



Garfield GECKO Club MEMBERSHIP INFORMATION FORM

Office Use Only:
Comments: _____
Date: _____ Staff: _____
Data Entered: _____

Please Print or Type

Childs Legal Name: _____
First Middle Last

Address: _____ City: _____ Zip: _____

Birth Date: ____/____/____ Gender: Female Male Member Status: New Member Renewing Member

Home Phone: (____) _____ School: **Garfield Elementary** Grade: _____

Family email address _____

Emergency Contact Information - Adults Living in Household

1. Circle One: Mother Father Stepmother Stepfather Guardian Other _____

Last Name _____ First _____

Employer _____ Daytime Phone (____) _____ Ext. _____

Cell Phone _____ E-Mail _____

2. Circle One: Mother Father Stepmother Stepfather Guardian Other _____

Last Name _____ First _____

Employer _____ Daytime Phone (____) _____ Ext. _____

Cell Phone _____ E-Mail _____

The following information is important for our records and the funding our organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is appreciated.

Ethnicity: (Circle One) African American Asian Hispanic/Latino
Multi-Racial Native American Pacific Islander White

Family Setting: (Circle One) 1 Parent Family 2 Parent Family Other

How many people live in your household? (Circle one or fill in the blank) 1 2 3 4 5 6 7 8 9 10 Other _____

Is there a separation, or divorce or custody problem the program staff should be aware of? No Yes

If yes, please explain: _____

Annual Household Income: (check one)

\$0-12,000 \$12,000-17,000 \$17,000-25,000 \$25,000-35,000 \$35,000-45,000

\$45,000-\$65,000 \$65,000-85,000 \$85,000 +

Is your family eligible or signed up for Free/Reduced lunch at your child's school? No Yes

PLEASE COMPLETE BACK SIDE

Medical Information:

Please list all medications your child is taking and any medical problems/allergies (please print):

Does your child have any special needs? (ADHD, ADD, Autism, Disabilities, etc.) _____

I have read the completed application. I understand the rules of the Boys & Girls Club of Corvallis Garfield GECKO Club program and request that my son/daughter be admitted into membership. I agree that I am 18 years or older and the legal parent/guardian of this child. I have explained the rules to my son/daughter and assume all risks of participation, including transportation to and from activities. For myself, my heirs, and assigns, I agree to waive, release, and forever discharge any claim for injury or damage and hold harmless the Boys & Girls Clubs of Corvallis, their officers, agents, and employees against any claim, loss, liability, or expense, including attorney fees, resulting directly or indirectly from participation in this program, except for claims arising out of sole negligence of the sponsors. This includes any accident to my son/daughter while on the premises or while engaged in any Club activities away from the Garfield Elementary School.

MEDICAL/SPECIAL NEEDS: I give permission to the Garfield GECKO Club program staff to assist my child with medical/special needs noted at my expense, to take emergency action — including ambulance transportation and or/obtaining medical treatment — should my child become ill or injured. I give my consent to my child being given a physical exam or treatment by a physician or hospital in case of emergency. I will not hold the members of the Board, Staff, or Volunteers responsible for injury that may occur while participating in any of the programs.

RELEASE OF INFORMATION: I give permission for the Garfield GECKO Club program staff and the Corvallis School District to exchange information about my child to provide continuity between the school day and our after school services. I understand and agree that the Boys & Girls Club of Corvallis and Garfield Elementary School may exchange information regarding my income to confirm my eligibility for scholarships and financial aid. I give my consent for photographs of my son or daughter to be used for Boys & Girls Club of Corvallis marketing, funding applications, and all other uses.

Zoom video calls: I give the Boys & Girls Club of Corvallis permission, as part of the GECKO Club program, to connect with my child in small groups or classes over Zoom, or other video programs supported by the Corvallis School District. I understand that it is the policy of the Boys & Girls Club that staff never connect one-on-one with any student.

Parent or Guardian Signature

Club Member's Signature

Date: Month____Day____Year____