



Membership Application





S O	Membership Type	Program Enrollment					
E	NEW RENEWAL	BGC/CYC TEEN					
A S	Membership Type	Program Enrollment					
P	NEW RENEWAL	BGC CYC TEEN					
	Completed by (initial below)	Qualified Discounts					
RecT	racKidTrax						
		ASP SOE Activity					
Cornerstone Partner (circle): FAURECIA NTN							
Agency Referral:							

			I			
#1 Child First		Middle	Last			
Gender Male Female	Date of Birth		Ethnicity			
School	Grade - 2022-23	Does child take Medication?	YES NO	Will Staff need to Administer? YES NO		
List Medications Taken						
Allergies:	Food /	Allergies	Dietar	ry restrictions		
Additional Health Issues, Medications, reactions, other, etc. (explain)						
#2 Child First		Middle	Last			
Gender Male Female	Date of Birth		_ Ethnicity			
School	Grade - 2022-23	Does child take Medication?	YES NO	Will Staff need to Administer? YES NO		
List Medications Taken						
Allergies:	Food /	Allergies	Dietar	stary restrictions		
Additional Health Issues, Medications, reactions, other, etc. (explain)						
#3 Child First		Middle	Last			
Gender Male Female	Date of Birth		Ethnicity			
School		Does child take Medication?		Will Staff need to Administer? YES NO		
List Medications Taken						
Allergies:	Food A	Allergies	Dietary restrictions			
otner, etc. (explain)						
#4 Child First		Middle				
Gender Male Female	Date of Birth		Ethnicity			
School	Grade - 2022-23	Does child take Medication?	YES NO	Will Staff need to Administer? YES NO		
List Medications Taken						
Allergies:	Food /	Allergies	Dietar	y restrictions		
Madiantiana vanatiana						
Permissions- (required) Doyol	u give permission for your ch	ild(ren)to: Swim?	NO Walk I	Home? YES NO (if yes explain when)		
Walk Home Explained			- Truin i			
Medical Information - (required)	Medical Insurance:	/ES NO Insurance Name		Policy #		
AreImmunizations Current? YES	NO Doctor/Physician I	_		Phone #		

Parent #1	<u>Parent/Guardian information</u> - (required)							
First Name		Middle Last						
Gender	_	Date of Birth		Employer Name:				
Relationshi p		Other Ethnicity						
Primary #		Туре:		Secondary #		Туре		
Address				Ci	ity	State	Zip	
Email Address								
Parent #2 First Name			Middle		Last			
			Employer Name:					
Relationship								
Primary #						Туре		
Address					ity		••	
Email Address					•			
			Additional E	mergency Cont	acts - (2 required)			
First Name:		•				Gender:		
Phone #		Type Do you authorize this person for pickup?		*** (If yes - <u>DO NOT</u> list below) ***				
Relationshi p				Ethnicity				
First Name:		Last			Gender:			
Phone #		Type Do you authorize this person for pickup?		*** (If yes - <u>DO NOT</u> list below) **				
Relationshi p		Ethnicity						
		Addition	al - AUTHOR	RIZED to Pick u	p - *** (not listed above) ***			
	First Name		<u>Last N</u>		<u>Gender</u>		Relationship	
			NO	T AUTUODIZE	D (D' I			
First Name			NOT AUTHORIZED to Pick up Last Name Gender		Relationship			

Additional Comments / Special Notes The Boys & Girls Club is primarily funded through grants, answers to the below information are vital in securing our grant funding which allows us to offer our Sliding Fee Scale. All information is kept confidential. Your cooperation in providing this information is both appreciated and necessary. **Parent/Guardian Section Total GROSS Household Income** (Before taxes) Household Total # of people in the household **Members Lives With** (do not include siblings in other) Adults _____ Children ___ I understand that by clicking YES does not automatically approve any discounts. Would you like to apply for the that NO discounts will be approved until Total Household income is submitted FFY Sliding Fee Scale? YES ONO from the approved document list and if approved discounts will not be back dated. Discounts are based on the total TAXABLE INCOME for all adults living in the household. Total household proof of income must be submitted from the Approved Document List below. Discounts will not be approved without proper documentation. Income verification for recertification is required annually and if not provided all discounts will be removed and full charges billed to your account. **Approved Document List Total Household Taxable Income** Federal Tax Return (1040 form) Unemployment Income Verification Letter (After Taxes) 2 Months Paystubs (most recent most) Disability Income Verification Letter **Approved Discounts** Social Security Income Verification Letter SNAP/ Income Verification Letter **ASP**

SOE

Activities

Parent/Guardian Policy and Waiver Acknowledgment

MEMBERSHIP/REGISTRATION and PAYMENT/REFUND POLICY

- 1. Membership/Registration Policy:
 - I understand that Membership <u>DOES NOT</u> guarantee a weekly spot for my child.
 - I understand that it is my responsibility to pre-register online by 12:00 pm the Sunday **prior** to the week care is needed for my child. I understand that payment is expected at time of registration.
 - I understand that I may be called to pick my child up if I have not pre-registered & maximum limits at have been reached.
- 2. Payment / Refund Policy:
 - I understand that my child's attendance may be suspended if my account becomes more than 2 weeks behind.
 - I understand that if I do not pre-register I will be charged an additional \$5.00 late registration/billing fee per child per week.
 - I understand that should collection efforts or legal action be required to recover money that I owe FFY then I will incur an additional collection fee of 35% of my balance due FFY and be responsible for additional attorney fees incurred by FFY.
 - Families may transfer activity registrations by Thursday 5:00 pm prior to the week at no additional cost. No refunds/transfers will be given after Thursday 5:00 pm prior to the week.
 - Refunds are subject to a \$5.00 fee and may take up to 30 days for mail delivery.
 - No refunds will be given due to a suspension.

RISK AND SAFETY WAIVER:

- 1. I have completed the Membership form to the best of your knowledge and provided all relevant health information and history.
- 2. I recognize that there are inherent risks in any indoor or outdoor programming pursuit, and agree to follow instructions and directions given by leaders, act prudently, use good judgment, and assume a shared responsibility for safety.
- 3. I agree that participation is voluntary, and further agree to indemnify, release, and hold harmless the Foundation For Youth, its directors, officers, and employees from any and all claims or damages for any accident, injury or illness arising out of the use of facilities, equipment, and/or participation in Foundation For Youth activities.
- 4. I allow the Foundation For Youth Staff to provide routine health care, administer prescribed and parent provided OTC medications, and seek emergency medical treatment where deemed necessary.
- 5. I will keep my child(ren) at home if sick with any illness or lice.

Parent/Guardian Signature

- 6. I understand that information may be collected and shared for the purposes of demonstrating outcomes or securing funding.
 - I give my consent for my child(ren) to appear through media as FFY deems appropriate.
 - I give my permission to FFY and my child(ren)'s school district to exchange information regarding the minor child listed on this application. The purpose of this exchange is to help both organizations do a better job of helping the student be successful in school, FFY and in life.

Acknowledgment of Membership/Registration and Payment/Refund Policy, Risk and Safety Waiver I acknowledge that I have been provided the Parent/Member Information and that I have read and understand all information provided. By printing my name below and submitting this membership form I agree to follow all policies.

Date