

Staff Use Only:

Member #: \_\_\_\_\_

## Johnson Teen Center MS Membership Form

Teen's First Name: \_\_\_\_\_ Teen's Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City:  Corvallis  Albany  Philomath Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Female  Male  Other

Teen's Phone: (\_\_\_\_) \_\_\_\_\_ Can JTC Text You Event/Program Updates?  Yes  No

Teen's Email \_\_\_\_\_ School ID # \_\_\_\_\_

School: \_\_\_\_\_ Grade:  7  8

### Parent/Guardian/Emergency Contact Primary Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Secondary Contact (Optional)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Please answer as much as you can: (Info used for grant applications to help fund the JTC)**

**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?** (Include yourself) 1 2 3 4 5 6 7 8 9 10 Other \_\_\_\_\_

**Annual Household Income: Estimate if you don't know**

\$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 +

**Are you eligible or signed up for Free/Reduced lunch at school?**  No  Yes

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**Medical Information:**

Any special needs you would like us to know about? (ADHD, ADD, Autism, Disabilities, etc.)

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

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**Teen Portion:**

By signing below, I agree to abide by the JTC expectations that are outlined throughout the building that were created by teens and staff collaboratively. In the event that I am unwilling to meet these expectations of the space I am aware that my membership may be suspended, or revoked and I may be asked to leave the JTC for a period of time, or permanently.

<p style="text-align: center;"><b><u>JTC Expectations</u></b> Respect each other Respect the JTC staff and staff Clean up after YOURSELF <b>JUDGEMENT FREE-ZONE</b></p>
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**Teen's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian Portion:**

I understand that my teen is participating at the JTC at their own risk. I agree that the JTC will not be responsible for any accident occurring while my teen is on the premises or while engaged in any BGCC 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 by my teen participating in any JTC activities or programs.

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

I understand that my teen will be asked to share academic information with BGCC regarding their education. This information will be used for determining my teen's 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 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 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.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_