BOYS & GIRLS CLUBS OF NORTH LOUISIANA

Member #: _____ **Date:** _____ **Fee:** _____ ❒ **New Member**

Unit: ❑ *Bastrop* ❑ *Evergreen Unit* ❑ *Powell Street CC* ❑ *Saul Adler CC*

Full Name: _____ **Gender:** ❑ Male ❑ Female

Address: _____ **Home Phone:** ( ) -

City: _____ **Cell Phone:** ( ) -

State: _____ **ZIP:** _____ **Member's Email:** _____

Birthdate: - - Age: _____ **Social Security #:** _____

School: _____ **Grade:** _____ **Counselor:** _____

Does your child have any special needs? (I.e. 1:1, IEP, etc.) Yes – No Please Specify: _____

T-Shirt Size: ❑*YS* ❑ *YM* ❑ *YL* ❑ *AS* ❑ *AM* ❑ *AL* ❑ *AXL* ❑ *2XL* ❑ *3XL*

Sweatshirt Size: ❑*YS* ❑ *YM* ❑ *YL* ❑ *AS* ❑ *AM* ❑ *AL* ❑ *AXL* ❑ *2XL* ❑ *3XL*

ETHNICITY:
❑ African American ❑ Chinese ❑ Asian ❑ Latino/Hispanic ❑ Native American
❑ Caucasian ❑ Filipino ❑ Korean ❑ Vietnamese ❑ Other: _____
❑ Pacific Islander

WHO DOES THE MEMBER LIVE WITH? (Check all that apply): ❑ Both mother & father ❑ Mother only
❑ Father only ❑ Grandparents ❑ Legal Guardian ❑ Other _____

Name _____	Name _____
Relationship _____	Relationship _____
Workplace _____	Workplace _____
[ ] Work Phone ( ) -	[ ] Work Phone ( ) -
[ ] Cell Phone ( ) -	[ ] Cell Phone ( ) -
[ ] Email: _____	[ ] Email: _____
[ ] Check for head of household	[ ] Check for head of household

Does anyone in the household serve in the United States Armed Forces? ❑ YES ❑ NO Which One? _____

EMERGENCY CONTACT(S)

Contact Name: _____	Contact Name: _____
Relationship: _____	Relationship: _____
Emergency Phone: ( ) -	Emergency Phone: ( ) -

❖ **In case of a medical emergency, the medical attendant may need to know the following information:**

Allergies: _____ Any known illnesses or injuries: _____

Medication (name, amount and frequency) _____

Doctor's Name: _____ Contact Information: ( ) -

Health Insurance: ❑ **YES** Provider #_____ ❑ **NO** ❑ **DON'T KNOW**

Does this child quality for Bayou Health (Medicaid & LaCHIP)? ❑ *Yes* ❑ *No If yes, please select provider:*
❑ *Aetna Better Health* ❑ *Amerigroup Real Solutions* ❑ *AmeriHealth Caritas*
❑ *Community Health Solutions* ❑ *Louisiana Healthcare Connections* ❑ *United Healthcare* ❑ *Other*

❖ **Do you receive the following supportive services?** (Please circle an answer)

- TANF YES NO
- Food Stamps YES NO
- Free Lunch YES NO
- Housing Assistance YES NO
- Reduced Lunch YES NO
- Foster Care PAST PRESENT

❖ **Please indicate your current housing status:** ❑ Public Housing ❑ Section 8 ❑ Not Applicable

❖ **When does your son/daughter plan to attend BGCNL?** (Select all that apply) ❒ School Year ❒ Summer

*****BOTH SIDES OF THE FORM MUST BE COMPLETELY FILLED TO BE ELIGIBLE FOR MEMBERSHIP*****

Circle the number in your household (including brothers and sisters) from row one and circle the total income information for Your household in the column beneath: (HUD - FY2013)

