

Family Annual Income

- Zero - \$24,999
- \$25,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,000
- Over \$100,000

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 a parent in the active military?

- Yes
- No

Branch

- Active Duty
- National Guard
- Reserves

MEMBER HEALTH INFORMATION

Please provide full information so we may best meet your child's needs.
Confidential Information but helps our staff better work with our members.

Allergies or Restrictions? Yes No If yes, to what, level the severity, and what happens upon contact?

Operations or Illnesses? Yes No If yes, describe.

Behavioral, Emotional, and/or Trauma issues? Yes No If yes, describe.

Regular medications? Yes No If yes, list all (even if they are not administered at the Club) and dosage.

Will the Club be administering medications? Yes No If yes, list the name, dosage, and what it is for.

You will need to have an additional form signed by your child's doctor. See office to receive this form.

CONCERNS/ISSUES/HISTORY (Check all that apply)

- Overweight
- Underweight/won't eat
- Bullies/is bullied
- Attention/focus issues
- ADD/ADHD (diagnosed)
- Stress/anxiety/worrisome
- Nutrition/eating disorder
- In foster care or shelter
- Past sexual abuse
- Shyness/withdrawn
- Struggles in school
- Making/keeping friends
- Body image
- Past physical abuse
- Homeless past/current
- Anger issues
- Reading/writing
- Perfectionism
- Parent in prison
- Hygiene

MY CHILD HAS A SOCIAL WORKER Yes No

Will they be meeting your child at the Club? Yes No

Worker's First & Last Name: _____

Worker's Cell Phone: _____ Worker's Office Phone: _____

I certify that all information above is true and correct.

Signature of Parent/Guardian

Date

AUTHORIZATIONS

Please initial next to each statement to indicate your authorization.

_____ *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 because 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.*

_____ *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.*

_____ *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 authorize the Boys & Girls 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 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.*

_____ *I authorize my youth to use the Boys & Girls Clubs of Siouxland network and internet services under staff supervision. I understand that Club staff will enforce any and all guidelines set forth in the parent handbook.*

_____ *I understand that my child must meet the age requirements and must be able to function appropriately in a group setting.*

_____ *I understand that the Boys & Girls Clubs of Siouxland is not responsible for any personal items brought to the Club, and that the Club will not pay for or replace any personal items that are lost, stolen, or broken 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.*

_____ *I understand that all fees are non-refundable.*

I certify that all information above has been thoroughly read and understood.

Signature of Parent/Guardian

Date