



**BOYS & GIRLS CLUBS
OF GRAND RAPIDS AND
GREENWAY**

Membership Application

This box for office use only	
New _____ Renew _____	Annual Membership Fee: \$10
Membership # _____	Cash/Check Amt. _____
Notes _____	Check # _____
Staff Initials _____	Date _____
	<i>Verified</i>

Child's Name (First Middle Initial Last)		Home Telephone Number	
Address (Street, City, State, Zip Code)			
Race/Ethnicity <input type="checkbox"/> African American or Black <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White / Caucasian		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date (MMDDYY)
School Child Will Be Attending (also, Teachers name if known)		Grade	Age
Eye Color	Hair Color	Weight (lbs)	Height
How did you find out about the club? <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Flyer <input type="checkbox"/> Website <input type="checkbox"/> Friend (friend name _____) <input type="checkbox"/> Other (explain: _____)			
Club Location Preference <input type="checkbox"/> Grand Rapids Middle School <input type="checkbox"/> Greenway High School			
Living with (check all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Joint Custody <input type="checkbox"/> Foster Family <input type="checkbox"/> Other _____			
IDENTIFYING INFORMATION (PLEASE PRINT)			
① Parent/Legal Guardian Name (First Middle Initial Last)		Relationship to Member:	Home Number
Address (Street, City, State, Zip Code)		Cell Phone Number	
Email Address			
Employed By (Or School Attending)		Hours of Employment From <input type="checkbox"/> am <input type="checkbox"/> pm To <input type="checkbox"/> am <input type="checkbox"/> pm	
Address (Street, City, State, Zip Code)		Work/School Number	
② Parent/Legal Guardian Name (First Middle Initial Last)		Relationship to Member:	Home Number
Address (Street, City, State, Zip Code)		Cell Phone Number	
Email Address			
Employed By (Or School Attending)		Hours of Employment From <input type="checkbox"/> am <input type="checkbox"/> pm To <input type="checkbox"/> am <input type="checkbox"/> pm	
Address (Street, City, State, Zip Code)		Work/School Number	
EMERGENCY CONTACTS / AUTHORIZED PICK-UP (PLEASE PRINT)			
① Name - Other Than Parent(s) Or Doctor (First Middle Initial Last)		Telephone Number () -	
Address (Street, City, State, Zip Code)		Relationship to Member	
② Name - Other Than Parent(s) Or Doctor (First Middle Initial Last)		Telephone Number	
Address (Street, City, State, Zip Code)		Relationship to Member	

Please check next to the range that best describes your annual family income (before taxes) WE DO NOT USE YOUR PERSONAL INFORMATION BUT USE THE AGGREGATE FOR STATISTICS ONLY.

Family Size	Annual Income			
2 members	<input type="checkbox"/> \$16,020 or less	<input type="checkbox"/> \$25,550 or less	<input type="checkbox"/> \$40,850 or less	<input type="checkbox"/> \$40,850 or more
3 members	<input type="checkbox"/> \$20,160 or less	<input type="checkbox"/> \$28,750 or less	<input type="checkbox"/> \$45,950 or less	<input type="checkbox"/> \$45,950 or more
4 members	<input type="checkbox"/> \$24,300 or less	<input type="checkbox"/> \$31,900 or less	<input type="checkbox"/> \$51,050 or less	<input type="checkbox"/> \$51,050 or more
5 members	<input type="checkbox"/> \$28,440 or less	<input type="checkbox"/> \$34,500 or less	<input type="checkbox"/> \$55,150 or less	<input type="checkbox"/> \$55,150 or more
6 members	<input type="checkbox"/> \$32,580 or less	<input type="checkbox"/> \$37,050 or less	<input type="checkbox"/> \$59,250 or less	<input type="checkbox"/> \$59,250 or more
7 members	<input type="checkbox"/> \$36,730 or less	<input type="checkbox"/> \$39,600 or less	<input type="checkbox"/> \$63,350 or less	<input type="checkbox"/> \$63,350 or more
8 members	<input type="checkbox"/> \$40,890 or less	<input type="checkbox"/> \$42,150 or less	<input type="checkbox"/> \$67,400 or less	<input type="checkbox"/> \$67,400 or more

