

BOYS & GIRLS CLUBS of BOSTON (BGCB)
TEEN MEMBERSHIP APPLICATION (AGES 13-18)

For Office Use Only	
Fee Received _____	Date: _____
Membership Number _____	
Orientation Completed: Y / N	
Proof of Age : Y / N	

Date: _____ Member Name: _____

Welcome to the Club! **All information below will be kept confidential.** We do not discriminate based on income, race, disability status, sexual orientation or gender. We aim to make any reasonable accommodation or support for our members that will ensure their success at the Club. Some of the information we ask helps us keep our membership rates low and affordable. **Thank you for printing clearly!**

Club (check one):

- Blue Hill (Dorchester) Charlestown Chelsea (Jordan) Condon Franklin Hill Hennigan
 Mattapan Orchard Gardens South Boston Sumner Tierney Yawkey (Roxbury)

Type of Membership (Check one):

- New Membership
 Renew Membership

Is your child a member of EPIC: Enhancing Potential, Inspiring Change? Yes No

PARENT/GUARDIAN(S) INFORMATION

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Name: _____

Relationship to Member (circle): Mother Father Step-Parent Aunt/Uncle
 Sister Brother Cousin Grandparent Foster Parent Other _____

Cell Phone: _____ -- _____ -- _____

Other Phone: _____ -- _____ -- _____

E-Mail Address: _____

Address: _____

City: _____ Zip Code: _____

Name: _____

Relationship to Member (circle): Mother Father Step-Parent Aunt/Uncle
 Sister Brother Cousin Grandparent Foster Parent Other _____

Cell Phone: _____ -- _____ -- _____

Other Phone: _____ -- _____ -- _____

E-Mail Address: _____

Lives in same household as member? Yes No

Did you attend a Boys & Girls Club yourself when you were growing up? No Yes (please specify where): _____

EMERGENCY CONTACT INFORMATION: Up to three people who we can contact if you cannot be reached.

All emergency contacts must have your permission to pick up the member from the Club. You may NOT list yourself.

<p>Name: _____</p> <p>Relationship to Member (circle): Aunt / Uncle Sister Brother Cousin Grandparent Family Friend Other: _____</p> <p>Cell Phone: _____ - _____ - _____</p> <p>Other Phone: _____ - _____ - _____</p>	<p>Name: _____</p> <p>Relationship to Member (circle): Aunt / Uncle Sister Brother Cousin Grandparent Family Friend Other: _____</p> <p>Cell Phone: _____ - _____ - _____</p> <p>Other Phone: _____ - _____ - _____</p>	<p>Name: _____</p> <p>Relationship to Member (circle): Aunt / Uncle Sister Brother Cousin Grandparent Family Friend Other: _____</p> <p>Cell Phone: _____ - _____ - _____</p> <p>Other Phone: _____ - _____ - _____</p>
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DEMOGRAPHIC INFORMATION

Your responses below are kept **CONFIDENTIAL** and are essential for our funders. This information helps keep membership fees low by securing donations and grants. All information is required for membership. Thank you!

Total # of People in Household (check one): 2 3 4 5 6 7 8 or more

<p>Member Lives with Most Often (check one):</p> <p><input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Grandparent/s <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Brother/s <input type="checkbox"/> Sister/s <input type="checkbox"/> Guardian/s <input type="checkbox"/> Foster Parent/s</p>	<p>Housing Type (check one):</p> <p><input type="checkbox"/> Public Housing / Voucher Program (Section 8) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Shelter <input type="checkbox"/> Live with Relatives <input type="checkbox"/> Foster Home <input type="checkbox"/> Homeless <input type="checkbox"/> Other _____</p>
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MEMBER NAME: _____

Only Completed Forms will be Processed

FINANCIAL INFORMATION

Household Annual Income – Select the range that best fits:

- \$0 – \$13,000 \$13,001 – \$17,000 \$17,001 – \$23,000 \$23,001 – \$27,000 \$27,001 – \$33,000 \$33,001 – \$37,000
- \$37,001 – \$43,000 \$43,001 – \$46,000 \$46,001 – \$49,000 \$49,001 – \$53,000 \$53,001 – \$56,000 \$56,001 – \$59,000
- \$59,001 – \$63,000 \$63,001 – \$66,000 \$66,001 – \$69,000 \$69,001 – \$73,000 \$73,001 – \$76,000 \$76,001 – \$79,000
- \$79,001 – \$83,000 \$83,001 – \$86,000 \$86,001 – \$89,000 \$89,001 – \$96,000 \$96,001 – \$103,000 \$103,001 – \$113,000
- \$113,001 – \$123,000 Other: _____

Assistance Program (Check all that apply):

- Please check here if you do **NOT** receive assistance (Check below for different types of assistance.)*
- SSI (Social Security Income) SSD (Social Security Disability) Medicaid Veterans Compensation WIC (Women Infants & Children)
- SNAP (Supplemental Nutrition Assistance Program) / Food stamps TANF (Temporary Assistance for Needy Families) Other _____

MEMBER INFORMATION

Member First Name: _____ Last Name: _____

Birth Date: _____ / _____ / _____ Age: _____ Sex: Male Female _____

All information collected on the membership application is confidential and will only be seen by specifically-designated adult staff.

