

MEMBER INFORMATION

First Name _____

M.I. _____

Last Name _____

Gender: ☐ F ☐ MEthnicity: ☐ African American ☐ Bi-Racial☐ Caucasian☐ Hispanic☐ Asian☐ Native American

Date of Birth: _____

Address _____

Teacher's Name _____

City _____

State _____

Zip _____

School _____

Grade _____

Home Phone: _____

Mobile Phone: _____

Free of Reduced Lunch? ☐ Yes ☐ No

Email Address: _____

PARENT/GUARDIAN CONTACT INFORMATION

First Name _____

Last Name _____

Address _____

City _____

State _____

Zip _____

Home Phone: _____

Mobile Phone: _____

Employer: _____

Work Phone: _____

Email Address: _____

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: _____

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 contacts listed above. _____

Please initial

MEDICAL INFORMATION

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 that apply): ☐ Mom ☐ Step Mom ☐ Dad ☐ Step Dad ☐ Grandparent

☐ Foster Parent(s) ☐ 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 circle 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	\$55,750
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 Boys & Girls Club of Kenosha (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.

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.

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.

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.

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.

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.

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.

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.

IMPORTANT NOTICES

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.

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.

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.

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.

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

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.

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

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.

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.

I have received and reviewed a copy of the Parent Handbook.

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 of Kenosha 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 52nd Street, Kenosha, WI 53140