



**Member**

\_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name

Gender:  M  F Ethnicity:  African American  Asian  Bi-Racial  Caucasian  Hispanic  Native American Date of Birth: \_\_\_\_\_ mm dd yyyy

\_\_\_\_\_ Address \_\_\_\_\_ Teacher's Name

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ School \_\_\_\_\_ Grade

Home Phone \_\_\_\_\_ Free or Reduced Lunch?  Yes  No  
Mobile Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ SSN # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Providing your SSN helps maintain funding for our programs.

**Contact Information**

**Parent/Guardian**

\_\_\_\_\_ First Name \_\_\_\_\_ Last Name

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ Relationship to Member \_\_\_\_\_

**Additional Contact**

\_\_\_\_\_ First Name \_\_\_\_\_ Last Name

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Relationship to Member \_\_\_\_\_

**Additional Contact**

\_\_\_\_\_ First Name \_\_\_\_\_ Last Name

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Relationship to Member \_\_\_\_\_

**\*\*\*Youth Center & Lincoln Park Members Only\*\*\***

Please complete the information below to authorize how your child will be dismissed at the end of the day from the Boys & Girls Club of Kenosha Youth Center.

My child may walk home at the designated closing time. \_\_\_\_\_  
Please initial

My child may be picked up by the contacts listed above. \_\_\_\_\_  
Please initial

**Medical**

Doctor's Name: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Does the member have any medical conditions?  Yes  No

If Yes, please explain: \_\_\_\_\_

Please list any and all allergies: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is the member currently taking any medications?  Yes  No

If Yes, please explain: \_\_\_\_\_

**Household**

Member lives with (check all  Mom  Step Mom  Dad  Step Dad  Grandparent  Foster Parents  Other \_\_\_\_\_

Number in household \_\_\_\_\_ Number in household under 18 \_\_\_\_\_ Single Parent Household?  Yes  No

This information will not be shared with anyone. It is collected solely for grant purposes:

**Please select your Household Size and Income.**

Household Size	Income Range 1	Income Range 2	Income Range 3	Over
1	\$0-\$14,650	\$14,650-\$24,400	\$24,400-\$39,050	\$39,050
2	\$0-\$16,750	\$16,750-\$27,900	\$27,900-\$44,600	\$44,600
3	\$0-\$18,850	\$18,850-\$31,400	\$31,400-\$50,200	\$50,200
4	\$0-\$20,900	\$20,900-\$34,850	\$34,850-\$55,750	\$55,570
5	\$0-\$22,600	\$22,600-\$37,650	\$37,650-\$60,250	\$60,250
6	\$0-\$24,250	\$24,250-\$40,450	\$40,450-\$64,700	\$64,700
7	\$0-\$25,950	\$25,950-\$43,250	\$43,250-\$69,150	\$69,150
8	\$0-\$27,600	\$27,600-\$46,050	\$46,050-\$73,600	\$73,600

## Important Notices:

In consideration of participating in the BGCK, and for the good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence BGCK and its directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representatives and estate, and also agree as follows.

1. I acknowledge that the BGCK involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to: physical injuries (actions that might result in injury), medical conditions resulting from physical activity, and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.

2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My/my child's/ward's participation in this activity is purely voluntary and I elect to participate and or allow my child/ward to participate despite the risks. In addition, if at any time I believe the event conditions are unsafe or that I /my child/ward am unable to participate due to physical or mental conditions, then I/my child/ward will immediately discontinue participation.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees, its employees, directors, officers, agents, and contractors from any and all claims, demands, or causes of action which are in any way connected with my/my child's/wards participation in this activity, or my/my child's/ward use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs to enforce this agreement.

4. I represent that I have adequate insurance to cover any injury or damage I/my child/ward may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I/my child/ward have no medical or physical condition which could interfere with my/my child/ward safety in this activity, or else I am willing to assume- and bear the costs of- all risks that may be created, directly or indirectly, by any such condition.

5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' grounds are located, and I further agree that the substantive law of the state shall apply.

6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.

By signing this document, I agree that if I /my child/ward am/are hurt or my property is damaged during my/my child's/ward's participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me/my child/ward or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

7. It is the responsibility of the parent/guardian to ensure that their child/ward remains at the program until you or an authorized representative picks them up or you have given them permission to leave. I understand that my child/ward may be suspended from any and all Club programming for poor behavior. I understand that my child/ward and / or family members may be suspended from the program for any unsportsmanlike behavior. The reinstatement process will include a meeting with the athletic director and BGCK Sports Committee.

8. I understand that my child's/ward's picture/video may be taken for media and/or public relations and allow for these representations, as well as my e-mail to be used for media and/or public relations purposes unless I submit a statement to the contrary to appropriate BGCK staff (this does not include volunteer coaching staff). I give permission for the BGCK to share my contact information with a third party for the purpose of promoting and marketing non-BGCK programs.

9. In the event of a Club identified need, I give permission that my contact information can be provided to a Club-affiliated case manager. This case manager's role is to help identify and problem-solve possible social problems and/or connect members and his or her families with needed services.

10. In the event of an emotional crisis and/or significant behavioral issue, I give permission to allow my child to meet with a licensed behavioral health provider with the expressed purpose of resolving the crisis. I also give permission to the Club to provide this licensed behavioral health provider with my contact information in order to appropriately follow-up with his or her recommendations.

11. In case of a medical emergency involving my child I hereby give my consent for the licensed providers and medical personnel of Kenosha Community Health Center, Inc. to perform such diagnostic and emergency treatment as deemed urgent and emergently advisable on/to my child. With the understanding that every reasonable effort to contact me promptly in any emergency situations. In my absence, the BGCK staff is authorized by me to consent to/for medical treatment for my child.

12. I understand that the BGCK will not be responsible for lost or stolen articles.

13. In the course of programming, I understand that the BGCK may show movies rated PG or PG-13 and I give my child/ward permission to view them.

14. If applicable, I allow the BGCK to collect grades and attendance information for my child/ward if necessary under grant funded programs.

15. I understand that if my child/ward is demonstrating signs of having a communicable illness, BGCK staff will move my child/ward to an isolated area and that it is my responsibility to pick up my child/ward as soon as contacted.

16. I understand that my child/ward may be asked to complete survey information regarding programming for evaluation purposes and agree to allow my child/ward to participate in such.

By signing below, I acknowledge reading the Membership form and allow my child/ward to become a member of the BGCK.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Member Signature (if over 18) \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only	MEM#: _____	ENROLLDATE: _____
EXPDATE: _____	NEW/RENEW? _____	FEE: _____ STAFFINT: _____

The Boys & Girls Club does not discriminate on the basis of race, color, sex, age, handicap, religion, income, sexual orientation or national origin. Any person who believes that he or she has been discriminated against in anyway should contact the Chief Executive Officer at 262.654.6200 or write to 1330 52<sup>nd</sup> Street, Kenosha, WI 53140