



**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 Start Date: _____
Membership End Date: _____
Amount Due: \$ _____
Amount \$: _____ Paid? Yes or No

HOUSEHOLD APPLICATION

HEAD OF HOUSEHOLD INFORMATION (parent/guardian)

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Address: _____

City, State, Zip: _____

E-Mail: _____

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

E-Mail: _____

Number in Household: _____

PROGRAMS:

- TANF
- Day Care Voucher
- SSDI
- SSI
- WIC
- Food Stamps
- Free/Reduced School Lunch
- General Assistance
- Veterans Compensation

MEMBER INFORMATION

Child's Name: _____ Gender: _____

Birth Date: _____ Age: _____ Race/Ethnicity: _____

School Attending: _____ Grade: _____

Child's Name: _____ Gender: _____

Birth Date: _____ Age: _____ Race/Ethnicity: _____

School Attending: _____ Grade: _____

Child's Name: _____ Gender: _____

Birth Date: _____ Age: _____ Race/Ethnicity: _____

School Attending: _____ Grade: _____

Child's Name: _____ Gender: _____

Birth Date: _____ Age: _____ Race/Ethnicity: _____

School Attending: _____ Grade: _____

Child's Name: _____ Gender: _____

Birth Date: _____ Age: _____ Race/Ethnicity: _____

School Attending: _____ Grade: _____

ANNUAL INCOME

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

HOUSEHOLD:

- Both Parents
- Mom Only
- Dad Only
- 1 parent/1 step-parent
- Grandparent(s)
- Guardian(s)
- Other: _____

MEDICAL INFORMATION

First Name/Last Name: _____

Medical Conditions: Yes No **If yes:** _____

Any known allergies: Yes No **If yes:** _____

Behavioral Needs: Yes No **If yes:** _____

Medications: Yes No **If yes:** _____

First Name/Last Name: _____

Medical Conditions: Yes No **If yes:** _____

Any known allergies: Yes No **If yes:** _____

Behavioral Needs: Yes No **If yes:** _____

Medications: Yes No **If yes:** _____

First Name/Last Name: _____

Medical Conditions: Yes No **If yes:** _____

Any known allergies: Yes No **If yes:** _____

Behavioral Needs: Yes No **If yes:** _____

Medications: Yes No **If yes:** _____

First Name/Last Name: _____

Medical Conditions: Yes No **If yes:** _____

Any known allergies: Yes No **If yes:** _____

Behavioral Needs: Yes No **If yes:** _____

Medications: Yes No **If yes:** _____

First Name/Last Name: _____

Medical Conditions: Yes No **If yes:** _____

Any known allergies: Yes No **If yes:** _____

Behavioral Needs: Yes No **If yes:** _____

Medications: Yes No **If yes:** _____

EMERGENCY CONTACT(S)

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____ Authorized Pick Up? Yes or No

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____ Authorized Pick Up? Yes or No

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____ Authorized Pick Up? Yes or No

TRANSPORTATION RELEASE

Child's Name: _____ Birth Date: _____

Age: _____ Grade: _____ School Attending: _____

Child's Name: _____ Birth Date: _____

Age: _____ Grade: _____ School Attending: _____

Child's Name: _____ Birth Date: _____

Age: _____ Grade: _____ School Attending: _____

Child's Name: _____ Birth Date: _____

Age: _____ Grade: _____ School Attending: _____

Child's Name: _____ Birth Date: _____

Age: _____ Grade: _____ School Attending: _____

I grant Boys & Girls Clubs of Grand Rapids Youth Commonwealth permission to transport my child from their school to the Club daily for the current school year, unless arranged otherwise:

___ Yes ___ No Parent/Guardian Signature _____ Date _____

MEMBER PLEDGE PRINCIPLES

I will give my best effort in all 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. 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:

Members' Initials: _____; _____; _____; _____; _____

Guardian's Signature _____

PARENTS/GUARDIANS: PLEASE CHECK

To exclude **any** of your children from the permissions below, please list their names on the line on the right.

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

Use videos/and or pictures of this member (*no:* _____)

Take this member on field trips (*no:* _____)

Contact this member's school (*no:* _____)

Provide surveys to this member (*no:* _____)

Allow this member to walk home alone (*no:* _____)

Provide Social and Emotional Learning support to this member (*no:* _____)

ABOVE PERMISSIONS: Videos and photos of members can be used for organization promotions. Guardians will receive notice in advance of field trips. The reason to contact school would be for receiving or sending progress reports and connecting around behavioral support. 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, 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 organizations 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, 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.



**BOYS & GIRLS CLUBS
OF GRAND RAPIDS
YOUTH COMMONWEALTH**

**Welcome to the Boys & Girls Club of Grand Rapids Youth
Commonwealth**

Please review and refer to these policies and procedures during the duration of your child's membership. For our full Safety Policies please visit our website at bgcgrandrapids.org/safety-policies

Our Mission

Our mission is to enable all young people to reach their full potential as responsible citizens through education, recreation, and positive community experiences in partnership with the Grand Rapids Police Department.

