

# **Membership Application**

This box for office use only		
New Renew	Annual Membership Fee: \$10	
Membership #	Cash/Check Amt	
Notes	Check #	
Staff Initials	DateVerified	

Chil	ld's Name (First Middle Initial Last)	Но	me Telephon	e Number
Add	dress (Street, City, State, Zip Code) (PO Box)			
Race	African American or Black American Indian / Alaska Native Asian Hispanic/Latino Native Hawaiian / Other Pacific Islander White / Caucas		nder M F	Birth Date (MMDDYY)
Sch	nool Child Will Be Attending (also, Teachers name if known)  Grade	Ag	Э	
Eye	e Color Hair Color Weight (lbs)		Height	
How	v did you find out about the club? TV Radio Flyer Website Friend (friend name	) (	Other	r )
Club	b Location Preference Grand Rapids Middle School Greenway High School Muri	phy Eleme	ntary	
Livir	ng with (check all that apply)			
15	Mother Father Joint Custody Foster Family Other			
①	Parent/Legal Guardian Name (First Middle Initial Last)  Relationship to Mem	nber: Ho	me Number	
	Address (Street, City, State, Zip Code)	Се	l Phone Num	nber
	Email Address	Į.		
	Employed By (Or School Attending)	Ho Fro		To am
	Address (Street, City, State, Zip Code)	Wo	pr prk/School Nu	
2	Parent/Legal Guardian Name (First Middle Initial Last)  Relationship to Mem	nber: Ho	me Number	
	Address (Street, City, State, Zip Code)	Се	l Phone Num	nber
	Email Address			
	Employed By (Or School Attending)	Ho Fro		To □ am
	Address (Street, City, State, Zip Code)	Wo	pm ork/School Nu	
-	MERGENCY CONTACTS / AUTHORIZED PICK UP (PLEASE PRINT)			
1	Name - Other Than Parent(s) Or Doctor (First Middle Initial Last)	Tel	ephone Num )	ber -
	Address (Street, City, State, Zip Code)	Re	ationship to I	Member
2	Name - Other Than Parent(s) Or Doctor (First Middle Initial Last)	Tel	ephone Num	ber
	Address (Street, City, State, Zip Code)	Re	ationship to I	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	$\qquad \qquad \qquad \Box$	\$16,020 or less	\$25,550 or less	\$40,850 or less	\$40,850 or more
3 members	$\Longrightarrow$	\$20,160 or less	\$28,750 or less	\$45,950 or less	\$45,950 or more
4 members	$\qquad \qquad \Longrightarrow$	\$24,300 or less	\$31,900 or less	\$51,050 or less	\$51,050 or more
5 members	$\qquad \qquad \Longrightarrow \qquad \qquad$	\$28,440 or less	\$34,500 or less	\$55,150 or less	\$55,150 or more
6 members	$\Longrightarrow$	\$32,580 or less	\$37,050 or less	\$59,250 or less	\$59,250 or more
7 members	$\Longrightarrow$	\$36,730 or less	\$39,600 or less	\$63,350 or less	\$63,350 or more
8 members	$\qquad \qquad \Longrightarrow \qquad$	\$40,890 or less	\$42,150 or less	\$67,400 or less	\$67,400 or more
Household source third party, as in-			(emp	ployment, AFDC, child support, etc.)	*April 7, 2016- HUD Guidelines ) or through a
USDA Food Sta		Social Security Income	Section 8 Program or	r public housing assistance	SSDI TANF Medicaid
Minnesota Fami	ily Investment Pro	ogram Vet	terans Compensation	Relationship to member: _	
Department of H Parent/Legal G	lousing & Urba	an Development for Nati	onal Objective Documenta	ation as required for monitoring purp	Date
		the U.S. Code makes it a crim gal Guardian Info		ments or misrepresentations to any departm	nent of agency of the United States.
Date of Enrollme	ent:		Sik	blings enrolled in the Club? Yes	s No
Enrolled in Club las	st year? Yes	No If yes, which site?		Attending: Daily Program	ool Out Days 🏚 Summer Program
Sign up for a dat	te for Parent O	Prientation (optional): Av	vailable Date(s):	Tir	me(s):
AUTHORIZA	TION FOR	EMERGENCY ME	DICAL CARE		
physician or hos	pital of my cho	oice. If I cannot be reach		d, and I will make arrangements for angements, or in a critical emergend <u>Greenway</u> to contact:	
For Emergenc	y Medical Tre	eatment of My Child, I	My Preferred Hospital is	S:	
Hospital Name					Hospital Phone Number
Hospital Address (	Street, City, State	e, Zip Code)			
TRIP & ACTI	VITY PERM	MISSION			
Check one.					
☐ YES, I give co	onsent <u>or</u> 🗖 <b>N</b>	IO, I do NOT give conse	• •	·	part in field trips or excursions with
				os of Grand Rapids and Greenway at I will be notified when such trip	
AGREEMEN	ITS				
✓ Lagree to kee	en the facility u	ndated on my changes	of information on the enroll	ment 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	ation provided on this form is correct and ma	y be verified if necessary. I agree to the above statements.
I further give consent for	or any photographs and/or videotape in whic	h my child may appear in good taste to promote a positive Club image (i.e.
publications, television,	social media, advertisements, thank you dis	plays, club correspondence, etc.).
		agree to the policies indicated above in the Trip & Activity Permission in the Boys & Girls Clubs of Grand Rapids
Parent/Legal Guardia	n Signature:	Date:
-	(You agree that by typing your name, you	
Member's Pledge: I ui	nderstand and agree to follow the Club's gui	delines, expectations and policies in order to maintain a safe and positive environme
for all kids. I will respec	t the Club, the staff and my fellow members	I have certain responsibilities while in the Club to ensure a positive place for all kids
be. I understand that if 18 years of age, that I s	l choose not to follow my own responsibilitie till actively attend high school or an accepta	s and Club guidelines, appropriate consequences will follow. I also certify that if I am ble alternative.
I wish to become a m	ember of the Boys & Girls Clubs of Gran	d Rapids and Greenway.
Member Signature:		Date:
(Ye	ou agree that by typing your name, you are e	electronically signing this document.)
CLUB RULES		
Members are ex Members are ex appropriate for t Members must check Members are ex littering or vanda Weapons, sharp that could be pe No Club member member checks Swearing and other of Alcohol, drugs, t unless authorize the influence of	the Club. Clothing that displays inappropriate in their coats, backpacks, and other person pected to respect Club equipment and Club alizing Club property in any way.  Instruments, or anything that could cause hereived as or resemble a weapon. Some examination of the club once the out for the day they must leave Club proper became or profane language is prohibited. obacco, and drug paraphernalia are prohibited by Club staff and is checked in at the front drugs and/or alcohol.	ning that exposes undergarments, excess skin, and/or is provocative is not material such as gang signs is prohibited.  al belongings at the front desk when they sign into the Club.  grounds. Members are expected to clean up after themselves and refrain from arm to another individual are not allowed on Club grounds. This includes anything imples would include: toy guns, box cutters, chemicals, lighters, etc.  y have checked out for the day, unless pre-authorized by Club staff. Once a Club
The Club is not personal items a Club members a be attending the Parental/guardia Parental/guardia	re left at home. are expected to be enrolled in and attend scl Club, unless otherwise authorized by Club	in before a member can participate in off-site activities. use the computer lab.
	and with respect. If at any time you feel you	fe and healthy place to play, learn, grow, and to have fun. As a member you have ir rights as a member have been violated you are strongly encouraged to speak
have reviewed these rule termination from the Club.	s with a Club staff member and agree to abi	de by them. I understand that failure to do so could result in suspension and/or
Member/Guest Signature	o:	Date:
-	(You agree that by typing your name, you are elect	stronically signing this document.)
Parent/Legal Guardian S		Date:
	(You agree that by typing your name, you a	re erectronically 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)

