



**GREAT FUTURES START HERE.**



**BOYS & GIRLS CLUB**  
OF THE  
SOUTHERN UTE INDIAN TRIBE

Club Office Use Only:

Membership date: \_\_\_\_\_

Date of payment: \_\_\_\_\_  
( cash  credit  scholarship)

VISION ID #: \_\_\_\_\_

### ***Request for Membership***

\*Please read all information and print responses.

\*Before membership is made official, the parent/guardian must meet with a designated Club staff member to review these forms and have any outstanding questions answered.

\*It is the parent's responsibility to notify Club staff of changes to the following information.

\*Additional registration may be required for special programming (e.g. field trips, all-day programs).

#### **Club Member Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Middle Last

Sex:  Male  Female

Member is living with:  Parents  Foster parents  Grandparents  Other family  Other

Mailing address: \_\_\_\_\_

Physical address (if different than mailing): \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade(2019-2020): \_\_\_\_\_

Club Member/Family Notes (*i.e. allergies, asthma, emotional/behavioral concerns, court order, family/custody status*):  
**Information provided is confidential. For your child's safety and success at Club, this portion must be completed**

Alert/Note: \_\_\_\_\_

Treatment/Response/Additional Info: \_\_\_\_\_

Alert/Note: \_\_\_\_\_

Treatment/Response/Additional Info: \_\_\_\_\_

Alert/Note: \_\_\_\_\_

Treatment/Response/Additional Info: \_\_\_\_\_

#### **Contact Information**

1) Parent/Guardian Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of employment: \_\_\_\_\_

Email address: \_\_\_\_\_

2) Parent/Guardian Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of employment: \_\_\_\_\_

Email address: \_\_\_\_\_

**Emergency Information**

Contact (not guardian): \_\_\_\_\_

Allergies: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Medications: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Health Ins. Carrier: \_\_\_\_\_

**Pick Up Information**

*Only listed individuals (other than those already listed above) will be allowed to pick up the club member. Any edits to this list can only be made by the legal guardian:*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to member

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to member

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to member

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to member

I give my permission for medical emergency treatment of my child for illness or accident; if I cannot be contacted.

\_\_\_\_\_  
Parent/Guardian signature completing form

\_\_\_\_\_  
Date

**Notifications (optional)**

Remind 101 (text alerts)

Name: \_\_\_\_\_ Mobile phone with texting: \_\_\_\_\_

Newsletter

Name: \_\_\_\_\_ Email: \_\_\_\_\_

We are always looking for help for events and during Club, would you like to receive more information about volunteer opportunities with our Boys & Girls Club?      Yes  No

Name: \_\_\_\_\_ Time available: \_\_\_\_\_ Interest: \_\_\_\_\_

Best way to reach you (email/phone number): \_\_\_\_\_

By checking this box, I am indicating that I have received a copy of the parent/club member handbook and am responsible for reviewing it with my club member

**Boys & Girls Clubs of America requires the following information is provided. This information is vital to our Club's ability to obtain funding for programming and operation. **No names will be used and all information will be kept confidential.****

1. Ethnicity of member (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Native American                | <input type="checkbox"/> Caucasian              |
| <input type="checkbox"/> Southern Ute Tribal Member     | <input type="checkbox"/> Latino / Hispanic      |
| <input type="checkbox"/> Southern Ute Tribal Descendant | <input type="checkbox"/> African American       |
| <input type="checkbox"/> Other Tribal Member/Descendant | <input type="checkbox"/> Asian/Pacific Islander |
| _____   | <input type="checkbox"/> Other: _____           |

3. What is the highest education received by the child's parent/guardian(s):

- High School/GED     Training/Certification     Associate's Degree  
 Bachelor's     Master's     PhD     None

5. Are the member's parent/guardian(s) Active military?     Yes     No

6. Do you consider the member to be from a single-parent family?     Yes     No

7. Has the members' parent/guardian(s) been incarcerated for one month or longer?     Yes     No

9. Are the member's parents/guardians divorced?     Yes     No

10. Has the member received support from a court system (present or past)?     Yes     No

11. Is your child eligible for free lunches at school?     Yes     No     Not sure

12. Is your child eligible for reduced lunches at school?     Yes     No     Not sure

13. What is your household income/year?

*Note: This information is especially needed for soliciting funding for BGC and for completing national annual reports. No names are reported.*

