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|---------------------------|
| <b>OFFICE USE</b>         |
| Vision ID _____           |
| Paid__ Staff _____        |
| PAY: CA CK CC A Amt _____ |
| CK# _____ R# _____        |
| Date Received: _____      |



**BOYS & GIRLS CLUBS  
OF CHAFFEE COUNTY**

## 2023-2024 MEMBERSHIP FORM

Valid August 1, 2024– July 31, 2025

**\$10 daily fee for Full-Day programming\*\* \$100 Annual\* Membership Fee per child/Membership form required for each child**

**ALL MEMBERS MUST BE 6 YEARS OLD TO JOIN\*\***

### MEMBER INFORMATION

|  |                      |                      |
|--|----------------------|----------------------|
| First Name and Nick Name   | Middle Initial       | Last Name            |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> |
| Physical Address   |                      | Mailing Address      |
| <input type="text"/>   |                      | <input type="text"/> |
| BEST Contact number  |                      | EMAIL                |
| <input type="text"/>   |                      | <input type="text"/> |
| Gender   | Birth Date           | Member Before?       |
| <input type="text"/>   | / /                  | Yes No years: _____  |
| <b>Current Grade:</b>  | <b>School:</b>       | <b>Home School:</b>  |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> |
| CIRCLE Eligible: <b>FREE</b> Lunch? Yes No <b>REDUCED</b> Lunch? Yes No  |                      |                      |
| Please choose Yes or No for this question, thank you*<br>Is it okay for your child to leave the club on his/her own?<br>Yes No |                      |                      |

**FAMILY INFORMATION:** All parents/guardians listed are permitted to visit during Club hours and are allowed to pick up the child. (Unless access is prohibited or restricted by a court order, please see below.)

|                        |               |                      |       |
|------------------------|---------------|----------------------|-------|
| Parent/Guardian 1 Name | Contact Phone | Employer             | Phone |
| <input type="text"/>   | ( )           | <input type="text"/> | ( )   |
| Parent/Guardian 2 Name | Contact Phone | Employer             | Phone |
| <input type="text"/>   | ( )           | <input type="text"/> | ( )   |

|  |  |                                     |   |
|--|--|-------------------------------------|---|
| Ethnicity                                  | CIRCLE ALL THAT APPLY: Lives with        |                                     |   |
| <input type="checkbox"/> African American  | <input type="checkbox"/> Caucasian       | <input type="checkbox"/> Mother     | <input type="checkbox"/> Father                                 |
| <input type="checkbox"/> Asian American    | <input type="checkbox"/> Native American | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepfather.....Grandparent----Guardian |
| <input type="checkbox"/> Hispanic / Latino | <input type="checkbox"/> Multi-racial    | <input type="checkbox"/> Other      | Other _____   |
| Number of Sisters/Step Sisters             | Number of Brothers/Step Brothers         | Total living in Household           |   |
| <input type="text"/>                       | <input type="text"/>                     | <input type="text"/>                |   |

### MEDICAL INFORMATION

|  |  |                                 |
|--|--|---------------------------------|
| Medical Conditions: Allergies / does your child require special attention? Does your child require one on one at school? | <b>Would you like to set up a time to discuss special needs or circumstance of your child?</b> |                                 |
| <input type="text"/>   | <input type="text"/>   |                                 |
| Physician  | Phone  | All medications child is taking |
| <input type="text"/>   | ( )  | <input type="text"/>            |

**CONTACT INFORMATION:**

**Authorized to pick up your child or to call in case of an emergency:**

**OTHER THAN PARENTS**

| #1 Contact Name | Relationship to child | Daytime Phone (check if cell ☐) | Home Phone |
|-----------------|-----------------------|---------------------------------|------------|
|                 |                       | (     )                         | (     )    |
| #2 Contact Name | Relationship to child | Daytime Phone (check if cell ☐) | Home Phone |
|                 |                       | (     )                         | (     )    |
| #3 Contact Name | Relationship to child | Daytime Phone (check if cell ☐) | Home Phone |
|                 |                       | (     )                         | (     )    |
| #4 Contact Name | Relationship to child | Daytime Phone (check if cell ☐) | Home Phone |
|                 |                       | (     )                         | (     )    |