Member cell phone: _____ Member email: _____

School: _____ Grade: _____ Has member been in this grade before? Yes No

Member's sibling(s) are current or past Club members? Yes No

Is member in foster care? Yes No

Has member attended another BGCB Club/Program?:

- Yawkey Jordan Orchard Gardens Blue Hill Sumner Hennigan South Boston Franklin Hill Mattapan Charlestown Condon

How will your child get home from the Club? (Check all that apply)

- Walker Adult Pick-Up Other: _____

Race (Check One):

- African American/Black
- Asian
- Caucasian/White
- Hispanic/Latino
- Multi-Racial
- Native American/Pacific Islander
- Other: _____

Language most used at home (Check One):

- Other: _____
- English Mandarin
- Haitian Creole French
- Hindi Vietnamese
- Portuguese Cambodian
- Spanish Cape Verdean

How well does the Member speak English?

- Not well
- Medium well
- Very well

Do you need translation services?

- Yes (please specify what language): _____
- No

Is Member on a daycare voucher?

- Yes
- No

Allergies

*Please check here if your child does **NOT** have any known allergies. (Check below for allergies.)*

Food: Peanuts Tree Nuts Dairy/Lactose Soy Wheat Seafood/Shellfish Eggs Other: _____

Medicine: Penicillin Aspirin Amoxicillin Other: _____

Environmental: Bee Stings Pollen Dust Mold Grass

Other: Latex Perfumes / Colognes Lotions Other: _____

Does your child use an Epipen? No Yes (please specify what allergies they use it for): _____

MEMBER NAME: _____

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Medical Conditions

Please check here if your child does NOT have any known medical conditions. (Check below for medical conditions.)

Asthma Diabetes Hearing Impairment Blindness ADHD Autism Seizures Anxiety / Depression Other: _____

Are you concerned about a medical condition that will impact their time at the Club? **Yes** **No**

If yes, please explain: _____

Does your child use an inhaler? **Yes** **No** Use insulin? **Yes** **No** Self administer medication? **Yes** **No**

If your child self administers medication, what medication does your child take? _____

Other medical information to share with staff: _____

Medical Contact Information

Insurance: Mass Health Tufts Harvard Pilgrim Fallon Blue Cross / Blue Shield Neighborhood Health Other _____

Name of Policy Holder: _____ **Policy Number:** _____

Primary Care Physician Name: _____ **Physician Phone Number:** _____

Sexual Health Accessibility (You can ask Club staff for more information.)

As part of our healthy lifestyles initiative, teen members receive sexual health education from trained staff and partner organizations. Teens 14-18 are also able to access free condoms and oral dams at the Club after receiving the proper education. **Do you want your teen to access these protection methods?**

Yes **No**

MEMBER SUPPORT QUESTIONNAIRE

Our goal is to learn as much as possible about our members to make any reasonable accommodation or support to ensure their success at the Club. Each Club has the right to make membership decisions based on the resources and capacity of their facility and staff.

<p>Physical</p> <p><input type="checkbox"/> Uses/needs a wheelchair</p> <p><input type="checkbox"/> Uses/needs elevator access</p> <p><input type="checkbox"/> Other</p> <p>Communication</p> <p><input type="checkbox"/> Sign Language <input type="checkbox"/> Non-Verbal</p>	<p>Other common areas where members might need additional support:</p> <p><input type="checkbox"/> Transitioning from one activity to another <input type="checkbox"/> Managing overstimulation (ex. to lights or noise)</p> <p><input type="checkbox"/> Following directions <input type="checkbox"/> Managing frustration</p> <p><input type="checkbox"/> Making and keeping friendships <input type="checkbox"/> Controlling anger or other feelings</p> <p><input type="checkbox"/> Managing a large group experience <input type="checkbox"/> Asking for help</p> <p><input type="checkbox"/> Other: _____</p>
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Does your child receive additional support in school or in the community?