- \$0 - \$15,510
- \$15,511-\$19,530
- \$19,531-\$23,550
- \$23,551-\$27,570
- \$27,571-\$31,590
- \$31,591-\$35,610
- \$35,611-\$39,630
- More than \$39,630

14. How many dependents are fully supported by this income? \_\_\_\_\_

15. What best describes where the member resides (for the majority of the year)?

- Southern Ute Indian Reservation
- Ignacio Town limits
- Bayfield Town limits
- La Plata County
- Archuleta County
- Out of state
- Other: \_\_\_\_\_



I verify that I am the parent or guardian of the participant identified below who is under 18 years of age or the adult in whose care the participant has been entrusted. I have read and understand this agreement. Prior to signing this agreement, I have had the opportunity to ask any questions about this agreement and the Programs. I understand that (1) The Club provides only limited supervision of minors, and (2) participants who are under 18 years of age may not always be aware of the inherent risks associated with participation in the Programs. In addition to the terms of the agreement set forth above, therefore, I agree that it is my duty and responsibility, as either a parent or guardian, or as the adult in whose care the participant has been entrusted, to provide supervision in an effort to protect the participant from harm associated with participation in the Programs. By signing below, I am (1) entering into this agreement on my own behalf and on behalf of the participants, (2) representing, if I am an adult in whose care the participant has been entrusted, that I have the authority to sign this document on behalf of the participant, and (3) agreeing to be bound by the terms of this agreement. This agreement will be valid until your Child is no longer a Club Members of the Boys & Girls Club of the Southern Ute Indian Tribe.

Participant's name (printed): \_\_\_\_\_

Parent/guardian's name (printed): \_\_\_\_\_

Parent/guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Photo/Video Release & Data Collection**

Boys & Girls Club of the Southern Ute Indian Tribe or various other media may choose to take pictures or videotape participants in various on-site and off-site Club activities. These images may be used for Boys & Girls Club of the Southern Ute Indian Tribe displays, brochures, newsletters, archives, news releases, publicity, community correspondence, and web sites.

I hereby grant permission to Boys & Girls Club of the Southern Ute Indian Tribe to take and reproduce photographs and videotapes for publication, including publication by news sources and other sources for all educational, trade, advertising and other purposes as determined by Boys & Girls Club of the Southern Ute Indian Tribe.

I also give my permission to the Boys & Girls Club of the Southern Ute Indian Tribe and Ignacio School District to exchange records. Furthermore, I give my permission for the Boys & Girls Club of the Southern Ute Indian Tribe to survey my child about his or her Club experience, behaviors, skills and attitudes using Boys & Girls Clubs of America's National Outcomes Survey or other survey instruments. Lastly, I give my permission to the Boys & Girls Club of the Southern Ute Indian Tribe to share information about my child with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on the membership application form, information provided by the school or school district, and other information collected by the Boys & Girls Club of the Southern Ute Indian Tribe, including data collected via surveys or questionnaires. The aggregated results of these analyses may be shared with Club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members.

I hereby recognize and acknowledge that the purpose of the exchange is to assist the Boys & Girls Club of the Southern Ute Indian Tribe with helping my child succeed in school, in Club activities, and in life. This permission is valid the whole duration of my child(s) membership at the Boys & Girls Club and may be revoked at any time by providing a written, signed revocation to the Boys & Girls Club of the Southern Ute Indian Tribe. I hereby acknowledge that, aside from the disclosures authorized herein and elsewhere in this membership packet, the Boys & Girls Club of the Southern Ute Indian Tribe will take all reasonable precautions to protect confidential information; however, strict confidentiality is not guaranteed.

In consideration of the benefits described herein, I hereby waive and release the Southern Ute Indian Tribe d/b/a the Boys & Girls Club of the Southern Ute Indian Tribe, its Tribal Council members, appointed officials, employees, and agents (collectively "released parties") from all claims, liabilities, causes of action, and damages that in any way arise out of, are connected with, or result from the collection, use, release, or sharing of the information I have authorized to be collected herein. This waiver and release, however, does not apply to claims, liabilities, causes of action, and damages that are caused by the negligence or willful misconduct of the released parties.

\_\_\_\_\_  
Printed Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date