



**BOYS & GIRLS CLUBS**  
OF NORTHEAST OHIO

## 2020-2021 Membership Application

Date \_\_\_\_\_

**Member Type**

- New Member    Child of OCS Staff  
 Renewing Member

### PRIMARY CONTACT

- Role in Household**
- |                                      |                                     |                                  |  |   |
|--------------------------------------|-------------------------------------|----------------------------------|--|---|
| <input type="checkbox"/> Mother      | <input type="checkbox"/> Aunt/Uncle | <input type="checkbox"/> Brother | <input type="checkbox"/> Grandparent   | <input type="checkbox"/> Guardian       |
| <input type="checkbox"/> Father      | <input type="checkbox"/> Sister     | <input type="checkbox"/> Cousin  | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Other Relative |
| <input type="checkbox"/> Step-Parent |                                     |                                  |  |   |

**Contact First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Employer / Organization** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Home / Cell Phone** (       ) - (       ) -

**OK to Text**       Yes     No

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

### Military Status

- |   |               |                                       |   |
|---|---------------|---------------------------------------|---|
| <b>Current / Former Military</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Branch</b> | <input type="checkbox"/> Air Force    | <input type="checkbox"/> National Guard |
|   |               | <input type="checkbox"/> Army         | <input type="checkbox"/> Navy           |
|   |               | <input type="checkbox"/> Coast Guard  | <input type="checkbox"/> Veteran        |
|   |               | <input type="checkbox"/> Marine Corps |   |

<b>Dept. of Defense ID Number</b>	<b>Currently Deployed</b> <small>(or deployed within the next 6 months)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------------	--	--

### ADDITIONAL HOUSEHOLD CONTACT

- Role in Household**
- |                                      |                                     |                                  |  |   |
|--------------------------------------|-------------------------------------|----------------------------------|--|---|
| <input type="checkbox"/> Mother      | <input type="checkbox"/> Aunt/Uncle | <input type="checkbox"/> Brother | <input type="checkbox"/> Grandparent   | <input type="checkbox"/> Guardian       |
| <input type="checkbox"/> Father      | <input type="checkbox"/> Sister     | <input type="checkbox"/> Cousin  | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Other Relative |
| <input type="checkbox"/> Step-Parent |                                     |                                  |  |   |

**First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Employer / Organization** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Home Phone / Cell** (       ) - (       ) -

**OK to Text**       Yes     No

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

### Military Status

- |   |               |                                       |   |
|---|---------------|---------------------------------------|---|
| <b>Current / Former Military</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Branch</b> | <input type="checkbox"/> Air Force    | <input type="checkbox"/> National Guard |
|   |               | <input type="checkbox"/> Army         | <input type="checkbox"/> Navy           |
|   |               | <input type="checkbox"/> Coast Guard  | <input type="checkbox"/> Veteran        |
|   |               | <input type="checkbox"/> Marine Corps |   |

<b>Dept. of Defense ID Number</b>	<b>Currently Deployed</b> <small>(or deployed within the next 6 months)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------------	--	--

**ADDITIONAL HOUSEHOLD INFORMATION**

**Household Support**

Primary language spoken in the home \_\_\_\_\_

Number of adults in household \_\_\_\_\_ Number of youths in household \_\_\_\_\_

Household Composition		
<input type="checkbox"/> Self (emancipated / 18)		
<input type="checkbox"/> Single Adult Household	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Foster Care
	<input type="checkbox"/> Father Only	<input type="checkbox"/> Joint Custody
	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Other Relative _____
	<input type="checkbox"/> Legal Guardian	
<input type="checkbox"/> Two + Adult Household	<input type="checkbox"/> Parents	<input type="checkbox"/> Foster Care
	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Joint Custody
	<input type="checkbox"/> Legal Guardians	<input type="checkbox"/> Other Relative _____

<b>Housing Type</b>	<input type="checkbox"/> Foster Family	<input type="checkbox"/> Permanent (Own or Rent)
	<input type="checkbox"/> Group Home	<input type="checkbox"/> Public Housing
	<input type="checkbox"/> Homeless	<input type="checkbox"/> Transitional Housing

<b>Household Income Range</b>	<input type="checkbox"/> \$0 - 10,000	<input type="checkbox"/> \$25,001 – 30,000	<input type="checkbox"/> \$45,001 – 50,000	<input type="checkbox"/> \$65,001 – 70,000
	<input type="checkbox"/> \$10,001 – 15,000	<input type="checkbox"/> \$30,001 – 35,000	<input type="checkbox"/> \$50,001 – 55,000	<input type="checkbox"/> \$70,001 – 75,000
	<input type="checkbox"/> \$15,001 – 20,000	<input type="checkbox"/> \$35,001 – 40,000	<input type="checkbox"/> \$55,001 – 60,000	<input type="checkbox"/> \$75,001 – 80,000
	<input type="checkbox"/> \$20,001 – 25,000	<input type="checkbox"/> \$40,001 – 45,000	<input type="checkbox"/> \$60,001 – 65,000	<input type="checkbox"/> \$80,001 and above

<b>Assistance Programs</b>	<input type="checkbox"/> Childcare Assistance	<input type="checkbox"/> Medicaid
	<input type="checkbox"/> Food Stamps/SNAP	<input type="checkbox"/> Medicare
	<input type="checkbox"/> HEAP (Heating Energy Assistance Program)	<input type="checkbox"/> OWF (Ohio Works First)
	<input type="checkbox"/> Housing Assistance	<input type="checkbox"/> SSDI (Social Security Disability Insurance)
	<input type="checkbox"/> Veteran's Compensation	<input type="checkbox"/> SSI (Supplemental Security Income)
	<input type="checkbox"/> Other (please explain below)	<input type="checkbox"/> WIC (Women, Infants, and Children)
		<input type="checkbox"/> TANF