*April 7, 2016- HUD Guidelines

Household source of income is _____ (employment, AFDC, child support, etc.) or through a third party, as indicated and verifiable below:

- USDA Food Stamp
- Social Security Income
- Section 8 Program or public housing assistance
- Minnesota Family Investment Program
- TANF
- SSDI
- Medicaid
- Veterans Compensation

Relationship to member: _____

Statement of Factual Information and consent to verify income

I certify that the above information regarding my personal and household income is accurate and complete. I also certify that the Boys & Girls Clubs of the Northland is hereby authorized to verify my income information as provided and to share that verification with the City of Duluth and the Department of Housing & Urban Development for National Objective Documentation as required for monitoring purposes.

Parent/Legal Guardian Signature (You agree that by typing your name, you are electronically signing this document.)

Date

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentations to any department or agency of the United States.

Additional Parent/Legal Guardian Information

Date of Enrollment:	Siblings enrolled in the Club? <input type="checkbox"/> Yes <input type="checkbox"/> No
Enrolled in Club last year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which site?	Attending: <input type="checkbox"/> Daily Program <input type="checkbox"/> School Out Days <input type="checkbox"/> Summer Program
Sign up for a date for Parent Orientation (optional): Available Date(s): _____ Time(s): _____	

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize employees of the **Boys & Girls Clubs of Grand Rapids and Greenway** to contact:

For Emergency Medical Treatment of My Child, My Preferred Hospital is:

Hospital Name	Hospital Phone Number
Hospital Address (Street, City, State, Zip Code)	

TRIP & ACTIVITY PERMISSION

Check one.

- YES, I give consent or NO, I do NOT give consent for my child (_____) to take part in field trips or excursions with the Boys & Girls Clubs of Grand Rapids and Greenway under proper supervision. It is my understanding that I will be notified when such trips are planned.

AGREEMENTS

- I agree to keep the facility updated on my changes of information on the enrollment form.
- I give my child permission to participate in Boys & Girls Club programs and activities, knowing that there is a certain amount of risk involved. Although the utmost precautions will be taken in regards to the safety of my child, I accept responsibility in the unlikely event that an accident may occur. I further understand that the Boys & Girls Club cannot be held responsible for any medical expenses my child may incur.
- I agree that the Boys & Girls Club cannot be held liable for any claims, demands or actions for any injury sustained or property damaged, lost or stolen as a result of my child's involvement in Boys & Girls Club programs or activities.
- If my child becomes infested with lice, I understand that if there are nits found my child's head, a notification will be sent home with information regarding head lice, but if live lice are found, a parent/guardian will pick up my child and assume responsibility in the required treatment.
- I give my consent to an exchange of information between Boys & Girls Club staff and school personnel whenever it would be beneficial to my child; also to collect data for Club evaluation and report results using no name identification.

Check all that apply.

I certify that the information provided on this form is correct and may be verified if necessary. I agree to the above statements.

I further give consent for any photographs and/or videotape in which my child may appear in good taste to promote a positive Club image (i.e. publications, television, social media, advertisements, thank you displays, club correspondence, etc.).

The information given herein is true and complete. I understand and agree to the policies indicated above in the Trip & Activity Permission and Agreements portion. I am hereby enrolling my child _____ in the Boys & Girls Clubs of Grand Rapids and Greenway.

Parent/Legal Guardian Signature: _____ **Date:** _____

(You agree that by typing your name, you are electronically signing this document.)

Member's Pledge: *I understand and agree to follow the Club's guidelines, expectations and policies in order to maintain a safe and positive environment for all kids. I will respect the Club, the staff and my fellow members. I have certain responsibilities while in the Club to ensure a positive place for all kids to be. I understand that if I choose not to follow my own responsibilities and Club guidelines, appropriate consequences will follow. I also certify that if I am 18 years of age, that I still actively attend high school or an acceptable alternative.*

I wish to become a member of the Boys & Girls Clubs of Grand Rapids and Greenway.

Member Signature: _____ **Date:** _____

(You agree that by typing your name, you are electronically signing this document.)

CLUB RULES

The following is a list of rules and regulations that all Boys & Girls Clubs of Grand Rapids and Greenway members must agree to follow while at the Club. These rules are intended to protect the safety and overall well-being of Club members and staff personnel.