**Please list any individuals NOT authorized by you or the court to pick up your child.**

**Please attach court order, if any.**

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**Membership Fees are \$100 per school year. There will be a \$10 daily fee for all-day programming. The *true cost* of membership is *approximately \$1,250 per year*. If your family is in a position to contribute more, we encourage you to consider making a donation to offset your child’s true cost. A donation to the Boys & Girls Clubs ensures that the Clubs remain open to all.**

**HELP US HELP YOU!**

**The following information is STRICTLY CONFIDENTIAL but is required by our funders for reporting purposes. This information is used solely for statistical purposes and no identifying information about any parent or child is shared with any outside source. I also understand that certain parts of the information listed on this form may be shared with Federal, State, and local organizations as well as other non-profit agencies.**

**Estimated Annual Household Income**

- \$0 - \$14,999
- \$15,000 - \$24,999
- \$25,000 - \$34,999
- \$35,000 - \$44,999
- \$45,000 - \$54,999
- \$55,000 - \$64,999
- \$65,000 - \$74,999
- \$75,000+

**Participation in Assistance Programs (mark all that apply)**

- SSDI
- SSI
- TANF/AFDC
- Day Care Vouchers
- Food Stamps
- General Assistance
- School Lunch Program
- Veterans Compensation
- Other: \_\_\_\_\_

Are you, parent/guardian currently affiliated with the Military? YES NO Branch of Service \_\_\_\_\_(Thank you!)



**MEMBERSHIP AGREEMENT**

**Parent/guardian:** In consideration of my child’s membership and participation in the Boys & Girls Clubs of Chaffee County (a.k.a. the “Club”), I \_\_\_\_\_(name) as the parent/guardian of the above named minor, do hereby release the Club from all liability to me, my child, and my child’s personal representative, assigns and heirs for all claims and damages which my child or I may have against the Club and/or its sponsors resulting from traveling, participation, and/or in connection to a Club-related program or activity.

Parent/Guardian initials\_\_\_\_\_

I agree to pay my child’s daily fees and annual membership in advance or no later than the day of service. I understand that the Club will track any credit balance.

Parent/Guardian initials\_\_\_\_\_

I hereby authorize the Club, as my agent, to secure medical treatment as deemed necessary, and will, on behalf of said minor, assume and pay all expenses associated with such treatments in the event of accident, illness or other incapacity. I will ensure that my child is fit and sufficiently healthy to participate in the programs of the Club.

Parent/Guardian initials\_\_\_\_\_

I permit the Club to utilize surveys/testing to evaluate the effectiveness of Club programming. I authorize my child’s school to release my child’s grades, attendance and standardized test scores to the Club. The information collected is confidential and my child’s name will not be used in conjunction with any report and/or presentation.

Parent/Guardian initials\_\_\_\_\_

I permit the Club to utilize photographs, videos in written and electronic material, including the organization’s website, of my child taken of his/her involvement in Club programs and hereby waive all rights of compensation for said use.

Parent/Guardian initials\_\_\_\_\_

I understand that the Club is not responsible for the time or manner in which my child arrives at or leaves the Club and therefore assumes no responsibility for members once they leave the door of the Club’s premises or until they enter the facility. I also understand the Club is not responsible for lost, stolen or broken items/personal belongings.

Parent/Guardian initials\_\_\_\_\_

I understand that attendance at the Club also includes participation in structured programs and activities and hereby grant permission for my child to attend. I also give permission for my child to participate in programs and activities where they may need to walk with a staff member, such as but not limited to local parks, galleries and library.

I agree to attend a Club orientation. **Name**\_\_\_\_\_ **Date Orientation completed**\_\_\_\_\_

**Prospective Member:** I wish to become a member of the Boys & Girls Clubs of Chaffee County. I agree to follow all rules, respect staff, other members and property of the Club. I take responsibility for my actions and will accept appropriate consequences. I understand that if I abuse the rules, my parents will be called and I may be asked to leave.

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

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please contact your Branch Director or Executive Director if you have any questions or concerns at ANY time.**

**Thank you for choosing the Boys and Girls Club! Be Great and HAVE FUN!!!**

Salida Club 719-539-9500 Buena Vista Club 719-395-7014 Executive Director: 719-539-9500  
Box 1430/709 Palmer St. 513 E Main Street (no mail receptacle) PO Box 1430  
Salida, CO 81201 Buena Vista, CO 81211 Salida, CO 81201

