

OFFICE USE ONLY

Last Name _____ Member # _____ Amount Paid _____ Payment: Week-Month-Full
 Allergies _____ Renewal _____ New _____ Date Received _____ Cash _____ Check # _____

2019 Ronan Summer Membership Application

UNIT DIRECTOR:
 HEATHER SMITH
 62579 US HWY 93
 P.O. BOX 334
 RONAN MT, 59864
 406-676-5437



BOYS & GIRLS CLUB
 OF THE FLATHEAD
 RESERVATION & LAKE CO.

JUNE 10TH – AUGUST 16TH
CLOSED JULY 4TH

MEMBERSHIP DUES
\$20/WEEK OR \$150/FULL
SUMMER

MONDAY THRU FRIDAY
8:00 AM – 6:00 PM

AGES 6 – 18

IT IS IMPORTANT THAT YOUR CHILD IS PICKED UP BY CLOSING TIME. IT IS OUR POLICY THAT FOR EVERY MINUTE PAST CLOSING YOU WILL BE CHARGED \$1.

BASIC INFORMATION

First Name _____ Middle _____ Last _____ Suffix _____
 Address _____ City _____ State _____ ZIP _____
 Home (Primary) Phone _____ Cell _____ EMAIL _____
 DOB Month _____ Day _____ Year _____ Gender M F
 Ethnicity: Caucasian Native American Hispanic African American Asian Pacific Islander Other
 (Circle all that apply)

*** It is the responsibility of the parent/guardian to assure that their child is physically and emotionally capable of properly functioning in the Club's atmosphere prior to enrolling. The Club may refer service to more appropriate agencies.**

MEDICAL INFORMATION

Child's Doctor _____ Phone # _____ Insurance? Y N Carrier _____
 Food allergy? Y N If yes, what? _____
 Are there any other health issues or conditions our staff should be aware of? _____
 Are there any medications taken that our staff should be aware of? _____

Upon submission of this application I/ we the parents/guardians of this child consent that the staff and volunteers of the Boys and Girls Club of the Flathead Reservation and Lake County may obtain the appropriate medical care for this child in the event of an illness or injury.

Signature _____ Date of Signature _____

Member lives with: Mother_____ Father_____ Stepmother_____ Stepfather_____

Grandparent_____ Foster Parent_____ Other_____

Annual Income: \$0- \$12,000 \$12,001- \$16,000 \$16,001- \$20,000 \$20,001- \$24,000 \$24,001- \$28,000

\$28,001-\$32,000 \$32,001- \$37,000 \$37,001- \$42,000 \$42,001- \$45,000 \$45,001 and over

Number in Household: _____ Household Provider: Female _____ Male _____ Both _____

EDUCATION INFORMATION

Name of School _____ Homeroom Teacher _____

Grade _____ Counselor _____ IEP ? (Circle one) Y N Previous Year

If an individual education plan (IEP) is in place for this child please sign below for the release of their information to the Boys & Girls Club of the Flathead Reservation and Lake County.

Signature _____ Printed Name _____ Date _____

Fees

There are three payment options: payment in full, 3 monthly installments, or by the week. Monthly payments are due the first club day each month. If the fees are a concern you may call or drop in during club hours. Please check the best option for your family:



Full summer payment (\$150)



Monthly payments (3 @ \$50 each)



By the week (\$20 per week)

By signing this document I acknowledge that I understand the following:

- *Policies and rules of Boys and Girls Club of the Flathead Reservation and Lake County indicated in the parent handbook.*
- *If my child is disregarding the rules or behaves unsafely, disrespectfully or inappropriately to staff, volunteers or other members, I will be contacted by staff to pick up my child. It is my responsibility to have them picked up in a timely manner.*
- *I may need to meet with the unit director to address these concerns before my child can continue to attend the club.*
- *Club Staff will need one business day to input your application. Members may attend once their application is in and processed and their fees are paid.*
- *It is my responsibility that contact information is kept up-to-date to allow for notification as needed.*

Parent/Guardian Signature _____ Date _____

MEMBER CONTACT SHEET

Parent/Guardian Contact

Name _____ Can pick up Y N

Parent/ Guardian Y N Emergency Y N

Relationship to Member _____

Home # _____

Cell # _____

Work # _____

Additional Contact

Name _____ Can pick up Y N

Parent/ Guardian Y N Emergency Y N

Relationship to Member _____

Home # _____

Cell # _____

Work # _____

Additional Contact

Name _____ Can pick up Y N

Parent/ Guardian Y N Emergency Y N

Relationship to Member _____

Home # _____

Cell # _____

Work # _____

Additional Contact

Name _____ Can pick up Y N

Parent/ Guardian Y N Emergency Y N

Relationship to Member _____

Home # _____

Cell # _____

Work # _____

Additional Contact

Name _____ Can pick up Y N

Parent/ Guardian Y N Emergency Y N

Relationship to Member _____

Home # _____

Cell # _____

Work # _____

Additional Contact

Name _____ Can pick up Y N

Parent/ Guardian Y N Emergency Y N

Relationship to Member _____

Home # _____

Cell # _____

Work # _____

Member safety is a huge concern. We have walking and van field trips led by staff on occasion but sometimes other situations arise. Please initial one item.