Members are expected to treat other members and staff with respect.

Members are expected to follow staff directions at all times.

Members are expected to dress appropriately. Wearing clothing that exposes undergarments, excess skin, and/or is provocative is not appropriate for the Club. Clothing that displays inappropriate material such as gang signs is prohibited.

Members must check-in their coats, backpacks, and other personal belongings at the front desk when they sign into the Club.

Members are expected to respect Club equipment and Club grounds. Members are expected to clean up after themselves and refrain from littering or vandalizing Club property in any way.

Weapons, sharp instruments, or anything that could cause harm to another individual are not allowed on Club grounds. This includes anything that could be perceived as or resemble a weapon. Some examples would include: toy guns, box cutters, chemicals, lighters, etc.

No Club member will be allowed back into the Club once they have checked out for the day, unless pre-authorized by Club staff. Once a Club member checks out for the day they must leave Club property as well.

Swearing and other obscene or profane language is prohibited.

Alcohol, drugs, tobacco, and drug paraphernalia are prohibited from the Club. This includes over the counter and prescription medications, unless authorized by Club staff and is checked in at the front desk. Club members will not be allowed into the Club if they appear to be under the influence of drugs and/or alcohol.

Fighting, aggressive behavior, and/or bullying will not be allowed.

The Club is not responsible for any stolen, lost, or broken items brought into the Club by a member. The Club strongly suggests that expensive personal items are left at home.

Club members are expected to be enrolled in and attend school. If a member did not attend school on a scheduled school day they should not be attending the Club, unless otherwise authorized by Club staff.

Parental/guardian consent forms must be signed and turned in before a member can participate in off-site activities.

Parental/guardian consent forms must be signed in order to use the computer lab.

Members are expected to report any rule violations to staff immediately.

The Boys & Girls Club wants to make sure that all members have a safe and healthy place to play, learn, grow, and to have fun. As a member you have the right to be treated fairly and with respect. If at any time you feel your rights as a member have been violated you are strongly encouraged to speak with a Club staff member about the situation.

I have reviewed these rules with a Club staff member and agree to abide by them. I understand that failure to do so could result in suspension and/or termination from the Club.

Member/Guest Signature: _____ **Date:** _____

(You agree that by typing your name, you are electronically signing this document.)

Parent/Legal Guardian Signature: _____ **Date:** _____

(You agree that by typing your name, you are electronically signing this document.)

INTERNET CONSENT & RESPONSIBLE USE

The Boys & Girls Clubs of Grand Rapids and Greenway Computer Network and Internet access are available to members to enhance their educational experience and become literate in an increasingly technological world.

The network has been established for educational purposes limited to classroom activities, career development, and independent scholastic research on appropriate subjects. In order to maintain a safe and positive environment for all youth, Boys & Girls Clubs has set rules, expectations, and guidelines for all members to follow. All Club members have a responsibility to make this a positive place and act as role models.

Responsible Computer Use (Check each box after reading/reviewing)

- Disclosing Personal Information:** I will not agree to meet with someone I have met online. I will tell a Club staff right away if I receive a message that makes me feel uncomfortable.
- Illegal Activities:** I will not attempt to gain unauthorized access to the Boys & Girls Clubs network or to any other computer system through the Boys & Girls Clubs network. This includes attempting to log on through another person's account or access another person's files. These actions are illegal, even if only for the purpose of "browsing".
- Inappropriate Language:** I will not use obscene, profane, lewd, vulgar, rude, inflammatory, threatening or disrespectful forms of communication. This applies to verbal and written language, diagrams, photographs, representations, videos, or any other form of communication.
- Personal Attacks and Harassment:** I will not knowingly or recklessly post false, defamatory, prejudicial, or discriminatory information about a person or organization. If I am told by another person to stop sending him/her messages, I will stop. It is not okay to persistently act in a manner that upsets or annoys another person.
- Social Networking Sites:** Sites such as MySpace, Twitter, Facebook, and YouTube are not allowed to be visited at the club unless part of a specific Club program. I may check my school email only with permission from Club staff.
- Violent Games:** Staff must approve all games played on the computers. No shooting games or other games containing violence are allowed.
- Programming Participation:** Food and drink are not allowed in the computer lab. I will only eat and drink in the designated area(s). If I am not actively participating in a scheduled activity, I will not be hanging out in the computer lab. I will participate in the Netsmartz program in order to use the internet.