<u>Disclosing Personal Information</u>: 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.

<u>Illegal Activities</u>: 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".

<u>Inappropriate Language:</u> 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 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.

<u>Programming Participation:</u> 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 n 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 docume	nt.)			
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.)  Provider  HEALTH REPORT FOR SCHOOL AGE CHILD  Child's Health History and Current Health Problems				
<b>Any special medication and/or restrictions.</b> An Individualized Care Plan must be completed by your program if special medication and/or restrictions apply.	health care professional prior to acceptance in the			
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 end Boys & Girls Clubs of Grand Rapids and Greenway.	anger him/her or other children in attending the			
Parent/Legal Guardian Signature:	Date:			

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



# **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" me	ove to the next page. Please			
indicate YES or NO, provide the addresses if applicable and	d sign below.			
NO, my child may not walk.				
YES, my child may walk.				
	rom the following location(s) without adult supervision:			
(Example: home, neighbors, grandparents)				
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			
Name - (First Middle Initial Last)	Telephone Number			
Address (Street, City, State, Zip Code)	Relationship to Child			
Name - (First Middle Initial Last)	Telephone Number			
Address (Street, City, State, Zip Code)	Relationship to Child			
	L			
DADENTS ACCEPT SOL	F DECDONCIDII ITY OF THE CAFETY			
PARENTS ACCEPT SOLE RESPONSIBILITY OF THE SAFETY				
OF THEIR CHILD UNDER THIS ARRANGEMENT.				
Parent/Legal Guardian Signature: Date:				
Parent/Legal Guardian Signature: Date: Date: Date:				
( rou agree that by typing your name, you are electronically signing this document.)				

## Tennessen 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 Tennessen 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

Date

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 <a href="www.ipad.state.mn.us/index.html">www.ipad.state.mn.us/index.html</a>

#### **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 Tennessen 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", <u>Equal Opportunity Is The</u> Law. I understand that I have the right to file a complaint of discrimination.

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: <u>Lpeterson@bgc-tc.org</u>

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.