

# Annual Membership Registration Form



**BOYS & GIRLS CLUBS**  
OF SNOHOMISH COUNTY

Any information requested is for our records and for the funding we receive. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. **ALL FIELDS ARE REQUIRED.** Please make sure to fill out this form in its entirety.

## Child's Information

Name: \_\_\_\_\_ Gender: Male  Female   
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Eligible for Free or Reduced School Lunch: Yes  No   
 Ethnicity/Race: African American  American Native  Asian  Caucasian  Pacific Islander   
 Multi-Racial  Other  Also Hispanic/Latino: Yes  No

## Primary Parent/Guardian Information

Name: \_\_\_\_\_ Gender: Male  Female   
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Veteran or active member of the U.S. Military? Yes  No  Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

## Other Parent/Guardian Information

Name: \_\_\_\_\_ Gender: Male  Female   
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Veteran or active member of the U.S. Military? Yes  No  Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

## Household Information

Household Size: \_\_\_\_\_ Household Type: Both parents  Single Parent (Mother)  Single Parent (Father)  Grandparents  Guardian/Other   
 Family Annual Income: \$0 to \$16,600  \$16,601 to \$18,700  \$18,701 to \$20,750  \$20,751 to \$22,450  \$22,451 to \$24,100   
 \$24,101 to \$25,750  \$25,751 to \$27,400  \$27,401 to \$27,650  \$27,651 to \$31,100  \$31,101 to \$34,550  \$34,551 to \$37,350   
 \$37,351 to \$40,100  \$40,101 to \$42,850  \$42,851 to \$45,650  \$45,651 to \$48,120  \$48,121 to \$51,420  \$51,421 to \$54,780   
 \$54,781 to \$55,300  \$55,301 to \$59,750  \$59,751 to \$64,150  \$64,151 to \$68,600  \$68,601 to \$73,000  \$73,001 +

## Medical Information

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_  
 Medications: \_\_\_\_\_  
 Allergies/Medical Concerns: \_\_\_\_\_

## Emergency Contacts

First/ Last Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Phone: \_\_\_\_\_ Home  Mobile   
 First/ Last Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Phone: \_\_\_\_\_ Home  Mobile

**Terms & Conditions:** I declare that I am the parent or legal guardian of the minor listed above. I have full custody and control of the child. To the best of my knowledge, my child is in good health and is adequately immunized to participate in the Boys & Girls Clubs activities. In the event that my child is injured or should require medical attention, I hereby request you to contact our family physician. In the event that the Doctor cannot be reached, I hereby authorize his/her athletic supervisor, coach or any other Boys & Girls Clubs employee or volunteer to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment by calling me at the listed phone number. In case I cannot be reached for an emergency medical treatment as described above, you may proceed without further authorization. I understand that the Boys & Girls Clubs provide only a secondary Health Insurance coverage. I understand the "open door" policy which allows for children to come and go as they desire. I understand also that the Club accepts no responsibility for keeping my child in the building or on the premises, except when enrolled in a licensed childcare or summer camp program. I hereby give permission for a photo or likeness of my child to be used in brochures and other promotional materials produced by the Boys & Girls Clubs of Snohomish County. The photo will not be sold without the express written consent of the parent or legal guardian. I agree that this waiver is valid as long as my child is a member of the Boys & Girls Clubs of Snohomish County.

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

## For Office Use Only

Received By: \_\_\_\_\_ Fee: \_\_\_\_\_ Paid: \_\_\_\_\_ On: \_\_\_\_\_ Input into KidTrax: \_\_\_\_\_  
 Membership Type: Full  100% Scholarship  75% Scholarship  50% Scholarship  25% Scholarship



**BOYS & GIRLS CLUBS  
OF SNOHOMISH COUNTY**

Parent Authorization & Medical Form

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

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Child lives with: Mother / Father/Guardian (**circle all that apply**)

Mother's Name/Guardian 1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name/Guardian 2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In case of an emergency and I cannot be reached, I give permission for any of the following individuals to be contacted for any needed decisions and my child may be released to them:

Name	Address	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

List others (in addition to parents and emergency contacts) that are authorized to pick up your child:

Name	Address	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

List any, who by court order **may not** pick up your child? \_\_\_\_\_ Relationship \_\_\_\_\_  
Copies of court order **MUST** be given to Club when registering your child.

**COURT ORDER RECEIVED:** DATE: \_\_\_\_\_ BY: (Print Staff Name): \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

**Medical Information:**

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of child's last physical: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last dental exam: \_\_\_\_\_

**Special Accommodations:** Is your child subject to any of the following:

Special Diet _____	A.D.H.D. _____	Behavior Disorder _____
Homesickness _____	Asthma _____	Bleeding _____
Ear Infections _____	Clotting Disorder _____	Autism _____
		Others _____

**Allergies:** Is your child allergic to any of the following?

Bee Sting: \_\_\_\_\_ Peanuts: \_\_\_\_\_ Medication: \_\_\_\_\_ Food: \_\_\_\_\_

Other: \_\_\_\_\_ Treatment for the allergic reaction: \_\_\_\_\_

**Medications:** Will your child need to take any medications while at the Boys & Girls Club?  
 Yes → If Yes, there are other forms to be completed. Medication Name: \_\_\_\_\_  
 No

*\*\*\*Children who regularly take medication during the school year should continue to take medication while enrolled at the Boys & Girls Club. Non-school days and spring, summer, and winter breaks are not a time when a child should take a break from their regular medication.*

- ALL medications must be given to the director. Children MAY NOT self-administer medications, including all over the counter medications!
- Medication needs to be in the prescription bottle (e.g., not in a Ziploc bag) and will be locked in a safe place out of reach of other children.

**Sun Screen:** During hot weather, do you want sunscreen applied to your child?  Yes  No  
Does your child have any swimming restrictions?  Yes  No

*\*\*\*Please mark your child's swimming abilities/experience on a scale of 1-10 with 10 being the most experienced, so that we will address your child's swimming needs: \_\_\_\_\_ (most public swimming parks/facilities require that children take a swim test in order to swim in the "deep-end." To enter the "deep-end" we will have your child take the swim test before every swimming activity).*

**Authorizations:**

I give my permission for my child to participate in Club sponsored activities such as field trips, overnights and swimming. I understand that my child will be transported by Club vans operated by Boys & Girls Club employees, public transportation, or by a chartered bus operated by a private company.

I also give my permission for the Boys & Girls Club to use pictures of my child participating in Club activities in future promotional purposes.

I understand that the Boys & Girls Club does not allow its staff members to have contact with club members outside of Club sponsored activities and events.

In addition, I hereby give permission for my child to receive emergency medical treatment, including First Aid and CPR, from a qualified Boys & Girls Club staff member. I also give my permission for my child to be transported by ambulance, treated by aid car personnel, and/or transported to an emergency center for treatment.

In the event I cannot be reached, I further authorize and consent to medical, surgical, and hospital care treatment and procedures to be performed by a licensed physician or hospital, selected by the Boys & Girls Club, when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment.

I am the parent or legal guardian of the above named child and I have the authority to authorize such activities and actions.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date