I have read the Boys & Girls Clubs of Grand Rapids and Greenway Responsible Use Guidelines. I understand that access to the Boys & Girls Clubs Network and Internet is designed for educational purposes and the Club has taken available precautions to educate members on appropriate use of materials. I agree to follow all the rules and expectations for computer and learning center use.

WARNINGS: I will be given one warning if my attitude or behavior is not appropriate. I understand that if my attitude or behavior does not improve, I will be asked to leave the computer lab and will not be allowed to participate in any more computer activities for the rest of the day. If my behavior is intentionally disrespectful, I give up my right to a warning and will be asked to leave.

Member Signature: _____ **Date:** _____
(You agree that by typing your name, you are electronically signing this document.)

I have read the Boys & Girls Clubs of Grand Rapids and Greenway Responsible Use Guidelines. I understand that access to the Boys & Girls Clubs Network and Internet is designed for educational purposes and the Club has taken available precautions to educate members on appropriate use of materials. However, it is understood that no matter how much supervision and monitoring the Club can offer, there will always be the possibility of my child coming into contact with inappropriate material, and I will not hold the Boys & Girls Clubs of Grand Rapids and Greenway responsible for materials acquired on the network.

Parent/Legal Guardian Signature: _____ **Date:** _____
(You agree that by typing your name, you are electronically signing this document.)

BEHAVIORAL HEALTH PARTNERSHIPS

My child is currently working with a behavioral health professional (Note: Childrens Mental Health, Northhomes, Ross Resources, etc.) (The Clubs can partner with providers to continue consistent care from school day to out of school time and will not contact the provider without prior consent.)

YES Provider _____

HEALTH REPORT FOR SCHOOL AGE CHILD

Child's Health History and Current Health Problems

Any special medication and/or restrictions. An Individualized Care Plan must be completed by your health care professional prior to acceptance in the program if special medication and/or restrictions apply.

Comments On Child's Development: (Note: allergies, habits, special languages, etc...)

This certifies that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children in attending the Boys & Girls Clubs of Grand Rapids and Greenway

Parent/Legal Guardian Signature: _____ **Date:** _____
(You agree that by typing your name, you are electronically signing this document.)



BOYS & GIRLS CLUBS
OF GRAND RAPIDS AND
GREENWAY

Walker Authorization Form

WALKER AUTHORIZATION (PLEASE PRINT)

I certify that my child _____ will or will NOT be walking to and/or from the Boys & Girls Clubs of Grand Rapids and Greenway.

Continue form below if checked "will," if check "will NOT" move to the next page.

Please indicate YES or NO, provide the addresses if applicable and sign below.

NO, my child may not walk.

YES, my child may walk.

I hereby authorize my school-age child to walk to and from the following location(s) without adult supervision:

(Example: home, neighbors, grandparents)

① Name - (First Middle Initial Last)	Telephone Number
Address (Street, City, State, Zip Code)	Relationship to Child
② Name - (First Middle Initial Last)	Telephone Number
Address (Street, City, State, Zip Code)	Relationship to Child
③ Name - (First Middle Initial Last)	Telephone Number
Address (Street, City, State, Zip Code)	Relationship to Child
④ Name - (First Middle Initial Last)	Telephone Number
Address (Street, City, State, Zip Code)	Relationship to Child

**PARENTS ACCEPT SOLE RESPONSIBILITY OF THE SAFETY
OF THEIR CHILD UNDER THIS ARRANGEMENT.**

Parent/Legal Guardian Signature: _____ Date: _____
(You agree that by typing your name, you are electronically signing this document.)

Tennessee Warning Notice / Use of Data / Equal Opportunity Information

Department of Employment and Economic Development (DEED) grant recipient:

Boys & Girls Clubs of Grand Rapids and Greenway

Please read the Tennessee Warning Notice below and the equal opportunity information on the reverse side. When you finish reading, please sign and date at the bottom.