Number in Household	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8+ Person
Total Household Income	1 Below $22,200	5 Below $25,350	9 Below $28,500	13 Below $31,650	17 Below $34,200	21 Below $36,750	25 Below $39,250	29 Below $41,800
	2 $22,201 – 36,950	6 $25,351– 42,200	10 $28,501 – 47,500	14 $31,651 – 52,750	18 $34,201 – 57,000	22 $36,751 – 61,200	26 $39,251 – 65,450	30 $41,801 – 69,650
	3 $36,951– 59,100	7 $42,201– 67,550	11 $47,501 – 76,000	15 $52,751 – 84,400	19 $57,001 – 91,200	23 $61,201 – 97,950	27 $65,451 – 104,700	31 $69,651 – 111,450
	4 Above $59,101	8 Above $67,551	12 Above $76,001	16 Above $84,401	20 Above $91,201	24 Above $97,951	28 Above $104,701	32 Above $111,451

Lives in the household: How many under 18_____ How Many over 65 _____

*****PLEASE READ CAREFULLY: Parent/Guardian Release of Liability and Information. Your signature below indicates your agreement to the following:**

Boys & Girls Clubs of North LA (BGCNL) teen members are allowed to come and go as they please as long as they have parental permission. We assume no responsibility for members who choose not to come on a particular day or who choose to leave early. We only supervise youth that have signed as present. If you would like for your child to remain at the club at all times, please instruct them to do so. **Initial: _____**

Medical: I hereby give my consent to have my child treated by a physician or surgeon in case of sudden illness or injury while participating in a BGCNL program. **It is understood that the cost thereof will be at my expense.** To protect the safety of staff and our members and reduce liability, BGCNL staff does not dispense or store medication of any kind for our members. **Initial: _____**

Photo/Media Release: I hereby give permission for my child to be photographed, videotaped and/or interviewed for use by Boys & Girls Clubs of North LA and Boys & Girls Clubs of America in promotional materials. **Initial: _____**

Field Trips: I hereby give permission for my child to participate in routinely scheduled activities that occur ***off-site*** at nearby facilities – i.e. park, swimming pool, library and other youth agencies. I understand that transportation will be provided in the Club van or bus, or that my child will be accompanied with a staff when walking or using public transportation. I understand that Club staff will supervise all activities. For any special events or field trips, you will receive a separate permission slip including costs associated with the trip. **Initial: _____**

School Information, Surveys & Questionnaires: I hereby give permission for my child to participate in the tracking of BGCNL's outcomes/goals, which include: *taking surveys, participation in focus groups. I also grant access to my child's academic records i.e. report cards/transcripts and standardized test scores to BGCNL*, which will be kept confidential and used specifically for the purpose of evaluating the success of BGCNL programs and supporting your child's academic success. **Initial: _____**

Counseling Groups: I hereby give permission for my child to be receive group and/or individual counseling services at the Boys & Girls Club through the **Family Counseling Center**. My signature below acknowledges agreement to counseling services by a Licensed Counselor or a Counselor Intern working under supervision at the Family Counseling Center. **Initial: _____**

Technology: I understand that as a member of BGCNL, my child will have access to the Internet. While precautions are being taken, it is possible that s/he may access inappropriate sites. BGCNL has rules and consequences at the Club for such behavior; however we will not be responsible for the consequences of such access. **Initial: _____**

Miscellaneous: I hereby give my consent to be contacted about health insurance and other health services for my child.

I hereby give my permission to my child to become a member of BGCNL. I understand that the Club is not responsible for the time or manner in which he/she may arrive at or leave the Club, and that BGCNL and its property are not responsible for personal injury or loss of property. Attendance is contingent upon member's following Clubhouse expectations and exhibiting positive behavior. Clubhouse staff reserves the right to suspend or terminate attendance and/or membership at any time if those guidelines are not followed and I understand no dues will be returned to me. **Initial: _____**

I understand that I am responsible for attending an orientation with my child before he/she receives his/her full-time membership card. **Initial: _____**

_____ _____

Parent or Guardian's Signature **Date**

1. I promise to take care of my Club and property, and respect the building, other members and staff at all times. If at any time I am asked to return my membership, I understand no dues will be returned to me.
2. I agree to bring my membership card to use at the Club and that I will not allow anyone else to use my card.

_____

Member's Signature

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***** PLEASE SEE FRONT DESK FOR REMIND INFORMATION TO STAY UPDATED*****