



Annual Fee \$100.00

July 1, 2019 – June 30, 2020

Membership Application

The site your child will be attending (specify)

- Truckee – Site
- Truckee – ACMS Site
- Kings Beach – Site
- Duffield Youth Program

Please read and fill out completely. Incomplete applications will not be processed.

MEMBER INFORMATION

First Name: _____ MI: _____ Last Name: _____ Birth Date: _____

Gender Male Female School: _____ Grade: _____ Teacher: _____

Ethnicity: African American Asian Caucasian Hispanic Native American Other _____

MEMBER MEDICAL INFORMATION

Physician: _____ Physician Phone: _____ Insurance: _____

Medical Alerts (allergies, fears, disabilities, etc.): _____

Medications: _____

HOUSHOLD INFORMATION

PLEASE CHECK ONE 1 Parent 2 Parents Foster/Guardian Grandparent Other

Parent Name: _____

Gender Male Female

Email Address: _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____

Mobil Phone: _____

Work Phone: _____

Parent Name: _____

Gender Male Female

Email Address: _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____

Mobil Phone: _____

Work Phone: _____

Family Size: _____ (total number of people living in your home)

Is this a Single Parent Household? Yes No

Does your family qualify for the Federal Lunch Program: Free/Reduced Yes No?

Family Income: \$0 – 19,000 \$19,001 – 23,000 \$23,001 – 28,000 \$28,001 – 32,000 \$32,001 – 37,500 \$37,501+

For office use only

Membership # _____ Renewal Yes No Date Received ____ / ____ / ____ Receipt No. _____

Paid \$ _____ Date ____ / ____ / ____ Payment Type cash check _____ credit card

Entered into Comet Received Card Expiration 6/30/2020

EMERGENCY CONTACT

Name: _____ Relationship: _____ Gender Male Female

Home Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternative Phone: _____

PICK UP LIST

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

Your signature below acknowledges that the information on this application is accurate and true to the best of your knowledge.

Date	Parent/Guardian Print	Parent/Guardian Signature
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Please consider helping out another child or family who may need it by making a donation to BGCNLT.

The Club relies on local donors for financial support so that all children have access to high quality programs at an affordable fee.

Donation amount: _____ \$25 _____ \$50 _____ \$75 _____ \$100 _____ other

All gifts are tax deductible; BGCNLT is a 501 (c) 3, federal ID 31-1549603.

A gift receipt will be sent to you. Thank You!



Membership Policies and Procedures

Acknowledge and Consent: Please INITIAL in the spaces provided to the left of each statement.

- _____ I acknowledge that BGCNLT and/or its sponsors may utilize photographs or videos of the named youth that may be taken during involvement in BGCNLT programs or activities, for both internal and external use, which may include social media. I consent to such uses and hereby waive all rights of compensation.

- _____ I consent my child to participate in a survey sponsored by Boys and Girls Clubs of America. The information collected is to be used for internal use in tracking the youth outcomes of our members.

- _____ BGCNLT offers educational programs such as Smart Moves. My child has permission to participate in classroom discussions teaching youth about puberty, growth, and development, the dangers of drugs, alcohol, negative peer pressure, and to participate in anonymous surveys related to these topics.

- _____ I understand that BGCNLT operates its programs in partnership with Tahoe Truckee Unified School District, Washoe County School District and other community-based organizations and that information about my child may be shared for the purpose of providing needed services, evaluating the effectiveness of our programs, and for developing new or enhanced programs to meet members needs and interests.

- _____ I understand the Club may contact the Sheriff's Dept. if the sobriety of the individual picking up the member is in question.

- _____ The Boys & Girls Club of North Lake Tahoe operates an Open-Door Policy. Pick up arrangement is solely a parent's responsibility and child's compliance. I understand it is my responsibility to ensure my child stays at the club until I pick them up or they check themselves out at the appropriate time and walk home. The Club staff will NOT be held liable should any child leave the premises without permission. Please contact the Director of Operations with questions or concerns.

- _____ I understand and give permission for my child to participate in supervised, educational computer internet activities. I also give my permission for my child to participate in walking fieldtrips within Kings Beach/Truckee for the Truckee site/Incline Village for the Incline site

- _____ I, the parent/guardian, approve my child's application for membership to Boys & Girls Club of North Lake Tahoe and will notify the Registration Office of any changes in address and all telephone numbers listed on the membership applications.

- _____ I understand that the Boys & Girls Club of North Lake Tahoe maintains a NO REFUND POLICY.

- _____ I understand that in the event of extreme or recurring discipline problems, my child may not have use of the Club and/or participate in its programs for a prescribed period of time.

- _____ I understand that I am responsible for payment of any medical bills created by injury to the member during Club activities. I understand that the Club does not provide accident insurance for members and participants and does not accept financial responsibility for expenses related to accidents and injuries suffered by members.

Waiver of Liability and Disclaimer:

- _____ Waiver of liability and disclaimer: For and in consideration of my child's membership and participation in activities, programs, events and use of facilities of BGCNLT, I as a parent/guardian of the named minor, waive, release and agree to hold harmless BGCNLT, its sponsors, officers, directors, and agents, the State of California, Placer County, the Truckee-Tahoe Unified School District, Washoe County School District and North Tahoe Public Utility District, staff members, volunteers, and vehicle drivers for all claims arising or resulting from traveling to or from, participating and/or being involved in, its programs or activities. I attest and verify that I have full knowledge of the risks involved in said participation and that I will, on behalf of the named member, assume and pay any medical or emergency expenses. I further acknowledge that my child is physically fit and sufficiently trained to participate in the programs or activities of the Boys & Girls Club.

- _____ Emergency Authorization: I, the undersigned, as a parent/guardian of the named minor child, hereby authorize the staff of BGCNLT, its sponsors, staff members, volunteers, and vehicle drivers, as my agents, to consent to medical, surgical, dental examination or treatment. In case of emergency, I hereby authorize treatment and or care at any hospital or by licensed medical personnel.

Note: Your signature below acknowledges that you have read and accept the policies and procedures on this form and stated in the Parent Handbook.

Date	Parent/Guardian Print	Parent/Guardian Signature	Member Signature
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