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# 2011 NEW MEMBERSHIP PACKET

**Annual Membership Fee \$10**

*Membership Year: September 1, 2011 - August 31, 2012*



**Visit us on the web at [www.bgcspokanecounty.org](http://www.bgcspokanecounty.org)**

**Northtown Club**

544 E Providence Ave  
Spokane, WA 99207  
(509) 489-0741 Phone  
(509) 487-1464 Fax  
For Grades: K-12

**Lisa Stiles-Gyllenhammer Club**

12509 N. Market St.  
Mead, WA 99251  
(509) 368-9175 Phone  
(509) 487-1464 Fax  
For Grades: K-12

**Libby Teen Center**

2900 E. 1<sup>st</sup> Ave  
Spokane, WA 99202  
(509) 536-8152  
(509) 487-1464 Fax  
For Grades: 6-12

**Club Hours**

School Days: 3-7 pm  
Non-School Days: 1-6 pm  
Early Release Days: 1-6 pm

**Teen Center Hours**

School Days: 4-8 pm  
Non-School Days: 3-7 pm  
Early Release Days: 4-8 pm



## 2011 YEARLY MEMBERSHIP REGISTRATION FORM

Club Location: (circle one)

Northtown Club

Lisa Stiles-Gyllenhammer Club

Libby Teen Center

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Gender: \_\_\_M \_\_\_F Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Ethnicity: ( ) Caucasian ( ) Hispanic ( ) African American ( ) Asian ( ) Multi-Racial  
( ) Native American / Tribe Registered With: \_\_\_\_\_ ( ) Other \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Membership Status: \_\_\_ New \_\_\_ Renew Club member since: \_\_\_\_\_

T-shirt Size: Youth Size \_\_\_ small \_\_\_ medium \_\_\_ large \_\_\_ x-large  
Adult Size \_\_\_ small \_\_\_ medium \_\_\_ large \_\_\_ x-large

### School Information:

Current Teacher: \_\_\_\_\_ School: \_\_\_\_\_

Fall Grade Level: \_\_\_\_\_ School Lunch Qualification (circle one): Free Reduced Not-Qualified

### Parental Information (Mother/Step Mother)

Name: \_\_\_\_\_

Authorized to Pickup Member: \_\_\_ Yes \_\_\_ No

Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Parental Information (Father/Step Father)

Name: \_\_\_\_\_

Authorized to Pickup Member: \_\_\_ Yes \_\_\_ No

Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Physical Characteristics of Member:

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color/Features: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_





**PLEASE READ THE FOLLOWING REGULATIONS WITH YOUR CHILD. YOUR SIGNATURE ON THE REGISTRATION FORM INDICATES THAT BOTH YOU AND ARE YOUR CHILD HAVE RECEIVED A COPY OF THE PARENT/GUARDIAN(S) MANUAL, THE DISCIPLINE POLICIES AND CLUB PROPERTY REGULATIONS.**

Please be aware that all grounds and all programs at Club locations and offsite activities are governed by Boys & Girls club policies. All staff, volunteers, youth and adults who come to the Club must follow the policies set by the Boys & Girls Club of Spokane County. Please read them carefully and discuss them with your child or children. Smoking and possession of tobacco products on the premises is strictly prohibited. Violation of this policy will result in confiscation of the tobacco product and a 5-day suspension. No alcohol, drugs, drug paraphernalia, or weapons are allowed on the premises. Violation of this policy includes confiscation of item(s)/charges pressed with Spokane Police Department, and a minimum of 10-day suspension.

1. I/we agree to comply with all published rules and regulations regarding the Club.
2. I/we agree to provide appropriate and acceptable medical information for my child and I am responsible for updating current contact information with the Club.
3. I/We also give consent to BGCSC to take photos of our child to use in BGCSC publications, newspaper articles, and other club materials.
4. I/we agree to have my child picked up as soon as possible in the event of injury, sudden illness and/or Club suspension.
5. I/we agree to pay for any damages caused by my child to the building/ equipment used or owned by the Boys & Girls Club other than those clearly the result of an unavoidable accident.
6. I understand and agree that it is my responsibility to arrange for transportation of my child to the Club and that the Boys & Girls Club is not responsible for my child until he or she arrives at the Club.
7. I/we agree that my child may be transported on vehicles owned or rented by the Boys & Girls Club of Spokane County and driven by Club staff.
8. I/we agree that my child may accompany Boys & Girls Club staff and/or volunteers on short, local field trips by walking without formal notification.
9. I give permission for the Boys & Girls Club to obtain pertinent information from/to schools, social service agencies, mental health providers and other related agencies concerning my child. I understand that this information will be used with discretion and as an aid in determining appropriate programs for my child and whether other service referrals are indicated.
10. I further grant permission for the information provided by myself, my child, the child's family and other agencies to be shared with discretion to volunteers working with my child. I understand that volunteers are asked to hold this information in confidence.
11. If I do not pick up my child by closing time, I agree to pay applicable fee (\$1 per minute). Failure to pay may result in termination of current membership and/or failure of future membership privileges.
12. I/we agree to voluntarily withdraw my child from the Club if there are persistent disciplinary issues or other problems that cannot be resolved through reasonable efforts of the staff. I understand that the Boys & Girls Club staff reserves the right to ask for the immediate withdrawal of any member.
13. I/we authorize the Boys & Girls Club's representatives to obtain immediate medical care and consent to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and or the administration of drugs to, my child or ward if an emergency occurs when I or the listed emergency contact(s) cannot be located. It is also understood that this agreement covers only those situations which are true emergencies and only when I no those emergency contact(s) listed cannot be reached. Otherwise, I expect to be notified immediately.

