



# BOYS & GIRLS CLUBS OF GRAND RAPIDS YOUTH COMMONWEALTH

Please return to: Steil Club | 235 Straight Ave. NW Grand Rapids, MI 49504  
Or Seidman Club | 139 Crofton St. SE Grand Rapids, MI 49507  
Or Paul I. Phillips Club | 726 Madison Ave. SE Grand Rapids, MI 49503

**OFFICE USE ONLY**

Membership Date \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 Club ID Number \_\_\_\_\_  
 Paid: Yes or No | Amount: \$ \_\_\_\_\_

If you are a new member **and** 12 years old or younger, you and a guardian **MUST** attend orientation before your first day. Please see our staff at the front desk to choose a date and time ☺

## MEMBERSHIP APPLICATION

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### EMERGENCY CONTACT MUST be filled out prior to membership

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### MEDICAL INFORMATION

Medical Conditions: \_\_\_\_\_

Any known allergies: \_\_\_\_\_

Behavioral Needs: \_\_\_\_\_

Medications: \_\_\_\_\_

### GENDER

- Female
- Male
- Other: \_\_\_\_\_
- Prefer not to answer

### MEMBERSHIP STATUS

- New member
- Renewing member

Number in household \_\_\_\_\_

### RACE/ETHNIC BACKGROUND

- African American/Black
- Asian
- Caucasian
- Hispanic
- Native American
- Two or more races
- Other: \_\_\_\_\_
- Prefer not to answer

### WHO DOES THE CHILD LIVE WITH?

- Both parents
- Mom only
- Dad only
- One parent/step-parent
- Grandparent(s)
- Guardian(s)
- Other: \_\_\_\_\_

### PROGRAMS

- TANF
- Day care voucher
- SSDI
- SSI
- WIC
- Food Stamps
- Free/Reduced school lunch
- General Assistance
- Veterans Compensation

### ANNUAL INCOME

- \$0-4,999
- \$5,000-9,999
- \$10,000-24,999
- \$25,000-49,000
- \$50,000 & over

## COVID-19 POLICY UPDATES: PARENTS/GUARDIANS PLEASE INITIAL

I grant Boys & Girls Clubs of Grand Rapids Youth Commonwealth permission to:

- Check the temperature of my child(ren) before entering the Club
- Deny entry to the Club if my child(ren)'s temperature is at or above 100.3 degrees
- Deny entry to the Club if my child(ren) do not pass the attached questionnaire daily
- Remove my child(ren) from the program if they are not present 3x/week
- Remove my child(ren) from the program if I fail to pick them up on time (1 strike rule)
- Remove my child(ren) from the program for the day if their behavior becomes a hindrance to the safety of the program at the discretion of Club leadership

*I acknowledge the above policy updates regarding COVID-19 and agree to the terms listed above.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I have received a copy of updated policies & procedures and a copy of the Daily Health Questionnaire on behalf of Boys & Girls Clubs of Grand Rapids Youth Commonwealth.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEMBER PLEDGE PRINCIPLES

I will give my best effort in all Club activities, treat others respectfully and through my positive behavior, promote a sense of fair play, honesty, and good sportsmanship. I will not allow anyone else to use my membership privileges. If at any time I am suspended from attending the Club, I will return my membership card, forfeiting all Club privileges. I understand that all membership fees are not refundable. I understand that the Boys & Girls Clubs of Grand Rapids Youth Commonwealth is not responsible for any lost, stolen, or damaged property.

*I agree to uphold the Member Pledge Principles:*

Member's Signature: \_\_\_\_\_

Guardian's Signature \_\_\_\_\_

## PARENTS/GUARDIANS: PLEASE CHECK YES or NO

I grant Boys & Girls Clubs of Grand Rapids Youth Commonwealth permission to:

- YES  NO Use videos/and or pictures of this member
- YES  NO Take this member on field trips
- YES  NO Contact this member's school
- YES  NO Provide surveys to this member
- YES  NO Allow this member to walk home alone

ABOVE PERMISSIONS: Videos and photos of members can be used for Club promotions. Guardians will receive notice in advance of field trips. The reason to contact school would be for receiving or sending progress reports. Surveys would be used to assess youth needs, typically with program needs.

WAIVER OF DISABILITY AND DISCLAIMER: In consideration of my child's membership and participation in the activities and program of Boys & Girls Clubs of Grand Rapids Youth Commonwealth, I, as parent or guardian of named minor, my heirs, executors, administrators and assigns, waive, release, and discharge any and all rights and claims or damages against the Club and/or its sponsors for knowledge of the risks involved in said participation and that my child is in good health and has no physical or mental condition which would make it dangerous for my child or for other participants when my child is involved in any of the sponsored activities.

EMERGENCY AUTHORIZATION: I hereby give permission to medical personnel selected by Boys & Girls Clubs of Grand Rapids Youth Commonwealth, its employees, agents, directors, volunteers, or sponsors to provide or seek emergency treatment, (including x-rays) for my child in the event I cannot be reached in an emergency. However, the giving of my permission does not obligate Boys & Girls Clubs, its employees, agents, directors, volunteers, or sponsors to arrange such care except as may be directed by medical personnel.

OPEN DOOR POLICY: I understand that Boys & Girls Clubs of Grand Rapids Youth Commonwealth is an open door facility and open to all youth members during posted hours of operation. My child will be supervised while at the Club. I set the boundaries and consequences if my child leaves the facility without my permission.

*I certify that the information concerning the applicant is accurate:*

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

All information requested on our membership application is kept strictly confidential. Free/reduced lunch status and race/ethnic background information is needed and only used for grant funding and reporting purposes.