



**BOYS & GIRLS CLUBS
OF THE SISKIYOU**

**MEMBERSHIP APPLICATION
Youth Grades 1-8**

It is the goal of Boys & Girls Clubs of the Siskiyou to ensure that services are available to families at an affordable cost. For this reason, our membership is only \$20 per school year, and \$50 for summer. The reality is that the cost to offer these programs is much higher. Contributions of partners and individuals who see the value of our services to the community is what makes up the difference. If your family can afford to contribute, please use the box below to do so. Every little bit of support helps us strengthen our Clubs and our programs.

Please check all that apply:

_____ Membership \$20 per school year

_____ Membership \$50 per summer

_____ (OPTIONAL) Additional contribution to Club programming \$_____ **THANK YOU!**

I wish to become a member of the Boys & Girls Clubs of the Siskiyou. I promise to follow all the rules. I promise to respect the Boys & Girls Club staff, fellow members and facility. I promise to respect my Boys & Girls Club membership as a privilege, **and never lend my club card to anyone.**

_____ Member signature _____ Date

Member information:

First name: _____ Last name: _____ Middle: _____

Birth date: ____/____/____ Gender: _____ School: _____ Grade: _____

Ethnicity: African American Caucasian Latino Asian Pacific Native American Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____

Lives with: Mother Father Both Homeless Foster Youth Other: _____

Receives free/reduced lunch? Yes No

Primary Parent/Guardian Information:

First name _____ Last name: _____

Home address: same as above **OR**
different: _____
Street address City State Zip

Email address: _____ Phone #s: Home _____ Work: _____ Cell: _____

Family income: less than 30k 30-50k 51-99k 100-150k 150-200k Over 200k

Employer name, address: _____ Phone: _____

Parent/Guardian Information:

First name: _____ Last name: _____ Gender: _____

Home address: ___same as child Or different address _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Medical Information:

Does the member have any physical, emotional or other conditions that might impact the member's use of the Club? Any restrictions on receiving emergency medical treatment? ___Yes ___No If "yes" please explain:

Medication taken regularly: _____ List any allergies _____

Emergency Contact Information: (List 2 contacts):

1) First Name: _____ Last name: _____ Relation: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2) First Name: _____ Last name: _____ Relation: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Boys & Girls Club of the Redwoods (As Sponsoring Organization of Boys & Girls Clubs of the Siskiyou) Disclaimer, Assumption of Risk, and Waiver

PLEASE READ THIS DOCUMENT CAREFULLY AS YOUR SIGNATURE INDICATES THAT YOU HAVE AGREED TO SIGN AWAY RIGHTS

In consideration of being permitted to enter the Boys & Girls Club (the "Club") facilities for any purpose and to participate in any program, event or activity affiliated with the Club, whether or not located on Club premises, I agree to the following:

Not Childcare. I ACKNOWLEDGE THAT THE CLUB PROVIDES EDUCATIONAL AND RECREATIONAL SERVICES ONLY IT DOES NOT PROVIDE CHILD CARE SERVICES and its programs and activities should not be used for such purposes. I realize the Club has an open-door policy and that my child is free to come and go as he or she chooses. Parents or legal guardians who wish for their children to remain at the Club ***must instruct their children to do so.***

Release. For myself and the child listed below, and anyone who claims by and through our stead, I FOREVER RELEASE AND PROMISE NOT TO SUE the Club, its Board of Directors, officials, agents, volunteers, employees, staff, members, managers, officers, associate agents, contractors, sponsors, vendors, exhibitors, and/or any other person or company in any way associated with the Club, to the maximum extent allowed by law, from any and all liability, claims, demands, damages, or any other legal responsibilities in any way related to the use of the Club or its facilities or participation in any Club programs, events or activities. This release includes without limitation any and all claims, foreseeable and unforeseeable, relating to physical or other injury, death or damage to property and any

and all claims relating to negligence or negligent instruction, hiring, supervision, inspection or maintenance.

Indemnification. I FOREVER AGREE TO INDEMNIFY AND REIMBURSE THE CLUB for any damages or liabilities it may incur due to my presence or actions, or the presence or actions of the child listed below, members of my family or my household, or individuals I invite or for whom I am responsible upon or about the Club's premises or in any way observing or using any facilities or equipment of the Club or participating in any program affiliated with the Club, whether on the Club's premises or elsewhere, including but not limited to damages or liability resulting from the negligence of the Club, to the maximum extent allowed by law.

Assumption of Responsibility/Risk. I FOREVER ASSUME FULL RESPONSIBILITY FOR ANY AND ALL RISK, KNOWN AND UNKNOWN, OF BODILY INJURY, DEATH, OR PROPERTY AND OTHER DAMAGE TO ME OR TO THE CHILD LISTED BELOW, DUE TO THE NEGLIGENCE OF THE Club or any other cause—foreseeable or unforeseeable—to the maximum extent allowed by law, while in, about or upon the premises of the Club, while using the premises or any Club facilities that the Club sponsors and assume all such risks, as well as all non-inherent risks, for myself and the child listed below.

Inspection. I agree that participation in any program affiliated with the Club is an acknowledgement that I have inspected the premises, facilities, equipment and programs and that I find them to be safe for my observation, use, and participation and that I find them to be safe for the participating child listed below. I make this acknowledgement for myself, the child listed below, my personal representatives, heirs, assigns, and next of kin.

