Office Use Only
Filed by: _____

BOYS & GIRLS CLUB OF CORVALLIS

Johnson Teen Center 9th - 12th Grade Membership Form

Teen Information

Teen's Name: First Middle Last

Gender: ☐ Male ☐ Female ☐ Nonbinary ☐ Other Date of Birth: _____ / _____ / _____

Address:

City: Postal Code:

Teen's Phone: Teen's Email:

Can the JTC text you event/program updates : ☐ Yes ☐ No

Grade: ☐ 9th ☐ 10th ☐ 11th ☐ 12th School: ☐ Corvallis HS ☐ Crescent Valley HS ☐ College Hill HS ☐ Other _____

Parent/Guardian Contact Information

Primary Contact Name (First & Last) - *will be contacted first*:

Phone: Email:

Employer: Relationship to Teen:

***(Optional)* Secondary** Contact Name (First & Last):

Phone: Email:

Employer: Relationship to Teen:

Name & phone number (other than parent or guardian) of a person to be contacted if parents / guardians are not available.

(Optional) Name (First & Last):

Relationship to teen:

Phone:

Name & phone number (other than parent or guardian) of a person to be contacted if parents / guardians are not available.

(Optional) Name (First & Last):

Relationship to teen:

Phone:

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 Household 2 Parent Household Dual Household Other

How many people live in your household? 1 2 3 4 5 6 7 8 9 10+

Annual Household Income (Estimate if unknown): $0-$25,000 $25,001-$35,000 $35,001-55,000 55,001-$75,000 $75,0001-$100,000 $100,001-$125,000 $125,001-$155,000 $155,00+

Is your family eligible for free/reduced fee lunch? ☐ Yes ☐ No Is your family eligible for Oregon Health Plan (OHP)? ☐ Yes ☐ No

PLEASE COMPLETE ALL PAGES – SEE BACK

Do you have any food restrictions or food allergies you would like us to know about?

Any special circumstances you would like us to be aware of? (ADHD, ADD, Austism,etc.)

Are there any medications you would like us to know about that your taking?

By signing below, I am aware that a JTC membership is a privilege and that I agree to abide by the JTC expectations that are outlined below as well as posted throughout the Teen Center building. In the event that I am unwilling to meet the JTC space expectations I am aware that I will need to be accountable for my actions and work with JTC staff to find a solution. If I am unable or unwilling to work with staff to find a solution, I am aware that consequences for this include being asked to leave the JTC for the day or in some cases having my membership suspended for a period of time defined by the Teen Center Director.

By signing below, I confirm that I have read and understand the JTC Parent/Member Handbook. I agree to abide by all policies and guidelines outlined within it. I understand that my membership may be revoked if I am unable to follow these rules. I acknowledge that the BGCC & JTC reserve the right to modify the handbook at any time, and it is my responsibility to review changes.

Scan to read handbook:

JTC Expectations:

Be Safe
Be Respectful
Be Responsible

I understand that if I choose to not meet expectations, I will be held accountable for my actions, and work with staff to find a solution.

I understand that I am participating at the JTC at my own risk. I agree that the JTC will not be responsible for any accident while on the premises or while engaged in any activities away from the JTC. I will not hold the members of the Board, Staff, Volunteers, or Sponsors responsible for any injury that may occur while participating in any JTC activities or programs.

I give my consent for photographs, in which I may appear, to be used in BGCC and JTC informational or marketing material and/or fundraising material. I may revoke this authorization at any time by notifying BGCC/JTC in writing.

I understand that I will be sharing my academic information with BGCC regarding my education. This information will be used for determining my current levels of academic performance as well as any area(s) of need for academic support. I may revoke this authorization at any time by notifying JTC 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 JTC to collect information via online or written surveys, questionnaires, interviews, and focus groups. 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 JTC or Club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or JTC impact on our members. I may revoke this authorization at any time by completing an opt-out document which can be obtained at the front office of the BGCC.

Teen's Signature: _____ **Date:** _____ / _____ / _____