



## 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  check

TRAX ID #: \_\_\_\_\_

### **Membership Registration**

\*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: \_\_\_\_\_

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

School: \_\_\_\_\_ Grade(Current Grade): \_\_\_\_\_

Club Member/Family Notes (*i.e. allergies, medical conditions, medications, 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: \_\_\_\_\_  Emergency Contact  Add to BAND

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

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

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

Email address: \_\_\_\_\_  Emergency Contact      Add to BAND

**Additional 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

\_\_\_\_\_  
Phone number

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

Emergency Contact

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone number

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

Emergency Contact

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone number

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

Emergency Contact

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone number

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

Emergency Contact

*Emergency Medical Treatment Statement*

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

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: \_\_\_\_\_ Interest: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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):

- Southern Ute Tribal Member
- Southern Ute First Descendant
- Other Tribal Member/Descendant (Please include Tribe)

\_\_\_\_\_

- Caucasian
- Latino / Hispanic
- African American
- Asian/Pacific Islander
- Other: \_\_\_\_\_

2. Do you consider the member to be from a single parent/guardian household?      Yes      No
3. Are the member's parent/guardian(s) military-connected (Active Duty, National Guard, Reserve, or Veteran)?      Yes      No
4. Does the member qualify for free or reduced school lunches? (Please mark Yes if entire school is eligible.)      Yes      No      Not Sure

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

- Southern Ute Indian Reservation
- Ignacio Town Limits
- Bayfield Town Limits
- Durango City Limits
- La Plata County (Outside Town Limits)
- Archuleta County
- Out of state
- Other: \_\_\_\_\_

6. Does your family qualify for any of the following benefits? (SNAP, WIC, TANF, SSI, Section 8, or Medicaid)      Yes      No      Not Sure

# Agreement for Assumption of Risk, Waiver and Release of Liability, and Indemnification

## PLEASE READ CAREFULLY BEFORE SIGNING

In consideration of allowing my child to participate in the programs ("Programs") of the Boys & Girls Club of the Southern Ute Indian Tribe ("Club"), and I acknowledge and agree as follows:

- 1. Assumption of risk:** There are inherent dangers associated with the activities of the Programs and these dangers may be increased when the participants are minors. I understand and acknowledge that such risks cannot be eliminated nor does the Club or the Southern Ute Indian Tribe ("Tribe") have the duty, responsibility or ability to eliminate such risks due to the nature of such activities. The risk of serious personal injury or death from participation in the Program's activities, including transportation associated with those activities, may be very high and includes the potential for injuries or death. I knowingly assume all such risks of injury or death that may result from my child's participation in the Programs and I assume full responsibility for my child's participation.
- 2. Programs independent contractor:** I understand and acknowledge that the Club and/or the Tribe may hire an independent contractor(s) to operate and direct the Programs. The Club and the Tribe therefore may not exercise day-to-day control or supervision over the Programs and therefore have no duty of care toward my child as participant in this event or to protect him/her from injuries or harms arising from the actions or negligence of the independent contractor. I understand and acknowledge that the Tribe or Club may sponsor or provide a venue for the programs, but that this sponsorship and/or venue do not give the Tribe or Club any control over the provision of services from any independent contractor.
- 3. Waiver and release of liability:** For myself, my child participating in the Programs, and my heirs, I hereby waive and release the Tribe, its Tribal Council members, appointed officials, employees, and agents and the Club and its employees (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 my child's participation in the Programs.
- 4. Agreement to pay costs and attorney fees:** For myself, my child participating in the Programs, and my heirs, I agree that if I make any claim or bring any suit against the released parties, the prevailing party shall be entitled to recover reasonable attorney fees and costs.
- 5. Indemnification:** I agree to defend and indemnify the released parties for any loss or damage that results from claims or lawsuits for personal injury, death, and/or property loss or damage related in any way to my child's participation in the Programs in any capacity whatsoever.
- 6. Governing law, venue, and non-waiver of immunity:** The venue for the resolution of any dispute arising from this agreement shall be the Southern Ute Indian Tribal Court and the governing law shall be tribal and applicable federal law. You hereby consent to the Tribal Court's personal jurisdiction by signing this agreement. Nothing in this agreement, however, shall constitute a waiver of immunity of the Tribe or the Club.

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 Member 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 Sharing/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, web sites, and social media platforms.

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 or the Southern Ute Indian Montessori Academy 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