Definitions. I understand that the phrases “participation in any program affiliated with the club” and participate in any program affiliated with the club” as used in this Waiver include entry onto Club premises for any purpose (whether or not for the purpose of participating in an event affiliated with the Club), observation of any event affiliated with the Club, participation in any activity affiliated with the Club whether at the Club or at another location, the use of any transportation provided by the Club, and the use of any Club facilities or equipment.

Regardless of location. I understand that the Club often takes participants off-site and that this Waiver applies to all fieldtrips, excursions, and any and all other off-site activities, regardless of where the Club's programs or activities take place and the location of the child.

Representation Re Legal Guardian. I am the legal custodian and have guardianship rights with respect to the child on whose behalf this waiver is executed. I sign for said child under express authority.

Medical Consent. If I or the child listed below should suffer injury or illness, I grant permission for the Club to use its discretion to have me or the child listed below transported to a medical facility for medical care and treatment, and I take full responsibility for this action. Further, I agree to be fully responsible for the cost of any such medical treatment.

Photos, Videos/Recordings. I acknowledge that from time to time photos, recordings or videos may be taken of Club members engaged in Club-related activities and used in Club promotional materials (such as Club newsletters and Club web pages) and educational materials or submitted to local newspapers, publications, and TV stations to promote the Club, recognize member achievement, and raise money. By signing below, I consent to the use of images or recordings of the participating child listed below to be used for public relations, news articles, telecasts, education, marketing, research, inclusion on the Club's website, fundraising, or any other purpose by the Club. I release the Club, their officers, directors and employees, and each and all persons involved, from any liability in connection with the taking, recording or publication of photographs, slides, computer images, videotapes, or sound recordings of the child listed below. Further, I waive all rights to any claims for payment or royalties in connection with any exhibition, televising, or other publication of these materials. I also waive any right to inspect or approve any photo, video, or film taken by the Club, or the person or entity designated by it.

Technology Use. I understand that programming at the Club allows youth to use technology, including computers and other technical devices connected to the internet.

I intend that this Waiver be as broad and inclusive as permitted by law and that, if any portion of this Waiver should be deemed to be invalid, the remainder will continue in full legal force and effect. I also intend that this Waiver will remain in full legal force and effect forever, regardless of whether or not my, or the participating child's membership has expired.

I HAVE READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER. I further agree that no oral representations, statements or inducements apart from the foregoing Waiver have been made.

BY SIGNING BELOW, I HAVE AGREED TO ALL OF THE WAIVER'S TERMS, INCLUDING THOSE TERMS CALLING FOR A SEPARATE INITIAL, REGARDLESS OF WHETHER I HAVE INITIALED WHERE INDICATED ABOVE. I UNDERSTAND IF I WISH TO RESCIND OR AMEND THIS CONSENT AT ANY TIME, I MUST NOTIFY THE CLUB IN WRITING.

Date: _____

Signature of Parent or Legal Guardian

Relationship to Participating Child

_____/____/____

Name of Child in Program

Date of Birth

Household Application for the Summer Food Service Program

(For Use by Camps and Closed Enrolled Sites)

Please complete the following form using the instructions below. Sign the form and return it to: Boys & Girls Clubs of the Siskiyou

If you need help, call (530) 220-5055

Follow these instructions, if your household gets SNAP TANF or FDIPIR:

Part 1: List participant's name and a SNAP, TANF or FDIPIR case number.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is NOT required.

Part 5: Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:

Part 1: Enter the child's name.

Part 2: Please contact us at (530) 220-5055

Part 3: Complete this part if you are applying for other children in the household and you did not enter a SNAP, TANF or FDIPIR case number in Part 1.

Part 4: Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.

Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each participant's name.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column A—Name: List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B—Gross income last month and how often it was received. Next to each person's name, list each type of income received last month, and how often it was received.

In box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

In box 2, list the amount each person got last month from welfare, child support, alimony.

In box 3, list Social Security, pensions, and retirement.

In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C—Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 5: Answer this question if you choose to.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

Part 1. Children enrolled in Camp or Closed Enrolled Sites.					
Names (First, Middle Initial, Last)		SNAP, TANF or FDPIR case # (if any). Skip to Part 4 if you listed a case #.			
Part 2. Foster Child					
Foster children are eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact Boys & Girls Club at (530) 220-5055 Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP, TANF or FDPIR case number in Part 1.					
Part 3. Total Household Gross Income—You must tell us how much and how often					
A. Name (List everyone in household, including children) <i>(Example)</i> Jane Smith	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
	\$200/weekly	\$150/weekly	\$100/monthly	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
Part 4. Signature and Social Security Number (Adult must sign)					
An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of the page.)					
<i>I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.</i>					
Sign here: X _____ Print name: _____ Date: _____					
Address: _____ Phone Number: _____					
Last four digits of Social Security Number: _____ <input type="checkbox"/> I do not have a Social Security Number					
Part 5. Participant's ethnic and racial identities (optional)					
Mark one ethnic identity:		Mark one or more racial identities:			
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Asian			
<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> American Indian or Alaska Native			
		<input type="checkbox"/> White			
		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
		<input type="checkbox"/> Black or African American			
Don't fill out this part. This is for official use only.					
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12					
Total Income: _____ Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year					
Household size: _____					
Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free___ Reduced___ Denied___					
Reason: _____					
Determining Official's Signature: _____			Date: _____		
Confirming Official's Signature: _____			Date: _____		
Follow-up Official's Signature: _____			Date: _____		