Please describe other income sources:

**MEMBER DETAILS**

**Member Information**

Total past years of membership with Boys & Girls Clubs \_\_\_\_\_

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

Middle Name \_\_\_\_\_

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

Suffix \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Primary Club \_\_\_\_\_

Birthdate \_\_\_\_\_

Gender  Female  
 Male  
 Other/Prefer not to Answer  
Unknown

Racial / Ethnic Identity  American Indian or Alaska Native  
 Asian  
 Bi-racial  
 Black or African American  
 Choose Not to Answer  
 Hispanic or Latino  
 Middle Eastern or North African  
 Multi-Racial  
 Native Hawaiian or other Pacific Islander  
 White  
 Other

Foster Care  Yes  No

Tribal Affiliation  Yes  No

School Lunch  Free/Reduced  
 Paid, Not Eligible for Free/Reduced

**School Information**

Grade \_\_\_\_\_

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

Homeroom Teacher \_\_\_\_\_

Expected Graduation Year \_\_\_\_\_

**Allergies**

Food Allergies  Dairy/Lactose  Eggs  Gluten  Peanuts  Seafood/Shellfish  Soy  Tree Nuts  
 Other \_\_\_\_\_

Environmental Allergies  Bee Stings  Dust  Grass  Mold  Pollen  Other \_\_\_\_\_

Medicine Allergies  Amoxicillin  Aspirin  Penicillin  Other \_\_\_\_\_

Other Allergies  Latex  Perfumes/Colognes

Lotions  Other \_\_\_\_\_

**Medical Information**

**Does the member use an inhaler?**  Yes  No

**Does the member use insulin?**  Yes  No

**Does the member use an EpiPen?**  Yes  No

**Does the member self-administer medication?**  
*Please note: Boys & Girls Clubs of Northeast Ohio does not permit staff to administer medication. If your member needs medication during club hours, he/she will be required to self-administer, except in the case of an emergency.*  Yes  No

**Does the member receive additional support in the school/community?**

- 504 (accommodation)
- Individualized Education Plan
- Meets with school or private counselor
- Speech Coach
- Other \_\_\_\_\_

**Please list any other physical, mental or medical limitations.**

**Please list any additional support the member may need to thrive at our Boys & Girls Clubs.**

**EMERGENCY CONTACTS**

Emergency Contact 1		Emergency Contact 2	
<b>First Name</b>	_____	<b>First Name</b>	_____
<b>Last Name</b>	_____	<b>Last Name</b>	_____
<b>Email Address</b>	_____	<b>Email Address</b>	_____
<b>Phone</b>	_____	<b>Phone</b>	_____
<b>OK to Text</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>OK to Text</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address</b>	_____	<b>Address</b>	_____
<b>City, State, Zip</b>	_____	<b>City, State, Zip</b>	_____
<b>Emergency Contact's Role</b>	<input type="checkbox"/> Relative <input type="checkbox"/> Colleague <input type="checkbox"/> Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Parent <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Acquaintance <input type="checkbox"/> Child <input type="checkbox"/> Grandchild	<b>Emergency Contact's Role</b>	<input type="checkbox"/> Relative <input type="checkbox"/> Colleague <input type="checkbox"/> Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Parent <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Acquaintance <input type="checkbox"/> Child <input type="checkbox"/> Grandchild

Other

Other

**WAIVERS & RELEASES**

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Northeast Ohio (BGCNEO), and the Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff and/or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from the use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from said facilities. I also agree to the following:

**Data Collection**

I give my permission to BGCNEO to collect information via paper or online surveys, questionnaires, interviews, and/or focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential and the minor's name will never be used in the reporting of any such data. These data collections may be shared with Club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness, demonstrate the impact of our programs on our members, and/or improve our programs.

**Medical**

I give permission to BGCNEO to seek emergency medical treatment for the minor listed on this application if I cannot first be reached by phone. I will be responsible for any and all costs of medical attention and treatment. I will not hold the BGCNEO, or any person associated with them, responsible for any medical claim arising from such treatment/medical attention.

**Technology**

While every preventative measure is taken to ensure the well-being of the Club's members while using the internet, it is possible they may be exposed to inappropriate images, content, and/or websites. While we strictly enforce the rules and consequences that accompany the misuse of the Internet, BGCNEO is not responsible for damages done to a minor as a result of viewing/using such content.

**School Information**

I give permission to BGCNEO and the Local School District to exchange information such as test scores, school attendance, I.E.P/504 Plans and other information regarding the minor listed on this application. The purpose of the exchange is to better equip the student for success in school, in the Club, and in life and to prepare our staff to have the greatest positive impact on your child.

**Data Sharing**

I give permission for BGCNEO to take pictures and or videos of the minor applicant during the Club's programs and activities, for the sole purpose of promoting the effectiveness of BGCNEO to its funders, partners, the community, BGCA, and Staff without any further authorization or any reimbursement.

**Open Door Policy**

I understand that BGCNEO operates under an Open Door Policy and is not responsible for the welfare or whereabouts of my child before they sign-in or arrive, and after they sign-out or leave, Club. Further, BGC staff cannot force my child to remain at Club. Should my child decide to leave Club without permission, all contacts listed on this application will be immediately informed.

**Travel / Miscellaneous**

I will not hold BGCNEO, or any person associated with them, responsible for any injury or death that may result from accidents or misfortunes while traveling to and from Club. Further, BGCNEO is not responsible for lost or stolen items. Any items found by staff will be put in Lost and Found.

***By signing below, you agree to all waivers and release statements above. You also confirm that the information on this application is correct to the best of your knowledge.***

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