Member Expectations

- **RESPECT** Club Staff & Volunteers
 - ✓ Listen, follow directions and rules
- **RESPECT** the Club
 - ✓ Use equipment properly and clean up after yourself
- **RESPECT** each other
 - ✓ Be kind, use good sportsmanship and make friends
- **RESPECT** yourself
 - ✓ Bring a positive attitude, try something new and make the most of your day

Entering & Leaving the Building

- All members must enter and exit through the front door
 - ✓ Members are highly encouraged to keep their Club cards with them at all times
- Club members must be dropped off and picked up during operational hours
 - ✓ Hours of operation are based on the Grand Rapids Public School District calendar
- The Boys & Girls Club has an open door policy, however once a member leaves our property they may not return without prior approval from Club staff
 - ✓ Teens are allowed to leave one time and come back in
- Youth that are repeatedly not picked on time may be subject to a parent meeting
 - ✓ Club closing times may vary based on member's grade/age
- All club members must sign in and sign out of club for safety purposes



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Behavior Management Procedure

The following steps will be taken in the event of a behavior problem:

- 1. REASONING:** Communication between the member and staff member to identify the problem and determine a possible solution. At this point, members are given a chance to explain what happened, and to make a choice about what they should do next.
- 2. REMOVAL/ LOSS OF PRIVILEGE:** Members may receive temporary removal from a program area or a loss of privileges. Staff members will encourage Club members to make better choices and may offer options to regain privileges. Repeated behaviors may result in meeting with the Club Director as well as an incident report.
- 3. INCIDENT REPORT:** This documentation dictates who, what, when, where and why a behavior occurs. Every incident report may not require a parent/guardian meeting, but all forms are available upon request. If a member receives numerous incident reports over a period of time they may be given a suspension from the Club.
- 4. SUSPENSION:** Multiple incident reports which stem from behaviors not consistent with Club policies and expectations may result in suspension. Length of suspension will be determined at the discretion of the Club Director and may require a conference with the parent/guardian before returning. A suspension from one Club will be upheld at the other Grand Rapid's Clubs, and we encourage members and parents/guardians to use this time to review the Club's expectations.
- 5. IMMEDIATE PICK-UP:** In the event of a suspension, all Club members must have a parent/guardian or backup emergency contact to pick them up in a timely manner.

Please provide Clubhouse leadership with any other information about your child that may help us in working with them. The more we know about your child, the better we can serve them. Thank you for choosing the Boys & Girls Club of Grand Rapids Commonwealth. We appreciate the opportunity to help shape your child's future.



**BOYS & GIRLS CLUBS
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**CONSENT TO OBTAIN & DISCLOSE INFORMATION
AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I hereby authorize The Boys & Girls Club of Grand Rapids Youth Commonwealth to share, exchange, use, or disclose privileged communication/protected health information from the case record of:

MEMBER NAME:	DATE OF BIRTH:
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This release and use is for the following purpose(s): To assist The Boys & Girls Club of Grand Rapids Youth Commonwealth in supporting members to graduate from high school with a plan for the future, demonstrating good character and citizenship, and living a healthy lifestyle.

<i>To release specific case records to and request case record information from:</i>
Name of Child's School:
Address:
Phone:

Type of Disclosure: <input checked="" type="checkbox"/> Written <input checked="" type="checkbox"/> Verbal <input checked="" type="checkbox"/> Electronic

Records to be Released: <input checked="" type="checkbox"/> Progress notes <input checked="" type="checkbox"/> Mental health treatment plans <input checked="" type="checkbox"/> Educational records including report cards, IEPs and 504 Plans <input checked="" type="checkbox"/> Disciplinary reports <input checked="" type="checkbox"/> Social History <input checked="" type="checkbox"/> COVID exposure and positive cases <input type="checkbox"/> Exclude the following information
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This authorization is valid until: <input checked="" type="checkbox"/> One year from the date of signature <input type="checkbox"/> The following date or event: _____

In signing this authorization I understand: <ul style="list-style-type: none"> • This authorization is voluntary and services are not dependent on my authorization. • I have a right to receive a copy of my authorization. • This authorization may be revoked at any time by writing to the originating agency. The revocation will be effective on receipt, but will not affect actions taken prior to receiving my revocation. • If I request release of information to individuals or organizations that are not subject to state or federal privacy regulations, the information could be re-disclosed without privacy protections.

<i>I have had the opportunity to have this form explained to me and have my questions answered.</i>	
Signature of Parent or Guardian _____	
Printed Name _____	Date _____
Signature of Club Staff Member _____	
Printed Name _____	Date _____