The Boys & Girls Clubs of Spokane County has adopted a **ZERO TOLERANCE** policy for disturbing or intimidating behavior at all Club functions, activities, athletic events and special events. This includes but is not limited to: vulgar language; physical or verbal bullying; harassment; intimidation; racial, religious or gender related comments or gestures; as well as the use of weapons, drugs, alcohol and tobacco. Such behavior will result in immediate suspension from current Club activities and programs and depending on the severity of the offense could lead to long term suspensions. If needed, a meeting will be set up with the executive director to discuss further action including but not limited to permanent suspension of privileges. Decisions made by the Boys & Girls Clubs of Spokane County will be fair and based on the best interests of the children the Club serves. This policy will be strictly enforced and all decisions will be final. The Boys & Girls Clubs do their best to protect and celebrate the rights of all the members we serve. We appreciate your support of the youth we serve and this policy.



**Medical Information:**

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Permission for Treatment by Doctor/Hospital: \_\_\_ Yes \_\_\_ No Medicaid: \_\_\_ Yes \_\_\_ No

Does your child have health insurance: \_\_\_ Yes \_\_\_ No

Insurance Carrier: \_\_\_\_\_ Insurance Phone: \_\_\_\_\_

Serious Health Problems: \_\_\_ Yes \_\_\_ No If yes, please explain \_\_\_\_\_

Medications: \_\_\_ Yes \_\_\_ No If yes, please explain \_\_\_\_\_

A) I/we will be responsible for payment of medical care expenses for our child (initial) \_\_\_\_\_

B) Medical treatments cost are covered by (initial one)

1) Private Insurance \_\_\_\_\_

2) Medicaid Insurance \_\_\_\_\_

3) Other: \_\_\_\_\_

4) No insurance \_\_\_\_\_

I promise to take care of my Club and property by respecting Club Staff, Club Members, and Club equipment. I also understand that I am expected to behave respectfully and follow ALL other Club rules and policies. I understand the Club is not responsible for personal loss of property. If at any time I am asked to return my card, I understand no dues will be returned to me.

**Member's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

I/We hereby allow my child to join the Boys & Girls Clubs of Spokane County and participate in its various activities including field trips. I/We agree to hold harmless BGCSC, members of its board, staff, authorized volunteers and instructors for accidental injury to the applicant or damage to the applicant's property, as well as any emotional damage done as a result of any Club incidences. I/We understand that our child must follow the rules and regulations or they can be suspended or expelled from the BGCSC. We also understand that the BGCSC has an open door policy and it is up to the parent/guardian to discuss with our child when they can leave the Club property. I hereby waive all rights to any future legal action(s) should one occur. I understand that my child will be governed by certain rules and regulations as part of the membership and that membership may be revoked at any time, without refund.

**I/We the parent/guardian agree we have read and agree to the terms and conditions stated in this application for membership. I/We also agree that the information provided is accurate as to our best knowledge.**

Guardian's Full Printed Name: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Sponsor a Child:** ( ) \$5 ( ) \$10 ( ) \$25 ( ) \$50 ( ) Other \_\_\_\_\_

**FOR CLUB OFFICE USE ONLY**

Yearly Membership: \$10 Sponsor a Child: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Scholarship: \_\_\_ Yes \_\_\_ No

Scholarship authorized by: \_\_\_\_\_

Membership #: \_\_\_\_\_

Status: \_\_\_ New \_\_\_ Renew

Packet Completed: \_\_\_ Yes \_\_\_ No

Processed by: \_\_\_\_\_

Entry Date: \_\_\_\_\_



## Parental Release of School Records to the Boys & Girls Clubs of Spokane County

I, \_\_\_\_\_ [*name of parent/guardian*], the parent and/or legal guardian of \_\_\_\_\_ [*name of Club member*], grant the Boys & Girls Clubs of Spokane County my permission to obtain school records that may include school attendance (including excused and unexcused absences, tardiness, skipped classes), grades, behavioral and disciplinary actions (including suspensions and detentions) as well as and all test results including the annual mandated standardized test **necessary to assist my son/daughter in achieving his/her educational goals.**

I also grant Boys & Girls Clubs of Spokane County's administration staff my permission to speak with teachers, counselors, and other school administrators at my child's school in order to obtain and exchange information as part of the services provided by the Boys & Girls Clubs of Spokane County.

I hereby authorize the release of the above information from my child's record. I understand that the information to be released from this record is **confidential and protected from disclosure.** I also understand that I have the right to cancel my permission to release information at any time before it is released. I also understand that my consent to request information will expire when acted upon, or at the completion of my child's enrollment at the Boys & Girls Club, whichever occurs first.

I also consent to Boys & Girls Club staff being allowed to meet with my child on school grounds.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Student (please print)

\_\_\_\_\_  
School ID No.

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Parental Portal ID and Password