

Family Annual Income

- Less than \$5,415
- \$5,416 - \$9,424
- \$9,425-\$10,829
- \$10,830-\$13,429
- \$13,430-\$16,137
- \$16,138-\$18,844
- \$18,845-\$19,927
- \$19,928-\$21,559
- \$21,560-\$32,389
- \$32,390- \$43,319
- \$43,320-\$54,149
- \$54,150 - \$74,999
- \$75,000-\$99,000
- \$100,000 and Higher

Number in Household

- Two (2)
- Three (3)
- Four (4)
- Five (5)
- Six (6)
- Seven (7) or more

Do you qualify for free or reduced lunch in school?

- Yes
- No

Is parent in active military?

- Yes
- No

Branch _____

MEMBER EMERGENCY CONTACT AND/OR PICK UP INFORMATION

Please list two persons (not parents or guardians) who may be contacted in the case of an emergency:

1. Name _____ Relationship to the member _____
 First Middle Last
 Phone Number _____ Home Work Other _____

2. Name _____ Relationship to the member _____
 First Middle Last
 Phone Number _____ Home Work Other _____

(Remember: Parents should call the Club if another person not listed is authorized to pick up the member)

I authorize the Boys & Girls Clubs of Siouxland to act on my behalf in case my youth is victim of a major accident, injury, or illness when immediate medical or surgical care is needed; provided a member of the club staff shall make a diligent effort to first notify me of the situation and ascertain what my preferences are. If efforts to reach me are unsuccessful, I authorize duly licensed medical professionals to take such action as their judgment dictates. I further agree that, neither the Boys & Girls Clubs of Siouxland, nor any person associated with them, has any responsibility of any kind to me or my youth from any claims arising from any accident, injury or illness, which my youth may suffer as the result of any such health care or medical treatment. I understand that the Boys & Girls Clubs of Siouxland is not authorized to distribute medication or provide medical services.

Additionally, I authorize the Boys & Girls Clubs of Siouxland to transport my youth in Club vehicles to any field trips within the regularly scheduled Club hours. I understand that only field trips or activities that function outside of regularly scheduled hours will require my permission.

When in the course of regular Club programming, I authorize the Boys & Girls Clubs of Siouxland to photograph, video and/or audio tape my youth for use in Club social media, publications and/or media presentations. If applicable, I authorize members of the media to photograph or tape my youth engaging in Club activities or special events.

I also authorize the Boys & Girls Clubs of Siouxland and/or contracted researchers of the Boys & Girls Clubs of Siouxland, to involve my youth in outcome measurement/evaluation of Club programs. I authorize my youth's school to share my youth's report cards, grades, and attendance records. I understand that any data or information obtained from these activities will be treated with utmost confidentiality and my youth will not be individually identified as a participant.

Additionally, I authorize my youth to use the Boys & Girls Clubs of Siouxland Network and Internet Services. I also authorize the Boys & Girls Clubs of Siouxland, to enforce any and all guidelines set forth in the responsible computer use guidelines.

I understand that the Boys & Girls Club is not responsible for any personal items brought to the Club, and that the Club will not pay or replace any personal items that are lost, stolen, or broke while at the Club.

I further certify that failure to abide by Club guidelines and behavioral expectations will result in the member's immediate dismissal from Club activities, and the member will be sent home at the expense of the student and his/her parent/guardian without refund of any Club, program, or membership fees. All Club fees should be understood as non-refundable.

Signature of Member

Signature of Parent/Guardian

Date



Boys & Girls Clubs of Siouxland Local Field Trips
(within 30 miles of the Club)

The Boys & Girls Clubs of Siouxland has an open local field trip form for any trips, any time or day that we are officially open, within 30 miles of the Club. Basic and essential safety standards will apply.

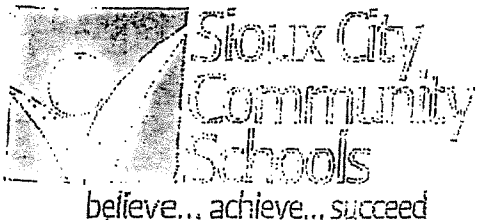
Parents or Guardians will only have to sign this permission slip once per year.

I have read and understood this agreement, and am aware that by signing this form I give permission for my child to participate in any or all local field trips within 30 miles of the Club during 2019.

DATE: _____ **2020.**

Member's Name: _____

(Signature) Parent / Guardian _____
(Please Print Name)



Sioux City Community School District

827 4th Street • Sioux City, Iowa 51101
Phone: (712) 278-6667 • Fax: (712) 278-6081
www.siouxcityschools.org

I have given permission for the Boys & Girls Clubs of Siouxland (agency) to share my child(ren)'s academic and/or attendance information with my child(ren)'s teacher(s) and principal. This sharing will help to coordinate the support being provided to my child. It will not be shared with any other agency.

Student Name - (Student Receiving Services) (Please print)

Grade Level

School

Parent Name (Please print)

Street Address

City, State

Zip

Parent Signature

Date