at any time by contacting the LodiBGC in writing.

Medical

☐ Yes ☐ No	I give permission to the LodiBGC to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.

Technology

☐ Yes ☐ No	As a member of the Boys & Girls Club, your child may have access to the Internet. While the Boys & Girls Club has rules prohibiting such conduct and precautions are taken by the Club to prevent such access, it is possible your child may access inappropriate sites. The Boys & Girls Club will not be responsible for such unauthorized access.

Transportation

☐ Yes ☐ No	Parents and Club members may be responsible for their own transportation to and from the Club, unless otherwise specified.

Data Sharing

☐ Yes ☐ No	I give my permission to the LodiBGC to share information about the minor child listed on this application with BGCA for research purposes and/or to evaluate the program's 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 LodiBGC, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential. This release may be revoked at any time by contacting the BGC in writing.

Press / Media

☐ Yes ☐ No	I give permission for my child's picture, video image, or any other graphic depiction or likeness, to be used by LodiBGC, Boys & Girls Clubs of America and its affiliates or donors and acknowledge neither my child nor I will receive payment for same.

Walking

☐ Yes ☐ No	I give my child permission to walk home from the Lodi Boys & Girls Club.

Miscellaneous

☐ Yes ☐ No I understand that the Boys & Girls Club is not responsible for lost or stolen items. Each Club has the right to make membership decisions based on the resources and capacity of their facility and staff. LodiBGC reserves the right to decline the application, rescind the enrollment of, or suspend any youth that cannot successfully associate with other club members.

APPLICATION APPROVAL

I understand the LodiBGC has an open-door policy where members are allowed to come and go as they please. Should a member leave the Club, they will not be granted return access unless approved by the Club Director. We assume no responsibility for members who choose not to attend on a particular day or who choose to leave early.

I, the parent/guardian of the minor child listed on this application, on behalf of the minor child listed herein and for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Lodi Boys & Girls Club (LodiBGC) and Boys & Girls Clubs of America (BGCA), their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

Your signature below confirms that all information above is true and accurate.

Parent/Guardian Signature	**Date**

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LODI
BOYS & GIRLS CLUB

Late Pick-up Policy

The Club opens and closes promptly as posted. We ask that parents ensure that their children do not arrive early or leave late. Children remaining at the club after closing time will be taken into the office to call their parent/ guardian or emergency contact person.

There will be a $5 late fee charged for every 5 minutes, or fraction thereof, that the child is not picked up. If this becomes a reoccurring problem household membership(s) may be revoked!

This fee must be paid before the children will be allowed to return to the Club. No exceptions!!!

_____ _____

Members Name Date

_____ _____

(Signature of parent or guardian) Date