



High School MEMBERSHIP REGISTRATION FORM

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

Please Print or Type

Student's Legal Name: _____
First Middle Last

Address: _____ City: _____ Zip: _____

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

Home Phone: (____) _____ School: _____ Grade: _____

Student's email address _____ Pinnacle # _____

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; understand the rules of the Boys & Girls Club of Corvallis (BGCC) and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and we understand that my child's membership status is based upon his/her ability to obey the rules of BGCC and behavior toward the staff members and volunteers. Memberships may be suspended or terminated at any time for misbehavior without a refund.

I agree that BGCC will not be responsible for any accident to my son/daughter while on the premises or while engaged in any Club activities away from BGCC. I give my consent to allow my child to be treated by a physician or hospital in the event of an emergency, and to his/her being transported to and from the necessary destination. I also give my consent for my child to access the Benton County Health Department drop-in services available at BGCC. I will not hold the members of the Board, Staff, Volunteers, or Sponsors responsible for any injury that may occur while participating in any BGCC activities or programs.

I give my consent for photographs, in which my son/daughter may appear, to be used in BGCC informational or marketing material and/or fund raising material.

I understand that BGCC and 509J School District will share academic information regarding my child's education. This information will be used for determining the student/child's current levels of academic performance as well as the area of need for academic support. I may revoke this authorization at any time by notifying BGCC in writing, however, it will not affect any actions taken before the revocation was received or actions taken based on the previously shared info.

I give my permission to BGCC to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members.

I understand that it is my responsibility to notify BGCC of any changes that may affect my child's Club account.

I understand that my child must be picked up before BGCC closes, and that BGCC is not responsible for supervising members after BGCC closes. A late fee will be enforced if a child is not picked up before closing time.

I understand that BGCC Clubhouse has an open campus policy and that BGCC assumes no responsibility for members once they leave BGCC premises. Program fees may be adjusted without notice; membership fees are not transferable or refundable.

Parent or Guardian Signature

Club Member's Signature

Date: Month ____ Day ____ Year ____