TENNESSEN WARNING NOTICE:

The data we are asking you to provide about yourself is considered private data by [Minnesota Statute 13.47 subdivision 2](#). In order to collect and use this data we must tell you why we need the data, how we intend to use it, and any consequences you may experience if you supply the information or not.

Why we need the data

Personal characteristics such as age, gender, ethnicity, race, disability and economic status is collected to evaluate our performance and in some cases, to determine if you're eligible for special assistance

How we intend to use the data

Work and education history will be shared with the Department of Employment and Economic Development (DEED) and may be shared with prospective employers. Additionally other government entities with a legal right to this data may see your information

Consequences to you

You can refuse to supply any or all of this information; you are not legally required to provide any of this information. Not supplying sufficient information may limit our ability to provide you the services you want.

For more information

DEED Data Practices <http://mn.gov/deed/about/what-guides-us/data-practices/>

Minnesota Data Practices Act www.revisor.leg.state.mn.us/stats/13/

Minnesota Department of Administration Information Policy Analysis Division www.ipad.state.mn.us/index.html

EQUAL OPPORTUNITY IS THE LAW: *(Please see the reverse side for additional information)*

We consider applicants without regard to race, color, creed, religion, national origin, age, sex, political affiliation or belief, marital status, disability, sexual orientation, or status with regard to public assistance. It is our policy to abide by all federal, state, and local laws concerning discrimination.

COMPLAINT AND APPEAL POLICY:

If you feel that anyone in our office has treated you unfairly, you have the right to file a complaint. If you have been denied services, you have the right to an appeal. If you wish to file a formal complaint or an appeal, please see a staff member for assistance.

I have been made aware of and understand this Tennessee Warning notice. (If you do not understand this statement, please ask that a staff member explain it to you.) I agree that the information on this form may be shared among Minnesota WorkForce Center agencies for the purpose of helping me find employment or training.

I have read the equal opportunity information found on the reverse side "NOTICE TO THE PUBLIC", Equal Opportunity Is The Law. I understand that I have the right to file a complaint of discrimination.

Date _____ Signature [If Under 18, Signature of Parent/Guardian] *(You agree that by typing your name, you are electronically signing this document.)*

This material is available in alternative formats, such as large print, Braille, or audio tape.

NOTICE TO THE PUBLIC **Equal Opportunity Is The Law**

It is against the law for us as the recipient of DEED funds to discriminate on the following bases:

Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and

Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any DEED-funded program or activity.

The recipient must not discriminate in any of the following areas:

Deciding who will be admitted, or have access, to any DEED funded program or activity;

Providing opportunities in, or treating any person with regard to, such a program or activity; or

Making employment decisions in the administration of, or in connection with, such a program or activity.

What to Do If You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a DEED funded program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

Name/Title of Designated Equal Opportunity Officer:

Lori Peterson, Director of Public Affairs

690 Jackson Street

St. Paul, MN 55130

PHONE: 651-726-2582

FAX: 651-200-4100

EMAIL: lpeterson@bqc-tc.org

Susan Tulashie, Equal Opportunity Officer

Workforce Development Division

Department of Employment and Economic
Development

1st National Bank Building

332 Minnesota Street, Suite E200

St. Paul, MN 55101

Direct: 651-259-7586 Fax: 651-215-3842

MN Relay 7-1-1 or 1-800-627-3529

www.PositivelyMinnesota.com

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Minnesota Department of Economic Development, Workforce Development Division (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with the Civil Rights Center (CRC). However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

The above "NOTICE TO THE PUBLIC" applies to the federal programs covered under the Workforce Investment Act. Complaints concerning services provided by non-WIA programs may be processed differently.

The recipient* must provide the notice to all appropriate parties including: club members and applicants for services; participants; applicants for employment; employees; unions or professional organizations that hold collective bargaining or professional agreements with the recipient; sub-recipients that receive DEED funds from the recipient; members of the public, including those with impaired vision or hearing.

***Term to Know—Recipient:** Any entity to which financial assistance is extended, directly from the U.S. Department of Labor or through the Governor or another recipient; excluding the ultimate beneficiaries of the programs or activities.

Updated January 2015

Parent/ Legal Guardian – Please keep this page for your records.