Individualized Education Plan (IEP) 504 Speech Coach Meets with School or Private Counselor Other: _____

Are there current providers who it would be helpful for us to speak with (e.g. teacher, counselor, physician)? **Yes** **No**

***If Yes, please see Club Social Worker to sign a release for information.**

What are your child's strengths? _____

What might your child find frustrating? _____

Is there anything else you would like us to know? (e.g. your hopes for your child at the Club, any concerns you may have)

MEMBER NAME: _____

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For purposes of the Consents, Waivers and Releases on this page "BGCB" refers to and includes Boys and Girls Clubs of Boston, Inc. and all of its Clubs, sites and programs.

CONSENTS: *please check yes or no*

Surveys & Questionnaires Consent - I, the parent/guardian of the minor child listed on the application, give permission for BGCB to survey my child about his or her Club experience and behaviors, skills and attitudes using Boys & Girls Clubs of America's (BGCA) Outcome Measurement Tool Kit or other survey instruments. I give my permission to BGCB to share information about my child with BGCA or other program partners for research purposes and/or to evaluate the program's effectiveness. All information shared will be kept confidential, shared via de-identifying data or sharing information in aggregate.

Yes No

Photo, Video, & Media Consent – I understand BGCB uses images and sounds of children and staff participating in programs as a way of documenting the enjoyable and educational experiences they have at the Clubs. BGCB uses best efforts not to identify my child, or will identify my minor child only by first name, unless I give specific written permission to do otherwise.

Yes No

In consideration of the above, I, the parent/guardian, give permission for the minor child listed on the application to have their picture and/or name in newspapers, newsletters, and/or any other promotional materials for BGCB, as well as audio or video records, and for use or distribution in other non-BGCB publications, electronic or otherwise, without notifying me. I also agree to allow BGCB to use photographs, audiotapes, video records or other work produced by my minor child for publicity purposes. I hereby waive any right to inspect or approve any of the above that may be used now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising therefrom.

WAIVERS AND RELEASES: *please sign at bottom*

Creative Works - I, the parent or guardian of the minor child listed on the application, hereby acknowledge, understand and agree that any creative work developed by participants and members engaging in activities at a BGCB club or program, and all right, title and interests therein and thereto, including without limitation, musical compositions, lyrics, recordings, or other creative works of art or technology thereof by the member individually or collectively with any other staff or members or otherwise (all of the foregoing hereinafter referred to as the "Work"), is the sole and exclusive property of BGCB. BGCB shall not be limited or restricted in any way by the parent/guardian and member or any third party from any uses or purposes determined by BGCB in its sole and exclusive discretion. The parent/guardian and member represent and warrant that neither the Work, nor any part or element thereof, infringes or violates the rights of any kind or nature of any person or entity, and shall indemnify and hold harmless BGCB against all claims, actions, losses, damages, judgments and liabilities resulting from a breach thereof. In no event shall the parent/guardian or member have any right to sue BGCB or seek or obtain injunctive or other equitable relief in connection with the Work or any part or element thereof or any distribution or exploitation of any kind thereof.

Miscellaneous - I understand BGCB is not, nor claims to be, a licensed day care center. (*Unless your child is registered in the licensed School Age Child Care Program.*)

Medical - In the event of injury, or should emergency care be required and I cannot be reached, I authorize BGCB staff to arrange for emergency medical attention for the minor child listed on the application.

Disclaimer - I certify that the application is factual and complete to the best of my ability. I hereby give permission for the minor child listed on the application to become a member of BGCB. I understand BGCB is not responsible for personal injury or loss of personal property and that I will be financially responsible for any intentional damage or vandalism to BGCB caused by my child. I understand participation is contingent upon acknowledging receipt of BGCB's parent handbook and a commitment to attend an orientation session prior to participation. It is understood that the code of conduct will be adhered to and a member's failure to comply may result in membership termination.

Release and Covenant Not to Sue - In consideration for allowing the minor child listed on the application to participate in activities provided, hosted, or sponsored by or otherwise affiliated with or connected to BGCB (the "Activities"), I agree to indemnify, release, hold harmless, forever discharge and covenant not to sue BGCB, BGCA and any of their directors, officers, trustees, employees, agents, affiliates, successors and assigns, and to absolve them from any and all liability for any claim or suit, of any kind or nature, arising out of the child's participation in the Activities whether or not such Activities are on the premises of BGCB or elsewhere. I further covenant not to sue or make any demand or claims against BGCB, or other parties released hereby, for or by reason of any damage or personal injury from the child's participation in the Activities, whether or not such Activities are on the premises of BGCB or elsewhere. This Release and Covenant Not to Sue is intended to be read to the broadest extent permissible under the laws of Massachusetts and to the extent any part hereof is deemed invalid, the remainder will be interpreted to conform as closely as possible with the above.

Parent/Guardian Signature: _____

Date: _____

*Your signature confirms that all information provided above is true and accurate