_____ My child may only leave the premises with staff or people on the contact sheet.

_____ My child may **NOT** leave club premises until pick up.

By initialing the above, I understand that the Boys and Girls Club of the Flathead Reservation and Lake County will not be liable after my child checks out for the day. I also understand that my child may go on various field trips with staff and/or volunteers without prior notification.

Our policy is that for your child to check out of the club we must have verbal or written permission.

Parent/Guardian Signature _____ Date _____



**BOYS & GIRLS CLUB
OF THE FLATHEAD
RESERVATION & LAKE CO.**

Permission to Leave Club Facilities

The Boys & Girls Club summer session is 10 weeks of fun – opportunities, discovery learning, and activities galore. We are open from 8AM – 6PM, Monday thru Friday (closed only for July 4th). We welcome youth to stay with us all day, but understand that families have other activities as well. Our goal is to support families and provide appropriate boundaries for the youth we serve. In an effort to provide the highest level of safety possible for your youth, PLEASE CHECK ONE OF THE OPTIONS BELOW:

_____ My child is allowed to leave the club facilities only when an approved person comes to pick them up (recommended for youth K-4th grade);

_____ My child is allowed to leave the club facilities alone ONLY IF I AM CONTACTED ON THAT DAY (recommended for youth 5th grade and up); or

_____ My child has my permission to leave the club facilities without contacting me. HOWEVER, youth are only allowed to check in twice in one day (Only available for youth 7th grade and up).

With your permission, an older sibling can check younger siblings out of the club. This older sibling MUST be added to the contact/pick up list on the application.

Parent/Guardian signature

Date

Releases and Waivers: Please select responses for all checkboxes and sign the bottom of the page.

Data Collection: I give my permission for the Boys & Girls Club of the Flathead Reservation and Lake County (BGCFLC) to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. 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 aggregate results of these analyses may be shared with Club staff, BGCA, funders and other community stakeholders to evidence program effectiveness and/or Club impact on our members. This release may be revoked at any time by contacting the BGCFLC in writing. ☐ Yes ☐ No

Medical: The Boys & Girls Club of the Flathead Reservation & Lake County is fully committed to providing the safest Club experience possible for your child. However, accidents will happen from time to time and the Boys & Girls Club staff will respond to these accidents quickly and efficiently. While the Club's practice is to seek guidance and permission for treatment of a member's injuries it is possible that we may not be able to contact you to get that permission. Therefore it is important that you provide the Boys & Girls Club of the Flathead Reservation & Lake County with the authority to act on your behalf in the event your child needs medical attention and the Club cannot reach you. I give permission to BGCFLC to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment. ☐ Yes ☐ No

Technology: As a member of the Boys & Girls Club, your child may have access to the Internet. While the Boys & Girls Club has rules prohibiting such conduct and precautions are taken by the Club to prevent such access, it is possible your child may access inappropriate sites. The Boys & Girls Club will not be responsible for such unauthorized access. ☐ Yes ☐ No

Transportation: Parents and Club members are responsible for their own transportation to and from the Club, unless otherwise specified. We are not responsible for Club member whereabouts. ☐ Yes ☐ No

Data Sharing: I give my permission for BGCFLC to share information about the minor child listed on this application with BGCA for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by BGCFLC, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential. This release may be revoked at any time by contacting BGCFLC in writing. ☐ Yes ☐ No

Media/Press: I give permission for my child's picture, video image, or any other graphic depiction or likeness, to be used by BGCFLC, Boys & Girls Club of America and its affiliates or donors and acknowledge neither my child nor I will receive payment for the same. ☐ Yes ☐ No

Miscellaneous: I understand the Boys & Girls Club is not responsible for lost or stolen items. Boys & Girls Clubs have an open door policy where members can come as they please and we are not responsible for members who chose not to come on a particular day. Each Club has the right to make membership decisions based on the resources and capacity of their facility and staff. BGCFLC reserves the right to decline the application, rescind the enrollment of or suspend any youth that cannot successfully associate with other club members. ☐ Yes ☐ No

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the **Boys & Girls Club of the Flathead Reservation and Lake County (BGCFLC) and the Boys & Girls Club of America (BGCA)** their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors, or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from the use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

Parent/Guardian Signature _____ Date _____

- Your signature confirms that all information above is true and accurate.



Salish Kootenai College
Digital Design Technologies Department
Tech4Good Outreach Program

MEDIA CONSENT FORM

We, the undersigned, give Salish Kootenai College's Flathead Tech4Good programs permission to use photographed images, videos, and voice recordings of the student named below in promotional materials such as brochures, yearbooks, slide shows, recruitment presentations, the SKC Tech4Good web site and Facebook page, and news releases.

Student Signature

Date

Parent/Guardian Signature

Date