



**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     Choose Not to Answer     Native Hawaiian or other Pacific Islander  
     Asian     Hispanic or Latino     White  
     Bi-racial     Middle Eastern or North African     Other  
     Black or African American     Multi-Racial

**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**

<b>Food Allergies</b>	<input type="checkbox"/> Dairy/Lactose	<input type="checkbox"/> Peanuts	<input type="checkbox"/> Tree Nuts
	<input type="checkbox"/> Eggs	<input type="checkbox"/> Seafood/Shellfish	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Gluten	<input type="checkbox"/> Soy	

<b>Environmental Allergies</b>	<input type="checkbox"/> Bee Stings	<input type="checkbox"/> Grass	<input type="checkbox"/> Pollen
	<input type="checkbox"/> Dust	<input type="checkbox"/> Mold	<input type="checkbox"/> Other _____

<b>Medicine Allergies</b>	<input type="checkbox"/> Amoxicillin	<input type="checkbox"/> Penicillin
	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Other _____

<b>Other Allergies</b>	<input type="checkbox"/> Latex	<input type="checkbox"/> Perfumes/Colognes
	<input type="checkbox"/> Lotions	<input type="checkbox"/> Other _____

**Medical Information**

<b>Diagnosed Medical Conditions</b>	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures
	<input type="checkbox"/> Anxiety/Depression	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Visual impairment
	<input type="checkbox"/> Asthma	<input type="checkbox"/> Oppositional Defiance Disorder	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Autism		

**Please list any other physical, mental or medical limitations.**

<b>Does the member use an inhaler?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the member use an EpiPen?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Does the member use insulin?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the member self-administer medication?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> 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.**

<b>Has your child threatened or intentionally caused harm to themselves or others?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please explain below.</b>	

**Insurance**

<b>Insurance Carrier</b>	_____
<b>Group Number</b>	_____
<b>Member/Policy Number</b>	_____

**PRIMARY CONTACT**

<b>Role in Household</b>	<input type="checkbox"/> Mother	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Brother	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Guardian
	<input type="checkbox"/> Father	<input type="checkbox"/> Sister	<input type="checkbox"/> Cousin	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other Relative
	<input type="checkbox"/> Step-Parent				

**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**

<b>Current / Former Military</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Branch</b>	<input type="checkbox"/> Air Force	<input type="checkbox"/> National Guard
			<input type="checkbox"/> Army	<input type="checkbox"/> Navy
			<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Veteran
			<input type="checkbox"/> Marine Corps	

<b>Dept. of Defense ID Number</b>	<b>Currently Deployed</b> <small>(or deployed within the next 6 months)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**ADDITIONAL HOUSEHOLD CONTACT**

<b>Role in Household</b>	<input type="checkbox"/> Mother	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Brother	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Guardian
	<input type="checkbox"/> Father	<input type="checkbox"/> Sister	<input type="checkbox"/> Cousin	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other Relative
	<input type="checkbox"/> Step-Parent				

**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 _____

<b>Emergency Contact 1's Relationship to Member</b> <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Parent <input type="checkbox"/> Acquaintance <input type="checkbox"/> Child <input type="checkbox"/> Other	<b>Emergency Contact 2's Relationship to Member</b> <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Parent <input type="checkbox"/> Acquaintance <input type="checkbox"/> Child <input type="checkbox"/> Other
<b>Is this person authorized to pick up the member?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is this person authorized to pick up the member?</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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**

Initial \_\_\_\_\_ 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**

Initial \_\_\_\_\_ 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**

Initial \_\_\_\_\_ 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**

\*\*\*\*\***FOR OFFICE USE ONLY**\*\*\*\*\*

<p align="center">Staff Initial _____</p> <p>MEMBERSHIP TYPE: _____</p> <p>DOCUMENTS RECD: <input type="checkbox"/> IEP <input type="checkbox"/> Other _____</p> <p>PAID: <input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Scholarship <input type="checkbox"/> Check # _____</p> <p>Amount \$ _____</p> <p>Receipt # _____</p>	<p><b>DATA ENTRY</b></p> <p><input type="checkbox"/> Entered in KidTrax: Date _____/Staff Init _____</p> <p><input type="checkbox"/> Uploaded to TRAX</p> <p>Membership # _____</p>
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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!!!

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Members Name

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Date

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(Signature of parent or guardian)

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Date